



## Application for Accreditation

### Independent Study

#### Regular, Special, Unique

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](http://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)
  - ☐ **Regular Review** (six weeks, estimate 1-4 CEUs)
  - ☐ **Special Review** (six weeks, estimate 5-10 CEUs)
  - ☐ **Unique Review** (11 or more CEUs/unique program format – to be arranged with Executive Director re availability, requirements, and fee)

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. Applications may be submitted via 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) sets containing one copy of each of the following 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.