

This application is for a continuing education provider (organization or individual) seeking approval to offer NBCC credit for a future, live continuing education program. Before beginning this application, the continuing education provider (the provider) should thoroughly read the [NBCC Continuing Education Provider Policy](#) (Policy) and the entire application. NBCC will not prereview any application or program, and incomplete or unsigned applications will not be considered by NBCC.

## Continuing Education Provider Information

*The provider is the entity that takes responsibility for the program and Policy compliance. Because the provider is responsible, the program materials must clearly identify the provider by using the "Provider Name" indicated below.*

Provider Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, ZIP Code: \_\_\_\_\_

## Authorized Representative of Continuing Education Provider

*The provider must designate an authorized representative to communicate and cooperate with NBCC concerning all matters related to the requested single program approval.*

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Continuing Education Provider Requirements

To qualify for single program approval, the provider must satisfy the continuing education provider requirements.

1. The provider conducts all educational and business activities in a responsible, lawful, and ethical manner, including compliance with all applicable local, state, and federal legal requirements.  Yes  No
2. The provider will offer the program in a manner that is compliant with all federal, state, and local laws, including the requirements of the Americans with Disabilities Act (ADA).  Yes  No
3. The provider maintains policies concerning program fees, refunds, and participant cancellation.  Yes  No
4. The provider maintains a published policy concerning the review and resolution of program participant complaints and disputes related to provider programs.  Yes  No
5. The provider has an accurate method to verify participant attendance.  Yes  No
6. The provider has a procedure for distributing certificates of completion within a timely manner.  Yes  No
7. The provider has a secure record-keeping process that will be utilized to maintain all materials listed in Policy Section C.10 for a period of 5 years following each offering of the program.  Yes  No
8. The provider has a procedure for distributing a program evaluation to participants and for incorporating the feedback to improve future program offerings.  Yes  No

## Program Overview

Program Title: \_\_\_\_\_ Program Date(s): \_\_\_\_\_

Program Website(s): \_\_\_\_\_ Target Audience: \_\_\_\_\_

Provider will offer the program to participants (select one or both):  Live, face-to face  Live, online

Is this a multisession program?  Yes  No Number of sessions submitted to NBCC for review: \_\_\_\_\_

The maximum number of CE hours available for this program: \_\_\_\_\_ **(Do not use the term CEU.)**

## Single Program Application Requirements

### The provider must submit the following documents:

- A **Program Information Form** that accurately describes the program. Note, if the provider submits a multisession program, NBCC requires information for each session that the provider wants NBCC to review. To satisfy this requirement, the provider may submit a Program Information Form for *each session* (each form must clearly identify the session title) **OR** a completed copy of the [NBCC multisession SP spreadsheet](#). The provider may request this spreadsheet from NBCC by emailing [continuinged@nbcc.org](mailto:continuinged@nbcc.org).
- A **Presenter Qualification Form** for each presenter that verifies their education, experience, and/or training. Note, the [NBCC multisession SP spreadsheet](#) requires presenter information for each session the provider wants NBCC to review; if the provider has opted to use this spreadsheet, the submission of the Presenter Qualification Form is not required.
- A copy of the **proposed program promotional and registration materials** that show how the provider will advertise the program, register participants, and make all information required by Policy Section C.15 available to the public in a complete and accurate manner. If the program is currently being advertised at the time of application submission, the provider must submit actual program promotional materials. Note, prior to application approval, the provider must not mention NBCC when advertising the program.
- A copy of the **program agenda** that includes specific time frames and shows how the provider determined the maximum number of CE hours offered for completion of the program. If the program includes more than one presenter, the agenda must clearly identify who will present what material.
- A copy of the **evaluation document(s)** that will be used by participants. The evaluation document(s) must include all information required by Policy Section H.1.
- A copy of the **proposed certificate of completion** that will be distributed to participants. The proposed certificate submitted to NBCC for review must include all information required by Policy Section I.3.

