



Cosponsorship Application for ACEPs

In a cosponsorship, an ACEP partners with another continuing education provider and uses its ACEP number and/or NBCC approval information to offer NBCC credit for a CE program. An ACEP may not loan, lend, sell or transfer its NBCC ACEP number or otherwise permit any other organization, business, or individual to use its ACEP number outside of an approved cosponsorship. Two or more ACEPs can also cosponsor a program by submitting a completed application for approval. If the cosponsorship does not include an unapproved provider, the application fee is waived.

ACEP Information

ACEP Name: _____ ACEP Number: _____

Street Address: _____

City, State, ZIP Code: _____

Business Telephone: _____ Business Website: _____

ACEP Administrator Name: _____

ACEP Administrator Email: _____

Only live events will be considered. Incomplete applications will not be accepted. Submission of a completed application does not guarantee approval. Application fees are nonrefundable.

Cosponsoring Organization Information

Cosponsoring Organization Name: _____

Contact Person: _____

Contact Person's Email: _____ Telephone: _____

Cosponsoring Organization Website: _____

Street Address: _____

City, State, ZIP Code: _____

The ACEP must submit a separate application for each distinct program pertaining to this cosponsor relationship. If a single program will be offered multiple times, refer to the pricing options below.

Program Offered	Cosponsorship Fee
1 time	\$250
2-5 times	\$200 per offering
6 or more times	\$150 per offering

Applications are reviewed in the order they are received. Applications received less than 90 days prior to the program date are not eligible for review.

Email continuinged@nbcc.org with questions.

Send application, required materials, and payment form to:

NBCC CE Department 3
Terrace Way
Greensboro, NC 27403-3660.

You may also fax to 336-547-0017
(Attention: CE Department).

Relationship Information

All proposed cosponsorship relationships must be reviewed and approved by NBCC prior to the presentation of a qualifying cosponsored program for NBCC credit.

- Attach a copy of the proposed contract between the ACEP and the cosponsoring organization regarding the specific program. If not included in the contract, the ACEP must indicate and describe whether the ACEP and/or cosponsor has or will receive any financial benefit(s) or other benefits related to the program.
- Attach the completed Cosponsor Relationship Form outlining the roles and responsibilities of the ACEP and the cosponsoring organization and the identities of the individuals and organizations involved in developing, planning, and implementing the program.
- Attach a sample of the certificate of completion to be distributed to program participants.

Program Information

Program Title: _____

Presenter Name(s): _____

- Attach a Presenter Qualification Form for each presenter.

Describe the program content and learning objectives:

The maximum number of CE hours available for this program is: _____

The scheduled or planned date(s) for the live program is: _____

- Attach brochures, programs, flyers, and all other promotional materials. Identify where the cosponsorship approval statement will be located. Drafts may be submitted.

Approved Cosponsorship Limitation. NBCC approval of a cosponsorship relationship applies only to the specific qualifying program identified in the application. No other NBCC approval is issued concerning the cosponsor or cosponsor programs, and the cosponsor must not state that it is otherwise approved by NBCC.

We have read the NBCC *Continuing Education Provider Policy*, and the information provided in this application is accurate. We also confirm that the cosponsoring organization has not been terminated or sanctioned by NBCC as an ACEP or as a provider of single continuing education programs.

Name of ACEP Administrator: _____

Signature: _____ Date: _____

Name of Cosponsoring Organization Contact Person: _____

Signature: _____ Date: _____



Cosponsor Relationship Form

Indicate the parties responsible for the roles and tasks of the ACEP and the cosponsoring organization, including the identities of the individuals involved in developing, planning, and implementing the specific program described in this Cosponsorship Application.

Task	ACEP	Cosponsoring Organization	Name of person responsible for task
Program design and development	<input type="checkbox"/>	<input type="checkbox"/>	
Review of program content and learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	
Review of presenter qualifications relative to the program content	<input type="checkbox"/>	<input type="checkbox"/>	
Presenter contract(s) and/or hiring of presenter(s) (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
Development of promotional materials	<input type="checkbox"/>	<input type="checkbox"/>	
Location selection	<input type="checkbox"/>	<input type="checkbox"/>	
Certificate of completion development	<input type="checkbox"/>	<input type="checkbox"/>	
Final selection of program	<input type="checkbox"/>	<input type="checkbox"/>	
Distribution of promotional materials	<input type="checkbox"/>	<input type="checkbox"/>	
Registration management	<input type="checkbox"/>	<input type="checkbox"/>	
Attendance verification	<input type="checkbox"/>	<input type="checkbox"/>	
Authorized representative who will sign the certificate of completion	<input type="checkbox"/>	<input type="checkbox"/>	
Certificate of completion distribution	<input type="checkbox"/>	<input type="checkbox"/>	
Compilation of the participant evaluation summary	<input type="checkbox"/>	<input type="checkbox"/>	
Retention of the attendance roster and evaluations for five years	<input type="checkbox"/>	<input type="checkbox"/>	
Retention of brochures and program agendas for five years	<input type="checkbox"/>	<input type="checkbox"/>	
Adherence to all policies not otherwise specified above	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	



Presenter Qualification Form

In order for an ACEP to offer and issue NBCC continuing education credit, the ACEP must satisfy all requirements set forth in the NBCC *Continuing Education Provider Policy*. Qualifying programs must be taught by presenters who possess appropriate qualifications.

Presenter Name: _____

Current Position Title: _____

Title of Program to Be Presented: _____

The subject matter of this program is directly and primarily related to the following NBCC content area(s) (policy, section G):

Select the presenter category for this individual (check one):

Category 1 Presenter

Category 2 Presenter

Category 3 Presenter

Education

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

Training Relevant to Topic Presented:

Professional Licenses or Certifications:



Cosponsorship Application Payment Authorization

Name of ACEP: _____ ACEP #: _____

Name of ACEP Administrator: _____

If you wish to submit this application via email, DO NOT complete the credit card information on this page.

Check this box and email your application to continuinged@nbcc.org. We will reach out to you via email with instructions for submitting payment.

The ACEP must submit a separate application for each distinct program pertaining to this cosponsor relationship. If a single program will be offered multiple times, refer to the pricing options below.

Program Offered	Cosponsorship Fee
1 time	\$250
2-5 times	\$200 per offering
6 or more times	\$150 per offering

The ACEP and _____ (cosponsoring organization) plan to offer the specific program described in this application _____ (number of offerings) times. The authorized/enclosed payment reflects this.

- Enclosed is a check or money order payable to NBCC. (Write “Cosponsorship Application” and include the ACEP number on the memo line.)
- This program is being cosponsored by two or more ACEPS and does not include an unapproved provider.

Card Type: VISA MasterCard American Express

Name on Card: _____

Card Number: _____ Expiration Date: _____

Verification Code Numbers (from back of card): _____

Cardholder Signature: _____ Date: _____

Daytime Telephone: _____ Evening Telephone : _____

I authorize NBCC to charge the credit card above in the amount of \$ _____.

Send application, required materials, and payment form to:

NBCC CE Department
3 Terrace Way
Greensboro, NC 27403-3660.

You may also fax to
336-547-0017
(Attention: CE Department).

Note: Paying the wrong fee or sending payment separately will significantly delay the processing of your application.

Email continuinged@nbcc.org with questions.