

AGREEMENT FOR JOINT PROVIDING A CONTINUING NURSING EDUCATION ACTIVITY

This education activity is being joint provided by (South Texas Health System) and (Lactation Care Center RGV).

Title of Activity: Lactation Texas 10 Step certification Course
Date(s) if live presentation: 8-1-21
Date to begin if enduring material: Click or tap here to enter text.
Total number of contact hours: 4.0
Approved Provider Nurse Planner's Name: Gloria Vela MSN, RN

Each item must be checked to reflect the appropriate responsibility. **Those items indicated as "Required" are the responsibility of the Approved Provider Unit.**

Responsibilities	Approved Provider	(Lactation Care Center RGV)
• Determining educational outcome and content	Required	N/A
• Selecting planners, presenters, authors and/or content reviewers	Required	N/A
• Determining appropriate number and awarding of contact hours	Required	N/A
• Recordkeeping procedures	Required	N/A
• Developing evaluation methods	Required	N/A
• Managing any commercial support	Required	N/A
• Ensuring the Approved Provider Unit is prominently displayed on all promotional materials and certificates of successful completion	Required	N/A
• Ensuring the joint provider statement is included where appropriate.	Required	N/A
Other items (suggestions only):		
• Publicity/Marketing:	X	X
• Activity planning and implementation:	X	
• Printing:	X	X
• Registration:	X	
• Supplies: (list)	X	X
• Physical location:	X	
• AV Supplies:	X	
• Food:	X	X
• Other:		

Approved Provider Representative:

Gloria Vela MSN, RN; System Director of Education

Typed name and official title:

Signature of representative:

South Texas Health System

Name of Approved Provider:

Joint Provider Representative:

Click or tap here to enter text.

Typed name and official title:

Signature of representative:

Lactation Care Center RGV

Name of Joint Provider Organization/Agency:

Street Address:

City:

State

Zip Code

Phone:

Email address: