



Application for Accreditation

Independent Study Fast Track

Date Received
Complete
To Review Panel
Panel #
Review Due
Preliminary Report Due
Final

Cheque Received
Receipt #
Expiry Date

In submitting an application for accreditation, providers and sponsors confirm an understanding of and compliance with the most current version of the *Guidelines and Criteria for CCCEP Accreditation*, as posted on our web site www.cccep.ca or as advised by the Executive Director.

Failure to adhere to the Guidelines and Criteria may result in denial of accreditation or revocation of accreditation.

CCCEP will not commence the review process until the submission is complete.

All required forms are available on the CCCEP web site.

Section 20.4 states that all criteria must be completed prior to accreditation of a program.

1. **Submission Date** _____
2. **Program Title** _____
3. **Target Audience** _____
4. **Date of Publication/Distribution** _____
5. **Program Format** (Print, Web, CD, etc) _____
6. **Review Process Requested** (note time to receive preliminary report from CCCEP)
 - Fast Track Review** (two weeks, estimate 1-4 CEUs)
 - Special Fast Track Review** (three weeks, estimate 5-10 CEUs)

The provider must contact the Executive Director at least **two weeks prior** to submission of Fast Track or Unique programs. The provider must also confirm the exact date of delivery of a Fast Track program to the CCCEP office 48 hours in advance.

Availability of Fast Track service is not guaranteed.

7. Accreditation Fee Enclosed \$

(Refer to Section 34 of the Guidelines - fee subject to GST)

8. Program Provider (person or group responsible for development and submission)

Name/ Title _____

Company _____

Mailing Address _____

Phone _____ Fax _____

Email _____

9. Program Distributed by (if different from above)

Name/Title _____

Company _____

Mailing Address _____

Phone _____ Fax _____

Email _____

10. Program Sponsored by (if different from above)

Name/Title _____

Company _____

Mailing Address _____

Phone _____ Fax _____

Email _____

11. Contact Person (any inquiries from CCCEP and the accreditation report will be directed to this person.)

Name/Title _____

Company _____

Mailing Address _____

Phone _____ Fax _____

Email _____

12. Author(s) (attach separate page for additional authors)

Name/Degree(s) _____

Current Position _____

Employed at _____

Mailing Address _____

Phone _____ Fax _____

Email _____

Topic Expertise _____

13. Expert Reviewer (1)

Name/Degree(s) _____

Current Position _____

Employed at _____

Mailing Address _____

Phone _____ Fax _____

Email _____

Topic Expertise _____

14. Expert Reviewer (2)

Name/Degree(s) _____

Current Position _____

Employed at _____

Mailing Address _____

Phone _____ Fax _____

Email _____

Topic Expertise _____

15. Enclosed with this application:

Fast Track applications may be submitted via email, print, CD, or web.

If submitting a web based program for on-line review, please contact the CCCEP office.

If submitting by print or CD, seven (7) copies of each are required.

The program text/videos/cd/instructions, etc (following author revisions per Expert Reviewer comments)

Disclosure statements for publication

- ❑ Learning Objectives
- ❑ Table of Contents or Index
- ❑ Reference List
- ❑ Information available to learner re submission of answers, marks required, and notification of results.
- ❑ Post-Test Questions
- ❑ Answer Key with Rationale (as a separate document - not attached to lesson / post test)
- ❑ Alternate Learner Assessment (if applicable)
- ❑ Program Evaluation Form
- ❑ Sample Certificate or Letter for participants
- ❑ Required information re author(s) (or copy of this application form)
 - Name/degree(s)
 - Current Position and Employer
 - Full contact information
 - Topic Expertise (**not** a C.V.)
- ❑ Author's written response to Expert Reviewers' comments
- ❑ Required information for both Expert Reviewers (or copy of this application form)
 - Name/Degree(s)
 - Current Position and Employer
 - Full contact information
 - Topic Expertise (**not** a C.V.)
- ❑ Signed Expert Reviewer release statement with all comments attached (collated/typed)
- ❑ Disclosure Forms
 - Author
 - Expert Reviewers
 - Provider

16. **This program will be translated into French:** yes no
- If 'Yes', the provider must submit the required signed statement (available on the web page) from the translator after the translation is completed, following final approval by CCCEP of the English submission.
- Once the translation is confirmed, CCCEP will advise all provincial CE offices (including Quebec) that the program is available in a French translation.

**The preliminary and final reports from the Executive Director
will be sent by email to the contact person noted above.**
A copy by fax/mail can be provided on request.