



## Single Course Retroactive

### Provider Retroactive Continuing Competency Approval Application

#### **Application Fee \$215**

Make checks payable to ACEND and submit with completed application.

*ACEND is allowed up to 30 days to process application. Please plan accordingly.*

**Please use the following checklist to verify completion of the application. Failure to include all requested documentation may result in delayed processing or rejection of application:**

- Course description (including measurable goals)
- Detailed course outline (including all scheduled breaks)
  - \*If online course, supply an outline of material covered
- Bibliography of supporting materials for the course content
- Presenter qualifications (Curriculum Vitae)
- Sample participant course evaluation form
- Sample certificate of completion
- If marketing materials (flyers, brochures, etc.) were used, include a sample

Provider Information			
<b>Sponsor Name:</b>			
<b>Contact Person:</b>			
<b>Email:</b>	<b>Website:</b>		
<b>Mailing Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Telephone:</b>	<b>Fax:</b>		
<b>Type of Provider:</b>	Professional education provider Hospital Section or Chapter of APTA Other (please specify):	Health Care Licensee Accredited PT/PTA Program	
<b>Do you have a procedure set in place to respond to complaints?</b>		Yes	No

Course Information			
<b>Has this course been previously approved:</b>			
<b>By ACEND?</b>	Yes	No	Con Ed #
<b>By another organization?</b>	Yes	No	
<b>If yes, by whom?</b>	State Chapter of APTA	Other Approval Agency	Other:
<b>Type of Course:</b>			
Traditional Onsite Course (face-to-face)	Home Study (text, video, or web-based)	Self-Study	College or University Course (Attach course syllabus and official transcript)
<b>Instructional Level:</b>	Basic	Intermediate	Advanced
<b>Does this course meet the content standards set forth in article 1399.92?</b>			Yes      No
<small>*See attached sheet for Section 1399.92 – Content Standards for Continuing Competency</small>			
<b>Title of Course:</b>			
<b>Location(s) of Course</b> (Attach schedule if presented in multiple locations):			
<b>Date(s) of Course</b> (Attach schedule if presented on multiple dates):			
<small>**Date of Approval will be the date of the first course offering. Course will be approved for one year from that date. All subsequent offerings of the same course within that year will be approved under the same approval number.</small>			
<b>Proposed Continuing Education Units:</b>			
<small>(Program schedule must be attached to verify contact hours and requested continuing education units)</small>			
Contact hours (excluding breaks):	divided by 10 =	CEU(s)	
<b>Presenter(s) Name(s)</b> (or author(s) for home study program):			
<small>(See Additional Documentation section for specific information regarding CV)</small>			
<b>Lab Information and Average Student-to-Faculty Ratio:</b>			
What type of lab was provided?			
Demonstration	Technique/Hands-on	No Lab	
Average student : faculty ratio:	: 1		
<b>Was this course a joint sponsorship?</b>			Yes      No
<b>If yes:</b> Were there procedures to identify and document the functions of each participating party?			Yes      No
<b>Evaluation Procedures:</b>			
Describe how the presenter determined whether the learning objectives were met. Examples include: written test, observation of lab work, oral questions, etc.			
<small>*Or, attach separate document</small>			

### Course Information Continued

**Did your course provide content in the following subject matter? (If so, please list # of hours)**

Ethics, laws and regulations

Life support for health care professionals

\*See attached sheet for Section 1399.93 – Continuing Competency Subject Matter Requirements and Other Limitations

**Are participants provided with a syllabus that includes learning objectives, bibliography, and schedule (for courses offered in person) or outline (for courses offered online)?**

Yes

No

**Does this course undergo a periodic review to ensure content quality and currency?**

Yes

No

**Is this an “in-house” which you would prefer we did not list publicly on ACEND’s website?**

Do NOT list on ACEND.org

Please list on ACEND.org

### Additional Documentation

**Presenter Qualifications:**

Please attach curriculum vitae (CV) / resume or statement of qualifications for each presenter. 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 (if used):**

Ensure that brochure/course announcement complies with regulations established by Section 1399.96 (m) under the California Code of Regulations.

\*See attached sheet for Section 1399.96 – Standards for Approved Providers

**Bibliography of supporting material for course content:**

Due to the retroactive nature of this approval, please provide a thorough bibliography to validate that evidence was provided to substantiate the material presented in the course. The bibliography must include recent peer reviewed clinical outcome studies and current references to anatomy and physiology.

**Participant Course Evaluation Form:**

Attach your program evaluation form. Providers are required to maintain a record of the participant’s completed evaluations and, if audited (as required by Article 1399.95 (b)), provide ACEND with copies of all completed evaluation forms within 30 days of request.

