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 ORGANIZATION 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 ORGANIZATION will be responsible for the following:

_____________________________________________  ______________________________________
Activity Coordinator                           Date

_____________________________________________  ______________________________________
Activity Coordinator                           Date