



American Academy of Health Care Providers

I N T H E

Addictive Disorders

COMPLIANCE POLICY

HOME STUDY/WEB-BASED/ONLINE EDUCATION PROVIDER

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AMERICAN ACADEMY COMPLIANCE POLICY

The number of hours of continuing education awarded by the American Academy for CE credit must be based on a minimum of 6,000 words per clock hour. This does not include references, bibliographies, or citation 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 home study/web-based/online programs.

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APPLICATION REVIEW & APPROVAL

Notification of the results of the application review will be within two weeks upon receipt of the completed application.

The applicant will be notified if the application is incomplete and given an appropriate amount of time to provide additional information.

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/ST/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 form

\$200.00 fee per application. Make check payable to the American Academy. Once application is received, an electronic invoice will be emailed to the email listed above.

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

ATTACHMENT FORM #1: LIST OF TRAINING COURSES, GOALS & OBJECTIVES

- I. Course or Program Title

- II. Program Goals and Objective

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

- IV. List 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?

ONLINE/WEB-BASED CONTINUING EDUCATION PROVIDER

ATTACHMENT FORM #2: PRESENTER INFORMATION

Listing education and experience of each instructor.

ATTACHMENT #3: SAMPLE PARTICIPANT EVALUATION FORM

ATTACHMENT #4: SAMPLE OF OFFICIAL CERTIFICATE OF COMPLETION