



This application is for live continuing education events only. Before beginning this application, the CE provider (the Provider) must thoroughly read the [NBCC Continuing Education Provider Policy](#) (Policy) and the entire application to enhance the Provider’s ability to successfully acquire single program approval. Incomplete or unsigned applications will not be considered or reviewed by NBCC. NBCC will not prereview any application or program. The resources located in the [CE Provider Toolbox](#) may be helpful to review prior to applying.

## Provider Information

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

Authorized Representative of Provider: \_\_\_\_\_

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

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

## Provider Requirements

In order 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 method for obtaining program evaluations from participants and uses the results to improve future programs.  Yes  No

## Program Overview

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

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

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

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

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.)**

Program will be offered to participants (can choose one or both):  Live, Face-to-Face  Live, Online

## Single Program Application Requirements

### Include with the application:

- A **Program Information Form**. For multisession programs, a completed copy of the Program Information Form must be submitted for *each session* the Provider wants NBCC to review. If needed, Providers of programs with more than one session may request a [multisession SP spreadsheet](#) template 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. If needed, Providers of programs with more than one session may request a [multisession SP spreadsheet](#) template from NBCC by emailing [continuinged@nbcc.org](mailto:continuinged@nbcc.org).
- A copy of the **proposed program promotional materials** that show how the Provider will advertise the program 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 may submit actual program promotional materials; however, NBCC may not be mentioned.
- 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.
- A copy of the **evaluation form(s)** that will be used by participants that includes 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 you prepare 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 (the applicant), 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 and accurate. If additional space is needed, you may attach additional pages to this document. For multisession programs, consider contacting NBCC at [continuinged@nbcc.org](mailto:continuinged@nbcc.org) to request a multisession program spreadsheet to submit the program information to NBCC.

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

*If a multisession program, write the session title above.*

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

*Include a Presenter Qualification Form for each presenter and identify who will present what material.*

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

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

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:



Qualifying programs must be taught by presenters who possess appropriate qualifications, as required by the *NBCC Continuing Education Provider Policy*. Include the information that shows the presenter is qualified by education, experience, and/or training relative to the subject matter(s) they will cover in the program. For multisession programs, consider contacting NBCC at [continuinged@nbcc.org](mailto:continuinged@nbcc.org) to request a multisession program spreadsheet to submit the presenter qualification information to NBCC.

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/author'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. **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.** Application fees are nonrefundable and nontransferable. 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 or workshops for review	\$300	Application must be received 60 days prior to program date.
Large Program	18 or more sessions or workshops 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.