



# ACA and AMHCA Divisions and Branches ACEP Application

This application is for divisions and branches of the American Counseling Association or American Mental Health Counselors Association seeking NBCC Approved Continuing Education Provider (ACEP) status. Before beginning this application, the CE provider (the applicant) must thoroughly read the [NBCC Continuing Education Provider Policy](#) (Policy) and the entire application to enhance the applicant’s ability to successfully complete the application. The resources located in the [CE Provider Toolbox](#) may be helpful to review prior to applying. Although submission of a completed application does not guarantee approval, incomplete or unsigned applications will not be considered.

## Continuing Education Provider Information

*Note, the documents submitted with the application must correspond to the “Provider Name” identified below. Additionally, if the application is approved, the “Provider Name” will be used as the ACEP name.*

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

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

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
(if different from above)

Business Telephone: \_\_\_\_\_ Business Email Address: \_\_\_\_\_ Business Website: \_\_\_\_\_

Primary Executive and Title: \_\_\_\_\_

Primary Executive Email Address: \_\_\_\_\_

## ACEP Administrator Information

*The Provider must designate an authorized representative to serve as ACEP administrator. Among other responsibilities, the ACEP administrator serves as the primary contact person with NBCC concerning all ACEP program matters. If the ACEP administrator changes before the application review is completed by NBCC, the Provider must notify NBCC of this change.*

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

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

## Continuing Education Program Administrator Information

*The Provider must designate a qualified representative to serve as program administrator. The program administrator must hold an advanced degree in a mental health field from an accredited educational institution. The program administrator is responsible for assuring that the content of all programs offering NBCC credit and the qualifications of all program presenters satisfy NBCC requirements. The program administrator may also serve as the ACEP administrator.*

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

Email Address: \_\_\_\_\_ Educational Degree and Field of Study: \_\_\_\_\_

ACEP Application	Program Delivery Format	Fee
Application Fee	Includes review of <b>one</b> delivery format (Either live event or home study)	\$800 (*fee waived for first-time applications)
Additional Delivery Format	To apply for <b>both</b> live event and home study delivery formats, add this additional fee.	Additional \$400
<b>Application fees are nonrefundable and nontransferable.</b>		



# ACEP Approval Requirements

ACEP status is granted by NBCC to eligible providers demonstrating compliance with all ACEP provider and program requirements, including all applicable terms of the [NBCC Continuing Education Provider Policy](#) (Policy). NBCC retains the sole authority to determine if a provider qualifies for ACEP status.

If granted ACEP status, the approved provider is authorized to offer NBCC credit for qualifying programs in the approved delivery format.

The guiding principle and operational goal of the NBCC ACEP application process is to identify qualified continuing education providers that are able to offer qualifying programs consistent with the requirements of Policy. ACEP status is limited to organizations and individuals that can function independently and have the resources to satisfy all Policy requirements.

## ACEP Status Eligibility Requirements

In order to qualify for ACEP status, a Provider must satisfy all NBCC ACEP eligibility requirements, including the following:

- (a). The applicant currently develops and presents continuing education programs that would qualify for credit under the policy.
- (b). The applicant must sufficiently demonstrate that the organization or individual offers and presents at least two different live programs or one home study program that would qualify for NBCC credit under the policy.
- (c). The applicant must designate an authorized representative to serve as ACEP administrator. Among other responsibilities, the ACEP administrator serves as the primary contact person for NBCC concerning all ACEP program matters.
- (d). The applicant must designate a qualified representative to serve as the program administrator. The program administrator must hold an advanced degree in a mental health field from an accredited educational institution. The program administrator is responsible for assuring that the content of all provider programs offering NBCC credit and the qualifications of all program presenters satisfy the requirements of the policy. The program administrator may also serve as the ACEP administrator.
- (e). The applicant must submit a complete ACEP application, including all required information, materials, and fees. All ACEP application materials become the property of NBCC, and fees are not refundable.
- (f). The applicant must not display any statement concerning NBCC approval or status prior to written notification of approval from NBCC.



