

SAMPLE JOINT PROVIDERSHIP AGREEMENT

Between

NAME OF YOUR ORGANIZATION

And The

NAME OF OTHER ORGANIZATION

This is to confirm and agreement between the NAME OF YOUR ORGANIZAITON and NAME OF OTHER ORGANIZATION.

Activity date and location is: As Requested – Activity to be printed in the official Nebraska Nurses Association newspaper.

NAME OF YOUR ORGANIZATION will be responsible for the following:

1. Determination of objectives and content
2. Record keeping
3. Awarding contact hours
4. Evaluation
5. Selection of faculty

NAME OF OTHER OGRANIZATION will be responsible for the following:

Activity Coordinator

Date

Activity Coordinator

Date