**Continuing Education Approval Application – Sponsor**

Application fee: IACCC sponsored course no cost

IACCC school sponsored course $105.00

IACCC clinic affiliate sponsored course $175.00

Others $275.00

**See page 3 for instructions**

*Check off the following documents to be sure they are included with the application. Failure to include all requested documentation will result in the application being delayed or rejected. See page 2 of application for details on documentation requested.*

Descriptive brochure or other method used to advertise the program

Program schedule, including all scheduled breaks

Bibliography of supporting material for course content

Presenter qualifications

Participant evaluation form

Certificate of completion or proof of attendance form

Informed consent form (if patients or clients are being used)

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| **Section 1: Applicant Information** | | | |
| Sponsor name: | | | |
| Contact person: | | | |
| Mailing address: | | | |
| City: | State: | | Zip Code: |
| Telephone: | | Fax: | |
| Email address: | | Website: | |
| Type of provider:  IACCC  IACCC school  IACCC clinic affiliate  Other: | | | |
| Method of payment: check made payable to IACCC | | | |
| **Section 2: Program Information** | | | |
| **Title of Program:** | | | |
| **Speaker(s) Name(s) (Do NOT write “see attached”; all speakers must be declared on this application):** | | | |
| **Lab Assistant(s) Name(s) (Do NOT write “see attached”; all lab assistants must be declared on this application):** | | | |
| **Type of course:**  Face-to-face  Web-based seminar  Audio conference  Self-study  Other: | | | |
| **Location of course (city, state):** | | | |
| **Date(s) of program:** | | | |
| **Instruction level:**  Basic  Intermediate  Advanced | | | |
| **Tuition and/or fees:** | | | |
| **Proposed Continuing education units:**  *(program schedule must be attached to verify contact hours and requested continuing education units)*  Contact hours (excluding breaks):      divided by 10 =       CEU(s) | | | |
| **Student-to-faculty ratio and lab information:**  What type of lab will be provided? Demonstration Technique/Hands-on N/A  Anticipated maximum attendance:  Number of instructors:      Number of lab assistants:  Student:faculty ratio:      1 (recommended 16:1)  Provide Rationale if ratio exceeds 16:1: | | | |
| **Will patients or clients be used during the presentation?**  Yes  No  *(if yes, attach a copy of the informed Consent Form which will be given to patients/clients)*  California license number of faculty who are providing direct patient care:  *(California Practice Act Section 2630)*  **Will any person be photographed, videotaped, or recorded?**  Yes  No  *(if yes, attach a copy of the Consent Form which will be given to the person)* | | | |
| **Evaluation Procedures:**  *Describe how the presenter will determine whether the learning objectives have been met. Examples: Written test, observation of laboratory work, oral questions, etc.* | | | |
| Check if course has been previously approved by IACCC (prior approval does not guarantee renewed approval)  IACCC approval number:  Check if approved by other organizations  List: | | | |
| **Section 3: Supporting Documentation** | | | |
| **Presenter qualifications:**  Please attach curriculum vitae/resume or statement of qualification for each speaker and lab assistant (not to exceed 2 pages in length). Include professional licenses and numbers, academic degrees, educational institutions attended and credentials to teach course, relevant clinical experience, or experience relevant to teaching course material. | | | |
| **Descriptive brochure/course announcement:**  Attach the brochure or course announcement used to publicize program. The following information must be included on the brochure/course  announcement:  • Type of instructional method(s) (lecture, lecture/lab, lecture/demonstration)  • Level of instruction  • Learning objectives/outcomes (must be clearly written to identify the knowledge and skills the participants should acquire during the  course)  • Faculty name, titles, and qualifications  • Program schedule  Program content must be easily recognizable as pertinent to the physical therapy profession and in the areas of clinical application, clinical  management, clinical research, clinical, behavioral, or basic science, or professional ethics and practice management (includes federal and state  law, risk management, documentation, and reimbursement). | | | |
| **Bibliography of supporting material for course content:**  The bibliography must include at least 3 works published within the last 5 years, including peer-reviewed articles. | | | |
| **Participant evaluation form:**  Attach your program evaluation form. Sponsors are required to send a summary of the participants’ evaluation within 30 days following  completion of the course. The following questions are required elements which must be on the evaluation form:  • Were the course objectives met?  • Was evidence provided to substantiate material presented?  • Were personal experience and observation the primary source of information?  • Was a commercial product promoted? If yes, did you feel that product promotion was the sole purpose of the course? | | | |

***Program providers are prohibited from self-promotion of programs, products, and/or services during the presentation of the program.***

***By signing this application I certify that all information is true and that this course does not promote the sale of a commercial product.***

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

**Instructions:**

1. Complete and submit **two (2) one‐sided hard copies** of the application and requested documentation or 1 electronic copy of the completed application and all supporting documents, at least 60 days prior to the first day of the course. Please **DO NOT** FAX the application packet.

2. Be sure to include the supporting documentation listed on page 1 of the application.

3. If submitting a conference or series for approval, each course must be submitted as an individual application unless the participants are

required to take the entirety of the program.

4. Submit hard copy completed application with payment to:

Dorcas Tominaga

Chapman University, Dept of PT

9401 Jeronimo Rd.

Irvine, CA 92618

Or electronically to [tominaga@chapman.edu](mailto:tominaga@chapman.edu). Review will begin upon receipt of payment.

**Approvals:**

If approved, your course approval will be valid for one year from the date of the approval letter.

If a modification to the application is needed, such as a change in the course title, instructor(s), lab assistant(s) or number of contact

hours, please download our CEU Application Amendment form from our website and submit the new information with a $50 approval

fee.

**Approvals Denied:**

If approval is denied, you will have 30 days to correct the application and it will be reconsidered. A payment of $50 will be required for additional review. Reasons for denial include, but are not limited to:

• Program material and/or learning objectives not relevant to the field of Physical Therapy

• Speaker(s) or lab assistant(s) not qualified to present course material

• Speaker(s) or lab assistant(s) using patients in a lab scenario and not possessing a Physical Therapy license in the state in which

the course is being taught (rules and exemptions vary with each state’s Physical Therapy Practice Act and each application will

be reviewed accordingly)

• Student‐to‐faculty ratio is excessive when a technique/hands‐on lab is being utilized

• The course promotes the sale of a commercial product

• The bibliography does not provide sufficient, current evidence to support the course content

• Requested documentation is missing from the application

**Cancellations or refund requests:**

Once the application has been received and payment has been processed, there will be no cancellation or refund of the application fee.

Refunds will not be issued in the event this application is not approved.

**Advertising:**

Advertising for your course is available on the IACCC website, <http://iaccc.wildapricot.org>

For more information, contact Valeria Dimas at [vdimas@msmc.la.edu](mailto:vdimas@msmc.la.edu)