# Application Requirements

This application allows the CE Provider to seek approval for Live Event Delivery Format, Home Study Delivery Format, or both. Check the delivery format(s) for which the applicant is applying and complete the relevant portions of this application:

**Live Event Delivery Format:** Real-time, interactive programs either delivered in person or by electronic devices that permit the participant to interact with the presenter(s), including qualified programs delivered solely for in-service training directly related to employment

**Home Study Delivery Format:** Text-based learning materials, on-demand webinars, and other audiovisual materials that include an assessment demonstrating that the participant completed the program

1. The Provider offers CE programs in a manner that is compliant with all federal, state, and local laws, including the requirements of the Americans with Disability Act (ADA).  Yes  No
2. 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
3. The Provider's organizational governance documents are consistent with Policy requirements and applicable legal requirements.  Yes  No
4. The Provider's operational principles are consistent with Policy requirements and applicable legal requirements.  Yes  No
5. The Provider maintains a policy concerning the confidentiality and security of participant information.  Yes  No
6. The Provider maintains policies concerning program fees, refunds, and cancellation.  Yes  No
7. The Provider maintains a published policy concerning the review and resolution of participant complaints and disputes related to programs.  Yes  No
8. The Provider has an accurate method to verify participant attendance.  Yes  No
9. The Provider has a procedure for distributing certificates of completion within a timely manner.  Yes  No
10. 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 program.  Yes  No
11. The Provider makes a program evaluation available to participants that permits the individual to write comments and rate satisfaction and dissatisfaction with different aspects of the program.  Yes  No
12. The Provider has a method for obtaining program evaluations from participants and uses the results to improve future programs.  Yes  No
13. Has the Provider been denied approval as a continuing education provider or had a program denied approval?  
 Yes  No

If yes, by which organization(s) was the Provider or program denied and why?

## Application Instructions and Checklist for Providers Seeking Live Event Delivery Format Approval

The Provider (the applicant) must sufficiently demonstrate that it previously planned and implemented a live program that qualifies for credit under the [NBCC Continuing Education Provider Policy](#). Implementation includes but is not limited to: advertising the program, registering participants, allowing program evaluation, distributing certificates of completion, and verifying attendance. Note: Although Policy requires that the Provider offer and present at least two different live programs that would qualify for NBCC credit, for purposes of the application, NBCC requests specific documentation pertaining to one past live program that would qualify for NBCC credit. NBCC reserves the right to request documentation pertaining to a second live program that would qualify for credit.

### **The Provider must submit the following documents to be considered for Live Event Delivery Format approval:**

1. A complete and accurate Attachment A for one live event program previously offered by the Provider. If the Provider offered the program multiple times, Attachment A should list the program date for only one offering and provide the documents listed below relative to the listed program date.
2. Brochure, agenda, and other promotional/registration materials used for the program listed on Attachment A
3. A blank program evaluation form used for the program listed on Attachment A.
4. An evaluation summary for the program listed on Attachment A. Participant personal identifiable information must not be included.
5. Presenter Qualification Form(s) accurately identifying all program presenters, including the qualifications (education, degrees, experience, training, credentials) of each presenter relevant to the subject matter.
6. A copy of a certificate of completion that was distributed to participants for the program listed on Attachment A. The participant's name must not be included.

## Application Instructions and Checklist for Providers Seeking Home Study Delivery Format Approval

The Provider (the applicant) must sufficiently demonstrate that it offers at least one home study program that qualifies for credit under the NBCC Continuing Education Provider Policy. The Provider must submit a home study program that is fully functional. The applicant must ensure that all program materials do not infringe upon any privacy or intellectual rights of any other party. All program materials, audiovisual and print, must be of professional quality in content and appearance.

### **The Provider must submit the following documents to be considered for Home Study Delivery Format approval:**

1. A completed copy of Attachment B for one of the Provider's home study programs.
2. The advertising and registration materials for the program listed on Attachment B, including all information required by Policy Section C.15. Registration materials should include any prerequisites necessary to satisfy the program registration requirements.
3. A blank program evaluation form for the program listed on Attachment B.
4. Presenter Qualification Form(s) accurately identifying all program presenters/authors listed on Attachment B, including the qualifications (education, degrees, experience, training, credentials) of each presenter relevant to the subject matter.

