



Application for Accreditation

Live-1 Program

1-3 Speakers/Topics

includes Train-the-Trainer

Date Received
Complete
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.

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. **Program Date(s)** _____
4. **Program Location(s)** _____
5. **Provincial CE office(s) 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.)
6. **Target Audience** _____
7. **Review Process Requested** (preliminary report to contact person two weeks from receipt of complete submission)
 Live-1 Program (1 to 3 speakers/topics or 'train-the-trainer' sessions)

- 8. Accreditation Fee Enclosed \$**
(Refer to Section 34 of the Guidelines - fee subject to GST)
- 9. Program Provider** (person or group responsible for development and submission)
 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 if necessary)
 Name/Degree(s) _____
 Current Position _____
 Employed at _____
 Mailing Address _____

 Phone _____ Fax _____
 Email _____
 Topic Expertise _____

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

Name/Degree(s) _____
Current Position _____
Employed at _____
Mailing Address _____

Phone _____ Fax _____
Email _____
Topic Expertise _____

14. Expert Reviewer (1)

Name/Degree(s) _____
Current Position _____
Employed at _____
Mailing Address _____

Phone _____ Fax _____
Email _____
Topic Expertise _____

15. Expert Reviewer (2)

Name/Degree(s) _____
Current Position _____
Employed at _____
Mailing Address _____

Phone _____ Fax _____
Email _____
Topic Expertise _____

16. Enclosed with this application is one copy of:

- 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 form
- Program Evaluation Form
- Sample of Letter or Certificate to be provided to program participants
- Signed Expert Reviewer release statements with all comments attached (collated/typed)
- Author's written response to Expert Reviewers' comments
- Disclosure Forms
 - Author(s)
 - Presenter(s)
 - Expert Reviewers
 - Provider (if different from sponsor)

17. 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.