WEB-BASED/ONLINE EDUCATION PROVIDER

=================================

AMERICAN ACADEMY COMPLIANCE POLICY

The American Academy’s compliance for home study/web-based/online educational course materials, when text-based, the number of hours of continuing education awarded must be based on 6,000 words per clock hour. This does not include references, bibliographies, or citations listings. If the educational offering is not currently in compliance with the American Academy’s policy, a CEU provider may not offer AAHCPAD credit for web-based/online programs.

=================================
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 online/web-based continuing education 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.
ONLINE/WEB-BASED CONTINUING EDUCATION PROVIDER

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

___ 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

==========================================================================================================
I. Goals & Objectives for online/web-based learning.

II. List the course titles/ goals and objectives of your program for participants.

III. Describe the education and professional level to which your continuing education is directed.

IV. List up to five professional licensure or certification bodies of which your organization is currently approved to offer continuing education.

V. Describe how learning is measured, the method for determining credit hours, and a rationale for this method?

VI. How do you verify an individual’s participation and completion of an activity?
ATTACHMENT FORM #2: PRESENTER INFORMATION

List presenters & attach current curriculum vitae for each presenter.
ATTACHMENT #3: SAMPLE PARTICIPANT EVALUATION FORM