



# ACEP Additional Delivery Format Application

This application is for NBCC Approved Continuing Education Providers (ACEPs) that would like to be approved for an additional delivery format. Before beginning this application, the ACEP (the Provider or the applicant) must thoroughly read the [NBCC Continuing Education Provider Policy](#) (Policy) and the entire application to enhance the applicant’s ability to successfully complete the application. The resources located in the [CE Provider Toolbox](#) may be helpful to review prior to applying. Although submission of a completed application does not guarantee approval, incomplete or unsigned applications will not be considered.

## ACEP Information

Note, the documents submitted with the application must correspond to the “ACEP Name” identified below.

ACEP Number: \_\_\_\_\_ ACEP Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

## ACEP Administrator Information

The ACEP must maintain an authorized representative to serve as ACEP administrator. Among other responsibilities, the ACEP administrator serves as the primary contact person with NBCC concerning all ACEP program matters. If the ACEP administrator changes before the application review is completed by NBCC, the ACEP must notify NBCC of this change.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

## Continuing Education Program Administrator Information

The ACEP must maintain a qualified representative to serve as program administrator. The program administrator must hold an advanced degree in a mental health field from an accredited educational institution. The program administrator is responsible for assuring that the content of all programs offering NBCC credit and the qualifications of all program presenters satisfy NBCC requirements. The program administrator may also serve as the ACEP administrator.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Educational Degree and Field of Study: \_\_\_\_\_

Check the delivery format(s) for which you are applying:

- Live Event Delivery Format:** Real-time, interactive programs either delivered in person or by electronic devices that permit the participant to interact with the presenter(s), including qualified programs delivered solely for in-service training directly related to employment
- Home Study Delivery Format:** Text-based learning materials, on-demand webinars, and other audio visual materials that include an assessment demonstrating that the participant completed the program

| ACEP Additional Delivery Format Application Program Delivery Format |  | Fee   |
|---|--|-------|
| <b>Application Fee</b>  | Includes review of <b>one</b> delivery format<br>(Either live event or home study) | \$400 |
| <b>Application fees are nonrefundable and nontransferable.</b>      |  |       |

## Application Instructions and Checklist for ACEPs Seeking Live Event Delivery Format Approval

The ACEP (the applicant) must sufficiently demonstrate that it previously planned and implemented a live program that qualifies for credit under the [NBCC Continuing Education Provider Policy](#). Implementation includes but is not limited to: advertising the program, registering participants, allowing program evaluation, distributing certificates of completion, and verifying attendance. Note: Although Policy requires that the ACEP offer and present at least two different live programs that would qualify for NBCC credit, for purposes of the application, NBCC requests specific documentation pertaining to one past live program that would qualify for NBCC credit. NBCC reserves the right to request documentation pertaining to a second live program that would qualify for credit.

The ACEP must submit the following documents to be considered for Live Event Delivery Format approval:

1. A complete and accurate Attachment A for one live event program previously offered by the Provider. If the Provider offered the program multiple times, Attachment A should list the program date for only one offering and provide the documents listed below relative to the listed program date.
2. Brochure, agenda, and other promotional/registration materials used for the program listed on Attachment A.
3. A blank program evaluation form used for the program listed on Attachment A.
4. An evaluation summary for the program listed on Attachment A. Participant personal identifiable information must not be included.
5. Presenter Qualification Form(s) accurately identifying all program presenters, including the qualifications (education, degrees, experience, training, credentials) of each presenter relevant to the subject matter.
6. A copy of a certificate of completion that was distributed to participants for the program listed on Attachment A. The participant's name must not be included.

## Application Instructions and Checklist for ACEPs Seeking Home Study Delivery Format Approval

The ACEP (the applicant) must sufficiently demonstrate that it offers at least one home study program that qualifies for credit under the NBCC Continuing Education Provider Policy. The ACEP must submit a home study program that is fully functional. The applicant must ensure that all program materials do not infringe upon any privacy or intellectual rights of any other party. All program materials, audiovisual and print, must be of professional quality in content and appearance.

The ACEP must submit the following documents to be considered for Home Study Delivery Format approval:

1. A completed copy of Attachment B for one of the Provider's home study programs.
2. The advertising and registration materials for the program listed on Attachment B, including all information required by Policy Section C.15. Registration materials should include any prerequisites necessary to satisfy the program registration requirements.
3. A blank program evaluation form for the program listed on Attachment B.
4. Presenter Qualification Form(s) accurately identifying all program presenters/authors listed on Attachment B, including the qualifications (education, degrees, experience, training, credentials) of each presenter relevant to the subject matter.
5. A sample of the certificate of completion for the program listed on Attachment B. The participant's name must not be included.