5. A sample of the certificate of completion for the program listed on Attachment B. The participant's name must not be included.
6. The program learning materials, such as text-based, audiovisual, or web-based materials, for the program listed on Attachment B.
7. All necessary URLs, usernames, and passwords for complete review of the program listed on Attachment B.
8. An explanation of the credit measurement calculation used to determine the amount of NBCC credit that would be offered for the program listed on Attachment B. Include the length of each recording and/or accurate word count of all text-based learning materials and then convert the recorded time and/or word count to NBCC credit hours. This explanation must demonstrate compliance with Policy Section I.4.
9. An assessment instrument for the program listed on Attachment B prepared by a professional with an advanced degree in a mental health field and intended to evaluate the participant's knowledge of the program material.
10. A reference list accurately identifying all source materials used to prepare the program listed on Attachment B, such as professional journal articles or books.

## Approved Continuing Education Provider (ACEP) Agreement

*The Provider seeking to become an ACEP must satisfy all applicable NBCC Continuing Education Provider Policy (Policy) requirements. NBCC retains the sole authority to determine if a Provider qualifies.*

*On behalf of the Provider (the applicant), I attest that I have read and understand the NBCC Continuing Education Provider Policy (Policy) and that the information provided in this application and the attachments are complete and accurate. If approved as an ACEP, the Provider will comply with the terms set forth in the Policy.*

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

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



# Attachment A For Live Event Delivery Format

If seeking approval for Live Event Delivery Format, submit the completed Attachment A for one live event program previously offered by the Provider (the applicant). **Page 4 of the application provides a list of documents and information that must be submitted for the program listed on Attachment A.**

The Provider must have assumed sole responsibility for the implementation of the submitted program. DO NOT submit cosponsored programs. Consider reviewing the [Tips for CE Providers Working With Others: Cosponsorships, Contributions, and Branding](#) before selecting a program to submit.

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

Date(s) Offered: \_\_\_\_\_

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

*Submit a Presenter Qualification Form for each presenter and identify who presented what subject matter.*

This program is designed for: \_\_\_\_\_

Number of Participants	Estimated Number of Participants Who Were Graduate-Level Counselors	Number of Hours

Program Content Description:

Learning Objectives:

1.

2.

3.

4.



# Attachment B For Home Study Delivery Format

If seeking approval for Home Study Delivery Format, submit the completed Attachment B for one home study program that the Provider offers. The following program components must be in place: program advertising, learning materials, assessment instrument, program evaluation, and certificate of completion. Consider reviewing the [Tips for Designing a Home Study Program](#) before selecting a program to submit.

**Pages 4 and 5 of the application provide a list of documents and information that must be submitted for the program listed on Attachment B.**

The Provider must have assumed sole responsibility for the implementation of the submitted program. DO NOT submit cosponsored programs.

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

Date(s) Offered: \_\_\_\_\_

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

*Submit a Presenter Qualification Form for each presenter and identify who presented what subject matter.*

This program is designed for: \_\_\_\_\_

Program Content Description:

Learning Objectives:

1.

2.

3.

4.

Name of Learning Assessment Author, including their degree and field of study:

Qualifying programs must be taught by presenters who possess appropriate qualifications, as required by the [NBCC Continuing Education Provider Policy](#). Include information that shows the presenter/author is qualified by education, experience, and training relative to the subject matter presented.

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

Program or Session/Workshop Title: \_\_\_\_\_

List the NBCC content area(s) to which the subject matter of this program is directly related (Policy Section G):

### Education

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

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

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 an application and payment does not guarantee approval. Application fees are nonrefundable and nontransferable. Email [continuinged@nbcc.org](mailto:continuinged@nbcc.org) with questions.

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

Designated ACEP Administrator Name: \_\_\_\_\_

## 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 application attachments exceed 20MB, please 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**

## 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.

ACEP Application	Program Delivery Format	Fee
Application Fee	Includes review of <b>one</b> delivery format (Either live event or home study)	\$800 (*fee waived for first-time applications)
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## Select a Payment Method:

- I would like NBCC to email instructions to the designated ACEP administrator 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.