APPLICATION

GENERAL GUIDELINES

FOR CONTINUING EDUCATION PROVIDER

TRADITIONAL, CLASSROOM BASED - ANNUAL

APPLICATION REVIEW

Notification of the results of the application review will be within two weeks upon receipt of the completed application. All criteria must be met for an application to be considered for review.

APPLICATION APPROVAL

Applications for traditional, classroom – based CE offerings are approved and granted Academy provider status for one-time offerings only, subject to ongoing compliance with the Academy’s standards for continuing education providers.

The applicant will be notified if the application is incomplete and given an appropriate amount of time, to be determined by the Academy, in which to provide documentation to reverse the initial decision. Additional fees may apply.

CERTIFICATES OF COMPLETION & OTHER FORMS

Upon approval the continuing education provider will receive:

- Verbiage to be used on brochures, forms and certificates of completion;
- A provider number; and
- Placement of event on the Academy website as an approved CE provider.
CONTACT INFORMATION

NAME OF PROVIDER ORGANIZATION: ____________________________________________________________

CONTINUING EDUCATION CONTACT: ___________________________________________________________

TITLE: ____________________________________________________________

ADDRESS: __________________________________________________________________________________

CITY/STATE ZIP: _________________________________ COUNTRY _________________________________

TELEPHONE: _________________________________ FAX: _________________________________

EMAIL: ____________________________________________________________

CATEGORY OF PROVIDER (CHECK AS MANY AS APPLY)

___ Government Agency  ___ University/School/College
___ Association  ___ Other: ______________________________
___ Health Facility

CHECKLIST – COMPLETE & RETURN TO THE ACADEMY:

___ Complete the application, typed or legibly handwritten.

___ $200.00 fee per application. Make check payable to the American Academy. (Credit card payment can be made by calling the Academy office at 1-888-429-3701 or providing credit card information with application.)

___ Attachment #1: Listing the titles, goals & objectives, instructional design and method of learning measurement of the educational offering.

___ Attachment #2: Presenter Information – listing education and experience of each instructor.

___ Attachment #3: Sample of participation evaluation form

___ Attachment #4: Sample of official certificate of completion of the programs offered.

I hereby certify that the information submitted herein is accurate.

Signed: ____________________________ Title: ____________________________ Date: __________________

Authorized Signature

PAYMENT OPTIONS:

O Certified Bank Check
O Money Order
O Charge to □ VISA □ Mastercard

Card No. ____________________________ Expiration Date: ________ Verification code ________

Name on Card ____________________________ Zip Code __________________
ATTACHMENT #1 – TITLE(S), A MINIMUM OF 3 GOALS & OBJECTIVES, INSTRUCTIONAL DESIGN AND METHOD OF LEARNING MEASUREMENT FOR EACH EDUCATIONAL OFFERING.
ATTACHMENT #2 – EDUCATION AND EXPERIENCE OF EACH INSTRUCTOR
ATTACHMENT #4: SAMPLE OF OFFICIAL CERTIFICATE OF COMPLETION