6. The program learning materials, such as text-based, audiovisual, or web-based materials, for the program listed on Attachment B.
7. All necessary URLs, usernames, and passwords for complete review of the program listed on Attachment B.
8. An explanation of the credit measurement calculation used to determine the amount of NBCC credit that would be offered for the program listed on Attachment B. Include the length of each recording and/or accurate word count of all text-based learning materials and then convert the recorded time and/or word count to NBCC credit hours. This explanation must demonstrate compliance with Policy Section I.4.
9. An assessment instrument for the program listed on Attachment B prepared by a professional with an advanced degree in a mental health field and intended to evaluate the participant's knowledge of the program material.
10. A reference list accurately identifying all source materials used to prepare the program listed on Attachment B, such as professional journal articles or books.

## **Approved Continuing Education Provider (ACEP) Agreement**

*ACEPs seeking to add a delivery format must satisfy all applicable NBCC Continuing Education Provider Policy (Policy) requirements. NBCC retains the sole authority to determine if a Provider qualifies.*

*On behalf of the ACEP (the applicant), I attest that I have read and understand the NBCC Continuing Education Provider Policy (Policy) and that the information provided in this application and the attachments are complete and accurate. The ACEP will comply with the terms set forth in the Policy.*

Authorized Representative Name: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If seeking approval for Live Event Delivery Format, submit the completed Attachment A for one live event program previously offered by the ACEP (the applicant). **Page 4 of the application provides a list of documents and information that must be submitted for the program listed on Attachment A.**

The ACEP must have assumed sole responsibility for the implementation of the submitted program. DO NOT submit cosponsored programs. Consider reviewing the [Tips for CE Providers Working With Others: Cosponsorships, Contributions, and Branding](#) before selecting a program to submit.

Program Title: \_\_\_\_\_

Date(s) Offered: \_\_\_\_\_

Presenter(s): \_\_\_\_\_

*Submit a Presenter Qualification Form for each presenter and identify who presented what subject matter.*

This program is designed for: \_\_\_\_\_

| Number of Participants | Estimated Number of Participants Who Were Graduate-Level Counselors | Number of Hours |
|------------------------|---|-----------------|
|                        |   |                 |

Program Content Description:

Learning Objectives:

1.

2.

3.

4.



# Attachment B For Home Study Delivery Format

If seeking approval for Home Study Delivery Format, submit the completed Attachment B for one home study program that the ACEP offers. The following program components must be in place: program advertising, learning materials, assessment instrument, program evaluation, and certificate of completion. Consider reviewing the [Tips for Designing a Home Study Program](#) before selecting a program to submit.

**Pages 4 and 5 of the application provide a list of documents and information that must be submitted for the program listed on Attachment B.**

The ACEP must have assumed sole responsibility for the implementation of the submitted program. DO NOT submit cosponsored programs.

Program Title: \_\_\_\_\_

Date(s) Offered: \_\_\_\_\_

Presenter(s): \_\_\_\_\_

*Submit a Presenter Qualification Form for each presenter and identify who presented what subject matter.*

This program is designed for: \_\_\_\_\_

Program Content Description:

Learning Objectives:

1.

2.

3.

4.

Name of Learning Assessment Author, including their degree and field of study:



# Presenter Qualification Form

Qualifying programs must be taught by presenters who possess appropriate qualifications, as required by the [NBCC Continuing Education Provider Policy](#). Include information that shows the presenter/author is qualified by education, experience, and training relative to the subject matter presented.

Presenter Name: \_\_\_\_\_

Program or Session/Workshop Title:  
\_\_\_\_\_

List the NBCC content area(s) to which the subject matter of this program is directly related (Policy Section G):

## Education

| Degree    |  | Major or Field of Study | Institution | Year |
|-----------|--|-------------------------|-------------|------|
| Master's  |  |                         |             |      |
| Doctorate |  |                         |             |      |
| Other     |  |                         |             |      |

Relevant experience and/or training related to topic presented/authored:

Professional licenses or certifications:

***NBCC reserves the right to require the submission of the presenter/author's curriculum vitae, résumé, or other documentation to verify education, experience, and training.***

# Instructions for Application Submission and Payment

Applications will not be placed in line for review until payment is successfully processed. Submission of an application and payment does not guarantee approval. Application fees are nonrefundable and nontransferable. Email [continuinged@nbcc.org](mailto:continuinged@nbcc.org) with questions.

ACEP Name: \_\_\_\_\_

ACEP Administrator Name: \_\_\_\_\_

## Instructions for submitting application materials:

Email the completed application and required materials to the email address below. The most efficient way to submit the application and required materials is by email. If the application attachments exceed 20MB, please send multiple emails.

[continuinged@nbcc.org](mailto:continuinged@nbcc.org)

**OR**

Mail the completed application and required materials to the mailing address below.

**NBCC**  
**Attn: Continuing Education Provider**  
**Services Department**  
**3 Terrace Way**  
**Greensboro, NC 27403-3660**

## Instructions for submitting payment:

NBCC accepts payment by credit card, and check or money order payable to NBCC.

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## Select a Payment Method:

- I would like NBCC to email instructions to the designated ACEP administrator allowing the applicant to pay by credit card.
- I will mail a check or money order to NBCC for the correct amount.
- I have enclosed a check or money order for the correct amount in the mailed application.