As the provider prepares to submit the application, review the [CE Provider Toolbox](#) and [Tips for Preparing a Single Program Application](#) for helpful information and resources.

## Single Program Agreement

*Providers seeking to offer single programs for NBCC continuing education credit (NBCC credit or NBCC hours) must satisfy all applicable NBCC Continuing Education Provider Policy (Policy) requirements, including all application requirements and single program eligibility requirements identified in Policy Section K.2. NBCC retains the sole authority to determine if a program qualifies for single program approval.*

*On behalf of the provider, I attest that I have read and understand Policy and the single program eligibility requirements identified in Policy Section K.2. I attest that the information provided in this application and the attachments are complete and accurate.*

Authorized Representative Name: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_



The information provided on this form should be complete, accurate, and consistent with the program promotional materials. If additional space is needed, the provider may attach additional pages to this document.

Program Title: \_\_\_\_\_

Presenter(s): \_\_\_\_\_

Target Audience: \_\_\_\_\_

Number of CE Hours: \_\_\_\_\_

The subject matter is directly and primarily related to the following NBCC content area(s) identified in Policy Section G:

Program Content Description:

Program Learning Objectives: *After completing the program, participants will be able to...*



The information provided below should show the presenter is qualified by their education, experience, and/or training relative to the subject matter(s) they will cover in the program.

Presenter Name: \_\_\_\_\_

Session Title (if applicable): \_\_\_\_\_

Session Number (if applicable): \_\_\_\_\_

### Education

Degree		Major or Field of Study	Institution	Year
Master's				
Doctorate				
Other				

Relevant experience and/or training related to topic presented/authored:

Relevant professional licenses or certifications:

***NBCC reserves the right to require the submission of the presenter's curriculum vitae, résumé, or other documentation to verify education, experience, and training.***

# Instructions for Application Submission and Payment

Applications will not be placed in line for review until payment is successfully processed. Submission of a complete application and full payment does not guarantee approval. Application fees are nonrefundable and nontransferable. **Applications received by NBCC less than 30 days prior to the date the program begins are not eligible for approval and will not be accepted for review.** If you are concerned about the receipt of a submitted application or the completion of an application payment, email [continuinged@nbcc.org](mailto:continuinged@nbcc.org) within a timely manner (i.e., 7–10 business days) to inquire about receipt of application and payment.

## Instructions for submitting application materials:

Email the completed application and required materials to the email address below. The most efficient way to submit the application and required materials is by email. If the email attachments exceed 20MB, send multiple emails.

[continuinged@nbcc.org](mailto:continuinged@nbcc.org)

**OR**

Mail the completed application and required materials to the mailing address below.

**NBCC**  
**Attn: Continuing Education Provider Services Department**  
**3 Terrace Way**  
**Greensboro, NC 27403-3660**

**All rush applications must be submitted by email to [continuinged@nbcc.org](mailto:continuinged@nbcc.org).**

## Instructions for submitting payment:

NBCC accepts payment by credit card, and check or money order payable to NBCC. Use the chart below to determine the correct application fee.

Program Size	Definition	Fee	Submission Requirements
Small Program	17 or fewer sessions for review	\$300	Application must be received 60 days prior to program date.
Large Program	18 or more sessions for review	\$500	Application must be received 90 days prior to program date.
<b>Rush Fee</b>	<b>Providers must pay an additional “rush” fee for NBCC to review applications received less than 60 or 90 days (as applicable) prior to the program date. At least 30 days are required for a rush review.</b>	Additional \$150 for small programs Additional \$200 for large programs	Applications received less than 60 or 90 days prior to the program date will incur an additional \$150/\$200 rush fee. Rush applications must be received 30 days prior to program date.

## Select a Payment Method:

- I would like NBCC to email instructions to the designated authorized representative allowing the applicant to pay by credit card.
- I will mail a check or money order to NBCC for the correct amount.
- I have enclosed a check or money order for the correct amount in the mailed application.