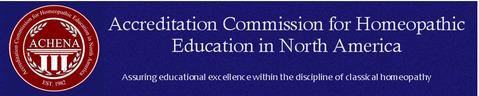
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**Application for Approval of**

**Continuing Professional Development Courses**

**Cover Sheet**

**Please complete this application and attach all required appendices. Submit via email to ACHENA at info@achena.org.**

**Is this a Renewal Application? ☐ Yes ☐ No**

(if Yes, please complete all sections of application and note additional sections labeled; *\*\*For Renewals*)

|  |  |  |
| --- | --- | --- |
| ***The following information will be used for the ACHENA Approved Course Listing. Please complete this section exactly how you would like it to be listed on the ACHENA website.*** | | |
| **Course Title:** | | |
| **Course Provider(s):** | | |
| **Course Presenter(s)** (if different from provider)**:** | | |
| **Course Date(s)** (if live)**:** | | |
| **Course Registration link:** | | |
| **Number of CPD hours you are applying for:**  (for Advanced Clinical Training / Case Study Groups, indicate the total hours in one year) | | |
|  | | |
| **Type of Training (check all that apply)** | | |
| ☐ **Live training** | ☐ **Pre-Recorded Training** (enduring materials or activities) | |
| ☐ In-person ONLY Conference/Seminar (no online attendance) | ☐ Recording of live training offered subsequently | |
| ☐ Live Webinar (online attendance) | ☐ Webinar | |
| ☐ In-person AND online attendance | ☐ CD/DVD | |
| ☐ Advanced Clinical Training / Case Study Group | ☐ Other: | |
|  | | |
| **Person responsible for Administering this Course:** | | |
| Name: | | Title: |
| Address: | | Zip: |
|  | | Phone: |
| Email: | | Date Submitted: |

**Application Checklist**

|  |  |  |
| --- | --- | --- |
|  | **Submitted with Application** | **To be submitted after course (within 4 weeks)** |
| Course Description - Appendix A |  |  |
| Instructor/Faculty Bio - Appendix B |  |  |
| Disclosure Forms for all Providers and Instructors - Appendix C |  |  |
| Brochure/Publicity with required language | (Draft) |  |
| Evaluation  See Appendix D sample |  |  |
| Evaluation Summary |  |  |
| Attendance/Sign-in List |  |  |
| Misc. (Ex: posttest for enduring materials) |  |  |

**Human Resources**

1. **Person responsible:** List the name of the individual responsible for administering 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 other homeopathic credential.

Please list name, degrees and credentials for each CPD Planning Committee member.

|  |  |  |
| --- | --- | --- |
| **Name** | **Degree** | **Credentials** |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |

**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.)

**\*\*For Renewals:** (Explain what evidence you have which demonstrates the *continued* need for this program since your previous application.)

1. **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?)

**\*\*For Renewals:** (Explain how you identify a continued professional practice gap since your previous application, which this activity addresses.)

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

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

1. **Purpose/Overview** (This is a statement of intent, the rationale for the course. It should answer the question: How will participants benefit from this course?)
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**
7. **Presenters/Content Specialists**

List the names, degrees and/or credentials of each presenter/content specialist. Attach completed **Instructor Bio Form** (Appendix B) and **Disclosure Form** (Appendix C) for each presenter/content specialist.

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

|  |  |  |
| --- | --- | --- |
| **Names** | **Degrees** | **Credentials** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. 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:*

1. Commercial support has been provided by:
2. Commercial support provided by these organizations will influence the objectives and content of this activity. ☐ Yes ☐ No
3. 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 course be evaluated? (The evaluation form must be approved before the course, and you must submit a summary of the evaluations after the course.)

1. 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: )

☐ 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 course 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 courses

☐ Other - Describe:

1. 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:

**\*\*For Renewals: Quality Improvement**

1. Describe any changes or improvements made to the delivery methods of this course since your previous application.

2.Describe how have you used participant evaluation feedback to make adjustments or improvements to this course.

3. If applicable, what advancements in the field of homeopathy have impacted the content of this course? How have you applied those advancements to course content?

4. Explain why the content of this course is still relevant to the continuing education needs of the professional homeopath.

**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 course
* 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 COURSES, 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 course; (c) Evaluation summary; (d) Sign in sheet.