



**COSPONSORSHIP AGREEMENT WITH ANOTHER
ACPE-APPROVED PROVIDER**

Program Title: _____

Program Date: _____

Program Location: _____

Universal Program Number: _____

Responsibility for various aspects of the development, delivery and/or distribution of the above listed program will be as follows:

	Provider A	Provider B
Educational needs assessment	_____	<u> X </u>
Faculty selection	_____	<u> X </u>
Faculty guidance	<u> X </u>	_____
Instructional materials development	<u> X </u>	_____
Learning assessment materials development	_____	<u> X </u>
Program announcement materials	_____	<u> X </u>
Registration	_____	<u> X </u>
Determination of requirements of credit	<u> X </u>	_____
Determination of amount of credit	<u> X </u>	_____
On-site management	_____	<u> X </u>
Site selection and arrangements	_____	<u> X </u>
Awarding of online statement of credit	<u> X </u>	_____
Tabulation of program evaluations	<u> X </u>	_____
Record keeping	<u> X </u>	_____
Assignment of UAN	<u> X </u>	_____

It is agreed that both providers will have full access to all records associated with the above listed program.

Signed:

Date: 2015
Provider A

Date:
Provider B