



APPROVED CONTINUING EDUCATION
NETWORK & DATABASE

Single Course Provider Retroactive

Provider Continuing Competency Approval Application



This application is to be completed by the continuing education provider company, and is designed for courses that have been offered in the past. If approved, this will allow all course participants who have completed the course to received recognized CEUs that can count towards professional license renewal in the state of California (and any state which accepts reciprocity).

Application Fee \$225

Check: Make payable to ACEND and submit with completed application

Credit Card: Fill out Credit Card Payment Form, and submit with completed application

Processing Time: ACEND is allotted 30 calendar days to process an application from the date it is received.

Expedited Service (\$50): Please check box & add \$50

(application will be processed within 14 calendar days from the date it is received)

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

Course Information

Title of Course:

Does this course meet the content standards set forth in article 1399.92? Yes No

*See attached sheet for Section 1399.92 – Content Standards for Continuing Competency

Has this course been previously approved:

By ACEND? Yes No Con Ed #

By another organization? Yes No

If yes, by whom? State Chapter of APTA Other Approval Agency Other:

Type of Course:

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)

Instructional Level: Basic Intermediate Advanced

Location(s) of Course (Attach schedule if presented in multiple locations):

Date(s) of Course (Attach schedule if presented on multiple dates):

**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.

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)

Presenter(s) Name(s) (or author(s) for home study program):

(See Additional Documentation section for specific information regarding CV)

Lab Information and Average Student-to-Faculty Ratio:

What type of lab was provided?

Demonstration

Technique/Hands-on

No Lab

Average student : faculty ratio: : 1

Was this course a joint sponsorship? Yes No

If yes: Were there procedures to identify and document the functions of each participating party? Yes No

Evaluation Procedures:

Describe how the presenter determined whether the learning objectives were met. Examples include: written test, observation of lab work, oral questions, etc.

*Or, attach separate document

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

Online Course Additional Information:

If the course is an online or virtual course, please remember to fill out the “Online Course Additional Information” section below the signature section.

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.

Signature

Date

Printed Name

Title

IF APPLICABLE

I was referred to ACEND by:

Application Submission Instructions

Digital Submission: Email copy of completed and signed application with all necessary additional documentation to applications@acend.org. If submitting digitally and paying by credit card, please include completed Credit Card Payment Form.

Hard Copy Submission: Mail a signed application and payment to the following address:

ACEND
1560 Pine Grove Road, Suite B
Steamboat Springs, CO 80487

Online Course Additional Information

What is the format of the online / virtual course?

Live

Recorded (take at your own pace)

Other (please specify):

Verification of Time: *(please provide justification for the average time it takes a participant to complete the coursework)*

How is course completion tracked?

Required Additional Information: Please include outline of material covered in online course

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.