



Cosponsorship Application for ACEPs Partnering With Another ACEP

This cosponsorship application is for NBCC Approved Continuing Education Providers (ACEPs) seeking to partner with another ACEP to offer a continuing education program, using both organizations' ACEP numbers to offer NBCC credit. All proposed cosponsorship relationships must be reviewed and approved by NBCC prior to the presentation of a qualifying cosponsored program for NBCC credit.

First ACEP Information

ACEP Name: _____ ACEP Number: _____
Street Address: _____ City, State, Zip: _____
Business Telephone: _____ Business Website: _____
ACEP Administrator Name: _____ ACEP Administrator Email: _____

Second ACEP Information

ACEP Name: _____ ACEP Number: _____
Street Address: _____ City, State, Zip: _____
Business Telephone: _____ Business Website: _____
ACEP Administrator Name: _____ ACEP Administrator Email: _____

Program Information and Materials

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

- 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, showing compliance with Policy Section J.7(f).*

*Note: The approval statement (below) is required on all information and advertising materials (print and online) and the certificate of completion for approved applications. Applicants should include this approval statement on their sample certificate of completion submitted with the application:

[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.



Cosponsor Relationship Form

For the cosponsored program, indicate the ACEP responsible for each CE Provider Task (detailed in this form) and the names of the individual(s) assigned to carry out each task.

CE Provider 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"/>	
Development of program evaluation form	<input type="checkbox"/>	<input type="checkbox"/>	
Location selection (offered live in-person)	<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"/>	
Certificates of completion distribution	<input type="checkbox"/>	<input type="checkbox"/>	
Compilation of participant evaluation summary	<input type="checkbox"/>	<input type="checkbox"/>	
Maintenance of attendance roster for 5 years	<input type="checkbox"/>	<input type="checkbox"/>	
Maintenance of program evaluations for 5 years	<input type="checkbox"/>	<input type="checkbox"/>	
Maintenance of agendas for 5 years	<input type="checkbox"/>	<input type="checkbox"/>	
Maintenance of promotional/marketing materials for 5 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"/>	



Cosponsor Agreement Form

In order for the cosponsorship application to be considered for approval, the applicant must submit a complete and accurate Cosponsorship Application and must satisfy the ACEP Program Cosponsorship Requirements (Policy Section J.7) related to the submitted cosponsored program.

On behalf of the applicant:

- I attest that I have read and understand the NBCC Continuing Education Provider Policy, and I understand:
 - o Both ACEPs are responsible for all NBCC Policy and agreement compliance and resolution of issues that may arise relevant to the qualifying cosponsored program.
 - o All proposed cosponsorship relationships must be reviewed and approved by NBCC prior to the presentation of a qualifying cosponsored program.
 - o ***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.
 - o The application is subject to be denied upon review of the initial application submission if the submitted application is determined by NBCC to be incomplete, inaccurate, and/or noncompliant with Policy.
 - o NBCC retains the sole authority to approve or reject a cosponsorship request and to impose conditions on a cosponsorship relationship.
 - o Application fee refunds or transfers are not permitted once the application review is in progress.

Name of First ACEP Administrator: _____

Signature: _____ Date: _____

Name of Second ACEP Administrator: _____

Signature: _____ Date: _____



Instructions for Application Submission and Payment

Applications are reviewed in the order in which payment is received. Applications will not be placed in line for review until payment is successfully processed. *Applications received less than 30 days prior to the program date are not eligible.* Submission of an application and payment does not guarantee approval. Application fees are nonrefundable and nontransferable. Email continuinged@nbcc.org with questions.

Name of First ACEP: _____ ACEP Number: _____

Name of Second ACEP: _____ ACEP Number: _____

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

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.

The ACEP must submit a separate application for each distinct program pertaining to this cosponsor relationship. Payment is required only if a rush fee applies.

Cosponsorship Fees	
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

Select a Payment Method:

- I would like NBCC to email instructions to the designated ACEP administrator allowing the ACEP to pay by credit card.
- I will mail a check or money order to NBCC for the correct amount. (Write “Cosponsorship Application” and include the ACEP number on the memo line.)
- I have enclosed a check or money order for the correct amount in the mailed application. (Write “Cosponsorship Application” and include the ACEP number on the memo line.)