

ONLINE/WEB-BASED CONTINUING EDUCATION PROVIDER



American Academy
of Health Care Providers
IN THE
Addictive Disorders

COMPLIANCE POLICY

GENERAL GUIDELINES

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 continuing education are approved and granted Academy provider status, subject to ongoing compliance with the Academy or 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.

CERTIFICATES OF COMPLETION & OTHER FORMS

Upon approval the continuing education provider will receive:

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

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

Association

Health Facility



University/School/College

Other: _____

CHECKLIST – COMPLETE & RETURN TO THE ACADEMY:

- _____ \$200.00 fee per application.
An electronic invoice to be emailed to you for credit card payments or a check can be mailed to the American Academy's office.
- _____ 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

CONTINUING EDUCATION PROVIDER

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

1. List the course titles
2. Goals & Objectives for the program.
3. Describe the education and professional level to which your continuing education is directed.
4. List any licensure or certification bodies of which your organization is currently approved to offer continuing education.
5. Describe how learning is measured and the method for determining credit hours.
6. How do you verify an individual's participation and completion of an activity?

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ATTACHMENT FORM #2: PRESENTER INFORMATION

List presenters & attach current curriculum vitae for each presenter.

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ATTACHMENT #3:

SAMPLE PARTICIPANT EVALUATION FORM

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ATTACHMENT #4: SAMPLE OF OFFICIAL CERTIFICATE OF COMPLETION