



# 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, or sell 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](mailto: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:

# 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.

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

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

## 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.

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
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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.

## 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.)