



Application for Accreditation

Live Program Extended

Date Received
Complete
Original File #
Original Expiry Date
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 at 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.

On receipt of the submission, the Executive Director will determine if the program qualifies for this review process. Revision from the initial accredited version must be minimal and clearly defined.

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. Original Program Title _____
Extended Program Title _____
3. Original CCCEP File # _____
and Expiry Date _____
4. Program Date(s) _____
5. Program Location(s) _____

6. **Provincial CE offices notified of program** _____
(Provincial CE coordinators can deny credit if not advised of program date/location and there is a conflict with previously approved programs.)

7. **Target Audience** _____

8. **Review Process Requested**

Extended Live Program (preliminary report to contact person two weeks from receipt of complete submission)

On receipt of the submission the Executive Director will determine if the program qualifies for this review process.

9. **Accreditation Fee Enclosed** \$

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

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

Name/ Title _____

Company _____

Mailing Address _____

Phone _____ Fax _____

Email _____

11. **Program Sponsored by** (if different from above)

Name/Title _____

Company _____

Mailing Address _____

Phone _____ Fax _____

Email _____

12. **Contact Person** (Any inquiries from CCCEP and the accreditation report will be directed to this person.)

Name/Title _____

Company _____

Mailing Address _____

Phone _____ Fax _____

Email _____

13. **Author(s)** (attach separate page if necessary)

Name/Degree(s) _____

Current Position _____

Employed at _____

Mailing Address

Phone _____ Fax _____

Email _____

Topic Expertise _____

14. Presenter(s) (attach separate page if necessary)

Name/Degree(s) _____

Current Position _____

Employed at _____

Mailing Address

Phone _____ Fax _____

Email _____

Topic Expertise _____

15. Expert Reviewer (1)

Name/Degree(s) _____

Current Position _____

Employed at _____

Mailing Address

Phone _____ Fax _____

Email _____

Topic Expertise _____

16. Expert Reviewer (2)

Name/Degree(s) _____

Current Position _____

Employed at _____

Mailing Address

Phone _____ Fax _____
Email _____
Topic Expertise _____

17. **Enclosed with this application is one copy of: (revisions must be minimal and clearly identified)**

- Learning Objectives
- Disclosure statement on opening slide
- Copy of numbered slides/overheads (via PowerPoint by email, or printed - 6/page)
Following author revisions per Expert Reviewer comments
Speaker's notes facilitate our review and are appreciated. Although not mandatory, they may be requested by Expert Reviewers or the Executive Director if required to facilitate the review process.
- Detailed Program Abstract - if speaker notes are not submitted.
- Reference List - unless submitted slides are referenced and will be provided to participants as handouts
- Program Schedule - indicating all breaks (meals, coffee)
- Learner Assessment - may be combined with program evaluation
- Program Evaluation Form
- Sample of Letter or Certificate to be provided to program participants
- Signed Expert Reviewer release statements with all comments attached (collated and typed)
- Author's written response to Expert Reviewers' comments
- Disclosure Forms
Author(s)
Presenter(s)
Expert Reviewers
Provider (if different from sponsor)

18. **This program will be translated into French:** yes no
If 'Yes', the provider must submit the required signed statement (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.**