



# Cosponsorship Application for ACEPs Partnering With Another ACEP

This application allows NBCC Approved Continuing Education Providers (ACEPs) to partner on a program, using both organizations' ACEP numbers to offer NBCC credit.

## First ACEP Information

ACEP Name: \_\_\_\_\_ ACEP Number: \_\_\_\_\_  
ACEP Administrator Name: \_\_\_\_\_  
ACEP Administrator E-mail: \_\_\_\_\_

## Second ACEP Information

ACEP Name: \_\_\_\_\_ ACEP Number: \_\_\_\_\_  
ACEP Administrator Name: \_\_\_\_\_  
ACEP Administrator E-mail: \_\_\_\_\_

Incomplete applications will not be accepted. Submission of a completed application does not guarantee approval.  
Application fees are nonrefundable and nontransferable.

## Program Information

Program Title: \_\_\_\_\_  
Scheduled or planned date(s) for the live program: \_\_\_\_\_

The following approval statement is required on all promotional materials, program websites, and the certificate of completion:

*[FIRST ACEP NAME], ACEP No. \_\_\_\_\_, and [SECOND ACEP NAME], ACEP No. \_\_\_\_\_, are cosponsors of this program. This cosponsorship has been approved by NBCC. Both ACEPs are responsible for this program, including the awarding of NBCC credit.*

- Attach the completed Cosponsor Relationship Form outlining the roles and responsibilities of each ACEP 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.

## Cosponsorship Fees

For cosponsorship between ACEPs, the application fee is waived.

**Rush Fee:** Applications submitted less than 90 days before the event date are subject to a "rush" fee. (Applications must be received at least 30 days prior to the event.)

\$100 Rush Fee

*Applications are reviewed in the order received.  
Applications received less than 30 days before the event will not be reviewed.*

Send application, required materials and payment form (if applicable) to:

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

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



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

Task	First ACEP	Second ACEP	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 certificate of completion	<input type="checkbox"/>	<input type="checkbox"/>	
Distribution of certificates of completion	<input type="checkbox"/>	<input type="checkbox"/>	
Compilation of participant evaluation summary	<input type="checkbox"/>	<input type="checkbox"/>	
Maintenance of attendance roster and evaluations for five years	<input type="checkbox"/>	<input type="checkbox"/>	
Maintenance 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"/>	

**I attest that I have read and understand this application and the NBCC *Continuing Education Provider Policy* and that the information provided in this application and the attachments is complete. Both ACEPs are responsible for policy compliance and resolution of issues that may arise relevant to the program.**

Name of First ACEP Administrator: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Second ACEP Administrator: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## ACEP / ACEP Cosponsorship Application Payment Authorization

Name of First ACEP: \_\_\_\_\_ ACEP #: \_\_\_\_\_

Name of Second ACEP: \_\_\_\_\_ ACEP #: \_\_\_\_\_

The ACEP must submit a separate application for each distinct program pertaining to this cosponsor relationship.  
Only submit this page if a rush fee applies.

### Cosponsorship Fees

For cosponsorship between ACEPs, the application fee is waived.

**Rush Fee:** Applications submitted more than 30 days but less than 90 days before the event date will be subject to a “rush” fee.

\$100 Rush Fee

Enclosed is a check or money order payable to NBCC. (Write “Cosponsorship Application” and include both ACEP numbers on the memo line.)

I authorize NBCC to charge the credit card below in the amount of \$\_\_\_\_\_.

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: \_\_\_\_\_

*Note: Paying the wrong fee or sending payment separately will significantly delay the processing of your application. Contact [continuing@nbcc.org](mailto:continuing@nbcc.org) with questions.*

*Application fees are nonrefundable and nontransferable.*

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3 Terrace Way  
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