



TRANSITION TO PRACTICE PROGRAM

**Transition to Practice Program – New to Specialty
Program Application**

Part I - Program Description and Plan

1) Description and Background

- a) The Arizona Hospital and Healthcare Association’s program to facilitate the transition of experienced nurses moving into new specialty areas is in alignment with § 36-1804 and is supported by Arizona Health Care Cost Containment System (AHCCCS). This program aims to provide nurses transitioning to new specialty areas with evidence-based opportunities for professional growth with an added benefit of specialty certification preparation.
- b) This program offers a range of benefits to nurses, hospitals, and patients alike. The program provides comprehensive education for nurses new to specialty, continuing education hours, mentorship and overall, a smooth transition into the professional practice setting. With these valuable benefits, the new to specialty transition-to-practice program is designed to foster excellence in nursing care and ultimately improve patient outcomes.
- c) To be eligible for participation, the new nurses **must have their RN license and limited experience with the new area of specialty.**

2) Name and location of the organization wishing to participate in the program. For organizations that wish to enroll additional locations/sites, use the additional fields.

Organization Name			
Street Address	City	State	Zip
Organization Name			
Street Address	City	State	Zip
Organization Name			
Street Address	City	State	Zip

3) Type of Organization (select ALL that apply)

<input type="checkbox"/>	Acute Care	<input type="checkbox"/>	Federally Qualified Health Center(FQHC)
<input type="checkbox"/>	Tribally Operated 638 Program	<input type="checkbox"/>	Ambulatory Care
<input type="checkbox"/>	Skilled Nursing Facility (SNF)	<input type="checkbox"/>	Outpatient Center
<input type="checkbox"/>	Home Care	<input type="checkbox"/>	Critical Access
<input type="checkbox"/>	Rehabilitation Center	<input type="checkbox"/>	Indian Health Service (IHS)
<input type="checkbox"/>	Primary Care	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Community Health		
<input type="checkbox"/>	Veterans Affairs		
<input type="checkbox"/>			

4) Do you have an existing training program for nurses New to Specialty?

a) Yes No

5) If you have an existing program, what is the program length?

6) If you have an existing program, does your organization use a vendor, or is it self-developed?

7) Do you have a current RN preceptor program?

8) How many nurses New to Specialty did you hire?

a) 2024

9) How many additional New to Specialty nurses do you anticipate hiring as a result of this program?

10) Select the specialty area you anticipate for the New to Specialty program. (Select all that apply)

- a) Obstetrics
- b) Critical Care
- c) Emergency Department
- d) Med-surg Nursing
- e) Operating Room

Part II - Contact Information

11) Identify an Executive Sponsor from the organizational leadership team that is accountable for ensuring program compliance.

Executive Sponsor Name	Role	E-mail Address

12) Identify a Key Contact accountable for day-to-day program management.

Key Contact Name	Role	E-mail Address

Submitted by:		Date
Role	Email	Phone

The application is a fillable PDF. **Once finished email the application and any attachments to TTPProgram@azhha.org**