

## Information Sheet

### Request for APHA to co-provide, jointly sponsor, or approve a Continuing Education Program/Activity

**For contact hour credits:  
Continuing Health Education (CHES) credits  
Continuing Medicine Education (CME) credits; and/or  
Continuing Nursing Education (CNE) credits**

- The responsible staff member of the applying organization should contact APHA Learning and Professional Development Programs Unit staff at the beginning of the planning process to ensure that planning and implementation occur in conformance with ACCME, ANCC and/or NCHEC and other relevant standards.
- APHA requires the receipt of a **COMPLETE** application a minimum of 2 months prior to the event for a one-day event and 3 months prior for events of two days or more. This is to ensure fulfillment of accreditation requirements in a timely manner.
- Accreditation standards prohibit you from promoting your event as designated for CE until **FINAL APPROVAL** is given. (Only a “save the date” type of announcement, without reference to CE credit, is permitted prior to approval.). Phrases such as “CE applied for” may not be used in promotional materials.
- Should your planning be underway before contact with APHA, your application must document that work was accomplished in accordance with the appropriate disciplines’ accreditation standards. There should be evidence of a planning committee and documentation of the planning, such as meeting reports, emails or letters. Planners also must meet discipline specific criteria.
- If you wish to co-provide or jointly sponsor an activity, APHA must be involved from the beginning of the process.

APHA is able to offer multi-disciplinary accreditation through a single application process. APHA is accredited by the following accrediting bodies:

- **Accreditation Council for Continuing Medical Education (ACCME)** as a provider, a joint sponsor, or an approver of continuing medical education (CME).
- **American Nurses Credentialing Center’s Commission on Accreditation (ANCC COA)** as a provider, co-provider or approver of continuing nursing education (CNE).
- **National Commission for Health Education Credentialing, Inc (NCHEC)** as a multiple-event provider, co-sponsor or approver (#DC0074) for certified health education specialists (CHES).

**Assistance:** Please contact: Annette Ferebee, MPH, Manager, Learning and Professional Development Programs, Center for Learning and Global Public Health; 800 – I (EYE) Street, N.W., Washington, D.C. 20001-3710, Phone: (202)-777-2521; Fax: (202) 777-2533. E-Mail: [learning-profedevel@apha.org](mailto:learning-profedevel@apha.org) or [annette.ferebee@apha.org](mailto:annette.ferebee@apha.org).

**Instruction: Fill out this form to begin the process of applying for Continuing Education Credit and return it to Annette Ferebee at [annette.ferebee@apha.org](mailto:annette.ferebee@apha.org)**

**Full Name of Organization:** \_\_\_\_\_

**APHA Role:** The APHA role for this educational program/activity is to be:

- as a provider  
 as a co-provider, co-sponsor or joint sponsor. APHA will participate in the planning.  
 as an approver of a program/activity that is planned by another organization

**Continuing Education Contact Hour Credits Requested:**

- CHES                       CME                       CNE  
 CME AMA PRA Category 1 Credit(s)<sup>™</sup> for non-physicians

**Program/Activity Title:**

\_\_\_\_\_  
(Title of Program/Activity)

Location (City, State/Country): \_\_\_\_\_

- 1) Is your organization a part of APHA? (i.e. Section, Caucus, SPIG, Affiliate)                       Yes    No  
2) Is your organization a Public Health Nursing QUAD Council Member?                       Yes    No  
3) Does your organization expect to receive commercial support for this activity?                       Yes    No  
If yes, please list companies? \_\_\_\_\_  
4) Does your organization expect to receive support from a government grant or foundation to pay for all or part of the activity?                       Yes    No  
If yes, please list agencies? \_\_\_\_\_  
5) Is your organization a:  
 for-profit entity       non-profit entity       government agency  
 university/college/academic institution       commercial entity that produces health care products     
 Other, please specify \_\_\_\_\_  
6) Has an accredited provider/approver turned down your organization for CE credit?    Yes    No  
If yes, please explain: \_\_\_\_\_

**Program/Activity Date(s):**

\_\_\_\_\_

**Length** of the program/activity will be:

- less than an 8-hour day, but at least a 1-hour program (a minimum time)  
 an 8-hour day program/activity  
 a multi-day program/activity, specify No. of days \_\_\_\_\_  
 on-going online, web-based material

<b>Program/Activity Director/Coordinator</b>		<b>Contact Person (if different from Director)</b>	
<b>Name</b>		<b>Name</b>	
<b>Title</b>		<b>Title</b>	
<b>Organization</b>		<b>Organization</b>	
<b>Address</b>		<b>Address</b>	
<b>City/State/Zip</b>		<b>City/State/Zip</b>	
<b>Phone</b>		<b>Phone</b>	
<b>Fax</b>		<b>Fax</b>	
<b>Email</b>		<b>Email</b>	

**Fees:** APHA has a standard \$250 non-refundable application fee for live activities (e.g., conferences, workshops, seminars, etc.). The application fee is to be submitted with the full application documents. In addition, the organization will pay a \$10 per participant fee for each certificate of attendance or certificate for education credit. The certificate fee will be determined when the final list of attendees who are requesting a certificate is obtained with the Post Activity Report. APHA will invoice the partner organization for the certificates. Payment is expected within 60 days.

Enduring materials (i.e., audio tapes, videotapes, computer assisted instructional materials) will be priced on a different scale. Contact APHA for more information.

**Notification of Application Status:** APHA will respond by email within 10 days of receiving this Information Sheet.

**Notification of Final Approval/Denial:** Before the CE credits can be granted for a program activity, APHA must issue the Notice of Final Approval. APHA will notify the organization of the status of their application no later than 4 weeks after receipt. The organization may request information on the status of their application in the interim. The accrediting bodies do not allow retroactive approval.

**Signatures and Acceptance:** I/we formally propose to co-provide, jointly sponsor, or seek approval for this program/activity with the APHA to obtain continuing professional education contact hour credits. I/we agree to complete all necessary forms to document compliance with relevant accreditation criteria.

\_\_\_\_\_  
**Organization's Education Program/Activity Director Signature**  
 (an electronic signature or typed name is accepted by APHA)

\_\_\_\_\_  
**Date**