

[Official Institution Logo]



ACHD Education of Nursing and Other Staff in Outpatient Clinic

Date Effective: MM/DD/YYYY

Type of Policy: Please indicate if this document is hospital policy or ACHD program policy/clinical guideline.

Purpose

Indicate the reason why this policy is in place and the population it benefits.

Policy Statement

State the actual plan to provide ACHD education for nursing and other outpatient staff. This statement can be a brief overview of the education plan. Please reference the exact medical professionals that receive this education and the general ACHD topics covered.

Procedures

Describe the structure of the education (i.e., the topics covered, where it occurs, who the education is open to, and the frequency with which these educational opportunities are made available). Please indicate if your institution provides the opportunity to attend any off-site ACHD conferences or events.

References

If applicable, please list any articles or other resources utilized to develop your institution's plan to educate nursing and other outpatient staff.

Required Signatures

This document requires signatures from specific personnel. Please note that we require signatures from **ALL** individuals listed below in order for the document to be valid:

- Medical Program Director of ACHD

Helpful Tips

Please upload any documentation or examples of the above policy to the "additional files" section of your application.

Section J: Outpatient Services. These documents should be labeled with "J14" only in the title so that each policy/plan can be easily identified.