



Accreditation Commission for Homeopathic Education in North America

Assuring educational excellence within the discipline of classical homeopathy

Application for Accreditation of Continuing Professional Development Programs

Cover Sheet

Please complete this application and attach all required appendices. Submit via email to ACHENA at:

Program Title:	
Program Sponsor(s):	
Program Date(s):	
Type of Training*	
<input type="checkbox"/> Live training	<input type="checkbox"/> Enduring materials or activities
<input type="checkbox"/> Face-to-face	<input type="checkbox"/> Web-based course
<input type="checkbox"/> Conference	<input type="checkbox"/> Videostreamed broadcast (archived)
<input type="checkbox"/> Webinar/ Webinar	<input type="checkbox"/> Webinar (archived)
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
Person responsible for Administering this Program:	
Name:	Title:
Address:	Zip:
	Phone:
Email:	Fax:
Date submitted:	
For Administrative Use Only	
Submission Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of CPD Hours Granted:
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Payment Received: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Returned to Applicant: / /	

Application Checklist

	Submitted with Proposal	To be submitted after program (within 2 weeks)
Description of Course Offering: Appendix A		
Planning Committee Biographical Data Form for Planning Committee/ Faculty: Appendix B		
Faculty Disclosure Forms: Appendix C		
Brochure/Publicity with required language	(Draft)	(Final)
Instructional Material/Handouts		
Evaluation See Appendix D sample		
Evaluation Summary		
Attendance/Sign-in List		
Payment:		
Misc. (Ex: posttest for enduring materials)		

Human Resources

1. **Person responsible:** List the name of the individual responsible for administrating this activity (include name & credentials):
2. **CPD Planning Committee:** List the names of CPD planning committee members. This application must include at least two individuals who served as CPD planners or faculty. The individual named above as responsible for administering the activity may be included as a planning committee member. Please list the name, degrees, and credentials and attach a biographical data form with the additional required information. Planning Committee must include at least one person with active certification in homeopathy, such as CCH or more advanced designation.

Please list name, degrees and credentials and attach Biographical Data Form (Appendix B) for each CPD Planning Committee member.

Name	Degree	Credentials

B. Target Audience and Needs Assessment (use additional space as needed)

1. **Intended/target audience:**
2. **Evidence of Need:** (What evidence do you have of the continuing education need by healthcare professionals for this program? See Guidelines for further explanation.)
3. **Professional Practice Gap** (What is it that professionals do not know or are not doing that that this activity addresses? How did you identify this gap?)

C. Educational Activity Overview - Do not provide answers on this sheet.

Please complete **Description of Offering (Appendix A)**, being sure to include the following information that describes your CPD Program.

1. **Purpose/Overview** (This is a statement of intent, the rationale for the program. It should answer the question: How will participants benefit from this program?)
2. **Objectives** (Provide a minimum of three objectives stated in measurable behaviors to be achieved by participants. See Guidelines for appropriate language.)
3. **Content Outline/Key points addressed with each objective**
4. **Time frame for each objective or topic**
5. **Presenter for each objective**
6. **Teaching methods, strategies, materials, resources for each objective**

D. Presenters/Content Specialists

List the names, degrees and/or credentials of each presenter/content specialist. Attach completed **Biographical Data Form** (Appendix B) and **Faculty Disclosure Form** (Appendix C) included in the Guidelines for each presenter/content specialist.

1. Presenter(s) Name(s), Degrees and/or Credentials:

Names	Degrees	Credentials

2. Learners will be informed of presenters' declaration of vested interests or lack of vested interest by (check all that apply):

- Announcement at beginning of event/session.
- Information provided on advertising.
- Information provided on handouts and/or slides.
- Signs placed inside or outside of presentation room.
- Other – Describe:

E. Commercial Support

1. Does this activity have commercial support?

- This activity HAS NO financial commercial support
- This activity HAS NO “services in-kind” commercial support
- This activity HAS commercial support *
- This activity HAS “services in-kind” commercial support *
- This activity HAS received support from entities **other than** commercial interests (e.g. non-profit organizations or government grants).
Please specify source of support:

** If the activity has commercial support, please complete the following items and check all that apply:*

2. Commercial support has been provided by:

3. Commercial support provided by these organizations will influence the objectives and content of this activity. Yes No

4. Learners will be informed about commercial support or lack of commercial support by: (Please complete the following regardless of commercial support)

- Announcement at beginning of event/session. (There must be written verification that announcement was made.)
- Information provided on advertising.
- Information provided on handouts and/or slides.
- Signs placed inside or outside of presentation or exhibit room.
- Other – Describe:

F. Evaluation

How will this program be evaluated? (The evaluation form must be approved before the program, and you must submit a summary of the evaluations after the program.)

I. Check or describe the methods of evaluation to be used: (Check all that apply)

- Participant evaluation/satisfaction tool (required for all events.)
- Knowledge survey (Specify: post-test)
- Skill and attitude change (Specify: _____)
- Change in practice/performance (Specify: _____)
- Relationship of practice change to quality of service:
(Specify: _____)
- Evaluation of learning outcomes (pre or post test; demonstration)
- Other - Describe

2. Submit a copy of the evaluation tool(s) to be used for this event. It must include, at a minimum, questions about (a) achievement of objectives, (b) teaching effectiveness of each presenter, (c) whether the program was fair, unbiased and free of commercial influence, and (4) amount of time needed to complete the activity (enduring materials only).

NOTE: A sample evaluation tool is included as Appendix D.

3. Describe how evaluation data will be used to (check all that apply):
 - Revise future presentations of this course
 - Create new programs
 - Other - Describe:
4. Learner Feedback: Identify how feedback will be provided to the learner:
 - Question and answers during activity
 - Return results of testing
 - Follow-up communication
 - Other - Describe:

G. Publicity

Include a draft of brochure and/or publicity. ACHENA must review the brochure before it is printed. For web-based courses this information must appear BEFORE registrants log in. All publicity must clearly state what participants can expect including:

- purpose and objectives of the program
- intended audience
- any special background requirements for attendance
- time to complete the course (average or range for web-based courses)
- continuing education credit information (**See Guidelines. Language is very specific and must be included in publicity when credit is to be given.)***)

***NOTE:** You may not distribute any publicity with these statements until your proposal has been approved by ACHENA..

H. Verification of Participation and Successful Completion

1. Indicate how participation will be verified (check all that apply):
 - Sign-in/attendance sheets
 - Completion of post- training evaluation survey
 - Other (describe):
2. Criteria for successful completion (check all that apply):
 - Attendance at entire event
 - Completion/submission of evaluation form
 - Achieving a passing score on the post-test (passing score = ____%)
 - Other (describe):

3. Participants will be informed of criteria by (check all that apply):

- Information on brochure/advertising materials
- Verbal statement at beginning of event
- Written information on handouts/website
- Other (describe):

I. ***Enduring Materials** – printed, recorded, or computer-assisted instructional materials which may be used over time at various locations and which, in themselves, constitute a planned activity of continuing education. Examples...include: programmed texts, audio materials, video materials, and computer-assisted instructional materials, which are used alone or in combination with printed or written materials.

Supply 5-10 post-test knowledge questions (multiple choice or true/false) to be used in verifying participation.

For Internet-based activities include:

- date of original release and date of most recent review
- how long credit hours will be awarded
- statement about computer hardware and software requirements
- way for participants to contact project sponsor
- policy on privacy and confidentiality

J. **AFTER LIVE PROGRAMS, please provide the following:** (a) Name, title/degree, organization, address and type of credit requested for each individual seeking credit; (b) Date and location of program; (c) Evaluation summary; (d) Sign in sheet.