

APPLICATION FOR CONTINUING EDUCATION PRE-APPROVAL

Date of Application: _____		Name of Sponsor _____	
REPRESENTATIVE'S CONTACT INFORMATION:			
Name: _____	Address: _____		
Phone: _____	Fax: _____	City: _____	State: ___ Zip: _____
E-Mail: _____			
Has The Sponsor Applied for NCCAP Pre-Approval Before? Yes ___ No ___			
Will This Educational Session Be Offered Again 12 Months From The Date Of Presentation? Yes ___ No ___			
Annual Conferences and workshops (i.e.: changes in sessions, speakers, and topics will require a new application each year)			
How Will Records Be Maintained For This Session? _____			
How Will Certificates of Attendance Be Distributed? _____			
Would You Be Interested In Distributing NCCAP Certification Flyers At Your Session? Yes ___ No ___ If Yes Number Needed _____			
(pdf link preferred),you can print your own (Yes ___) (No ___).			
Date(s) of Educational Session: _____		Expire date(office use only) _____	
Title of Educational Session: _____			
Number of Instructional Hours: _____		Body of Knowledge Topic # _____	
Location of Educational Session: _____			
Methods of Presentation: LECTURE ___ HANDS-ON ___ DEMONSTRATION ___ OTHER ___			

THE FOLLOWING INFORMATION ACCOMPANIES THIS APPLICATION

- Purpose and objectives of the session
- Publicity tool and time outline including breaks, lunch, or non-instructional time
- Instructor(s) name and a brief description of qualifications
- A completed certificate of attendance being presented to participants upon completion of the sessions
- Evaluation tool
- **Fee (1-8 hours = \$45, 9-16 hours = \$65, 17 or more hours = \$115 (payable to NCCAP)**
- **Advanced Technology Application requires an additional \$35 fee (Ex:1-8hrs=\$45+35=\$80) (includes Video, Satellite Broadcasting, Compressed Video, Internet, Correspondence Booklets, CD Rom, and other Non-Traditional methods. (A copy of the Advanced Technology Cont Ed. Form must accompany this form.)**
- **This form must be completed. The information requested above must accompany this form.**

The Continuing Education Review Committee will review the entire application and attachments to determine that NCCAP standards are met. If additional information is needed, a \$20 fee to resubmit will be charged per request. **Applications should be received 90 days prior to date of educational session.**

APPLICATIONS POST MARKED LESS THAN 45 DAYS PRIOR TO WORKSHOP DATE WILL BE ASSESSED AN ADDITIONAL \$55 FAST TRACK FEE.

As the representative of _____, I have reviewed the NCCAP Continuing Education policies and will communicate these requirements to our instructors and representatives to assure compliance of NCCAP requirements.

Signature of Representative