



Application for Accreditation

Live-2 Program

4-10 Speakers/Topics

Live-3 Program

11 or more Speakers/Topics

| |
|--|
| Date Received |
| Complete |
| Subject to Expert Review |
| Slides Required |
| Preliminary Report Due |
| Final |
| |
| Cheque Received |
| Receipt # |
| Expiry Date - at conclusion of Conference |

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.

Please contact the Executive Director in sufficient time prior to submission to confirm if your Live -2 or Live-3 program is subject to Expert Review and submission of slides. Occasional exceptions may be granted, for example for a major conference or for a non-clinical program.

Section 20.4 All criteria must be completed prior to accreditation of a program.

Section 22.3 The expiry date for a Conference is immediate upon the conclusion of the Conference or at the conclusion of the final presentation of a repeated Conference. (A Conference is occasionally repeated in its entirety for a banner or chain organization.)

Section 22.4 Individual sessions accredited under the auspices of a Conference must not be extracted for future presentation as a stand alone program until re-submitted for stand alone accreditation with its own unique file number.

1. **Submission Date** _____

2. **Program Title** _____

3. **Program Date(s)** _____

4. **Program Location(s)** _____

Live -2-3

Effective November 1, 2004

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

6. **Target Audience** _____

7. **Review Process Requested**

- Live-2 Program** - 4-10 speakers/topics. Submission to be received in CCCEP office a minimum of three weeks prior to the initial presentation date. Preliminary report will be sent to the contact person within two weeks of receipt of the complete submission.
- Live-3 Program** - 11 or more speakers/topics. Submission to be received in CCCEP office a minimum of four weeks prior to the initial presentation date. Preliminary report will be sent to the contact person within three weeks of receipt of the complete submission.

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. Enclosed with this application, collated on a per speaker and topic basis:

- Learning Objectives
- Disclosure statement for opening slide
- Author, Presenter, and Expert Reviewer(s)
 - Name, Degree(s)
 - Current Position
 - Employed at
 - Full contact information
 - Topic Expertise (**not** a C.V.)
- Copy of numbered final slides/overheads (via PowerPoint by email or printed - 6/page) Following author revisions per Expert Reviewer comments (if applicable)
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
- Signed Expert Reviewer release statements (if applicable) with all comments attached (typed and collated)
- Author's written response to Expert Reviewers' comments (if applicable)
- Disclosure Forms from Author, Presenter, Expert Reviewer(s), Provider (if different from sponsor)

Also enclosed are:

- 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

13. 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.