For all future course offerings, the following questions are required elements which **must** be on all future course evaluation forms:

- Were the course objectives met?
- Was evidence provided to substantiate material presented?
- Was a commercial product promoted? If yes, did the provider disclose their financial interest in products recommended during the course?
- If the course included a lab component: Was lab assistance/supervision adequate?

**Certificate of Completion:**

On your sample certificate of completion, please include the following phrase:

- “This course has been approved by ACEND for x CEUs. Approved provider ID # ACExxxx-xx”

**If applicable, please include the following:**

- Schedule of multiple course locations
- Schedule of multiple course dates
- If more space is needed to describe “Evaluation Procedures,” please include description

**Verification of Compliance with Auditing Procedures**

**Course Evaluation:**

Please attach copies of all completed course evaluations or a summary of all evaluations. This information will be used to verify compliance with Article 1399.96, and will suffice for auditing procedures for the past course offering(s). Please note, any future course offerings must comply with the standards set forth by ACEND regarding participant course evaluation forms. Please see information provided in previous section under Additional Documentation.

**Evidence to substantiate material presented:**

A full and detailed bibliography must be included with course application.

**Statement of disclosure of financial interest:**

Please provide a written and signed statement describing whether or not a commercial product was promoted during the course(s). If a commercial product was promoted, please confirm that all financial interests were disclosed to course participants.

**Statement regarding lab supervision:**

If the course(s) included a lab component, please include, on the above written and signed statement, a section detailing any and all complaints regarding adequate lab supervision.

**Signature and Agreement**

I understand and certify that the information provided in this application is true and correct and certify that, if audited, I will comply with any request for additional pertinent information in the time specified. I further acknowledge that if there are any changes in the administration of this course program I will promptly notify ACEND of those changes. I agree that this course will be available to all licensees without unlawful discrimination. I agree to maintain records regarding course content and licensee attendance for a minimum of seven years. I also understand that once the application has been received and payment 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. The undersigned agrees and does hereby release from liability and hold harmless ACEND and any of its employees or agents.

<b>Signature</b>	<b>Date</b>
<b>Printed Name</b>	<b>Title</b>

**Section 1399.92 Content Standards for Continuing Competency**

Continuing competency hours must be obtained in subjects related to either the professional practice of physical therapy or patient/client management.

- (a) The professional practice of physical therapy includes professional accountability, professional behavior and professional development.
- (b) Patient/client management includes examination, evaluation and diagnosis and prognosis; plan of care; implementation; education; and discharge.

**Section 1399.93 Continuing Competency Subject Matter Requirements and Other Limitations**

For each renewal cycle, a licensee's continuing competency hours must include the following:

- (a) Two hours in ethics, laws and regulations, or some combination thereof, and
- (b) Four hours in life support for health care professionals. Such training should be comparable to, or more advanced than, the American Heart Association's Basic Life Support Health Care Provider course.

**Section 1399.95 Standards for Approval Agencies**

- (b) Each approval agency must have the capacity to evaluate each course offered by a provider in accordance with section 1399.96 and shall conduct audits of at least 10% of its approved providers' courses to ensure compliance with this article.
- (c) Each approval agency has a procedure for periodic review of courses to ensure content quality and currency.

**Section 1399.96 Standards for Approved Providers**

Before it may approve a provider, the approval agency shall require that the provider adhere to the following requirements:

- (a) Topics and subject matter for each course shall be pertinent to the practice of physical therapy as required by section 1399.92.
- (b) Instructors for each course shall be competent in the subject matter and shall be qualified by appropriate education, training, experience, scope of practice or licensure.
- (c) Each course shall have a syllabus that includes learning objectives, bibliography and either a schedule, for courses offered in-person, or an outline, for courses offered online.
- (d) Each course shall have written educational goals and specific learning objectives which are measurable and which serve as a basis for an evaluation of the effectiveness of the course.
- (e) When an approved provider works with others on the development, distribution and/or presentation of a continuing education course (joint sponsorship), there shall be procedures to identify and document the functions of each participating party.
- (f) Each approved provider shall periodically review its courses to ensure content quality and currency.
- (g) Each participant shall be given the opportunity to evaluate each course and offer feedback to the approved provider. The approved provider shall consider any such evaluations for the purpose of updating or revising courses.
- (h) Each approved provider has a procedure to respond to complaints.
- (i) Each approved provider provides services to all licensees without unlawful discrimination.
- (j) Each approved provider shall maintain records regarding course content and licensee attendance for a minimum of seven years.
- (k) Each approved provider and instructor shall disclose any financial interest in products recommended during a course.
- (l) Each approved provider shall provide a certificate of completion to attendees.
- (m) Each approved provider shall ensure that any information it disseminates publicizing its continuing education courses is true and not misleading. Such information shall include a statement with the name of the approval agency, that such agency may be contacted about any concerns, any approved provider identification number, and the number of hours for which the course has been approved.