

**Application for BCPA Continuing Education Approval
Criteria for Pre-Approval for Continuing Education**

To be pre-approved, programs must be submitted at least 45 days in advance of the activity along with applicable fee. Applications will not be reviewed until payment is received and all required information has been submitted. *Programs will not be accepted within 10 days or less from the scheduled date of delivery.*

Provider Information

Name of organization	
Contact Person and job title	
Email Address	
Phone number	
Web address	
Mailing address	

Program Information

Program Title	
Date(s) of Program	
Credit Hours Requested*	

Materials to Submit for Pre-Approval

Attachment #1 – Submit an overview of the program with a minimum of three (3) defined learning objectives and how the activity relates to the Competencies and Best Practices for the BCPA¹ or the Ethical Standards for a BCPA².

Attachment #2 – Submit a copy of the presenter(s) Curriculum Vitae or Resume. The speaker must have expertise in the area of practice being presented as demonstrated in their CV/BIO.

Attachment #3 – Submit an agenda or schedule of the activity, including any breaks.

Attachment #4 – Include a copy of the evaluation that will be used to assess effectiveness of the course/activity

Attachment #5 – Include a sample of the certificate that will be awarded at the program completion with the following language included: *"This is a PACB approved program. The approval number is [INSERT NUMBER]. This program has been approved for [INSERT CE COUNT] contact hours to meet the BCPA Certification."*

Attachment #6 - Submit the meeting notice and/or website link that announces the proposed course. Pre-approved courses must include the following wording on the course/program announcement or weblink that verifies approval (Please see the samples located in the Continuing Education Handbook): *"This is a PACB approved program. This program has been approved for [INSERT CE COUNT] contact hours to meet the BCPA Certification."*

**All CE activity should be at least one hour in length.*

¹ <https://pacboard.org/documents/PACB-Competencies-final-10.10.17.pdf>

² <https://pacboard.org/documents/PACB-Ethics.pdf>

Presentation Format

Date Specific Live Event	Workshop Conference Certificate Program
Location(s)**	Date/Time

Self-Directed Learning	Date Specific
Webinar	
Teleconference	
Live Broadcast	
Online/OnDemand	
Online course	
Home Study Publication	
Downloaded format	

***The course/activity must be held in an accessible, barrier-free location (in accordance with section 504, Rehabilitation Act of 1973) so as to not exclude any participants with a disability.*

PACB Continuing Education Pre-Approval Payment Form			
PACB Provider Number <i>(for current or previously approved organizations)</i>			
Program Fees	Quantity	Fee Rate	Total
Program Title		\$75	
Processing Fees			
Late Fee***		\$100	
Total			\$

****Programs submitted less than 45 days before delivery date incur a late fee of \$100 in addition to the \$75 pre-approval fee. Programs will not be accepted within 10 days or less from the scheduled date of delivery.*

Please select one of the following payment options:			
Check payable to: PACB CE Approval		Check #	
Credit Card			
AMEX		MasterCard	VISA
Card Number			
Print Name of Cardholder			
PayPal			
PayPal Account Email			

The signature below authorizes PACB to charge (total from fee schedule above) to the credit card indicated.

Authorized Signature:

For customer service questions or to make payments by phone, contact Danielle Marshall, at execdirector@pacboard.org.

Submit the completed form with payment to: Patient Advocate Certification Board
1308 Cornflower Lane
Sherwood, AR 72120

Or by email to:

Execdirector@pacboard.org