



American Academy
of Health Care Providers
I N T H E
Addictive Disorders

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.

ANNUAL CONTINUING EDUCATION PROVIDER



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CONTACT INFORMATION

NAME OF PROVIDER ORGANIZATION: _____

CONTINUING EDUCATION CONTACT: _____ TITLE: _____

ADDRESS: _____

CITY/STATE ZIP: _____ COUNTRY _____

TELEPHONE: _____ FAX: _____

WEBSITE: _____ 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

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PAYMENT OPTIONS:

- Certified Bank Check
- Money Order
- Charge to VISA Mastercard

Card No. _____ Expiration Date: _____ Verification code _____

Name on Card _____ Zip Code _____

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ATTACHMENT #1 – TITLE(S), A MINIMUM OF 3 GOALS & OBJECTIVES, INSTRUCTIONAL DESIGN AND METHOD OF LEARNING MEASUREMENT FOR EACH EDUCATIONAL OFFERING.

ANNUAL CONTINUING EDUCATION PROVIDER

ATTACHMENT #2 – EDUCATION AND EXPERIENCE OF EACH INSTRUCTOR

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ATTACHMENT #3 – SAMPLE EVALUATION FORM

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ATTACHMENT #4: SAMPLE OF OFFICIAL CERTIFICATE OF COMPLETION