



2015 ASA Approved Continuing Education Provider Application

This application and all supporting documentation must be submitted to ASA in electronic form.

1. Organization/Company

Organization/Company name _____

Mission statement

2. Main Contact for Education Offerings

Name _____

Professional title _____

Address (city, state, ZIP code) _____

Phone _____

Email _____ Website _____

3. CE and Professional Development History

a. Indicate the number of years your organization has provided continuing education programs.

b. Indicate the total number of staffing-related continuing education events conducted during the past calendar year.

c. Indicate the total number of staffing-related continuing education events anticipated in the upcoming calendar year.

d. Are your continuing education activities pre-approved by another company or association for CE purposes?

- Yes No

If yes, list companies/associations below.

4. Learning Environment

a. Does your organization agree to adhere to and abide by all applicable federal, state, and local laws, including but not limited to those pertaining to disabilities (including but not limited to the Americans with Disabilities Act)?

- Yes No

b. Does your organization ensure that learning events are held in facilities that are conducive to learning?

- Yes No

c. If your organization offers online or other distance learning opportunities, do you ensure that participants are informed before registering for the program of any software, hardware, or other technical requirements?

- Yes No My organization does not offer online learning

d. If the answer to any of the questions above is no, please provide an explanation:

5. Content, Instructional Materials, and Learning Objectives

Include with this application a representative listing (3-4 programs) of staffing-related education programs that you currently offer. These programs should demonstrate that learning objectives are clearly and concisely communicated to learners and potential registrants, and should include course content and the instructional methods and materials used. Copies of promotional materials are preferred.

6. Planning and Instructional Personnel

a. Describe the process your organization uses to identify and screen presenters/instructors to determine whether they are competent in the subject matter to be taught, whether they understand the event's purpose and learning objectives, and whether they have knowledge and skills in instructional methods and learning processes.

b. Describe the process used to monitor and provide feedback to instructors.

7. Post-Event Evaluation

Describe how your organization develops program/course evaluation processes during the early planning phases.

Include the evaluation for a program/course from **section 5** of this application.

8. ACEP Certificate

If approved for the ACEP program, you will receive (via USPS) a certificate to display with the dates of your valid ACEP status.

Exact text you would like displayed on this certificate (your name only, name and company, or company only):

9. Use of ACEP Logo

Indicate which of the following will include the ASA Approved Continuing Education Provider logo.

- On-site materials Certificate of successful completion Website Event promotions
 Other _____

10. Fees

The ACEP fee is based on your role in the staffing industry and your ASA membership status. Should your company's membership status change during the two-year period, ASA will invoice you accordingly. Fees are subject to change at ASA's sole discretion.

ACEP program fees:

- ASA member staffing companies: \$0
- ASA associate members, suppliers, and trainers: \$350
- Nonmembers: \$700
 - For information on ASA membership visit americanstaffing.net/join

Each approved provider fee will cover a two-year period and must be submitted at the time of application.

**ASA APPROVED CONTINUING EDUCATION PROVIDER PROGRAM
APPROVED PROVIDER AGREEMENT**

As the representative for my organization and an applicant for the ASA Approved Continuing Education Provider program, I agree to

1. Provide accurate and truthful information to ASA in all transactions and to the best of my ability
2. Conduct our operations, courses, and programs in an ethical manner that respects the rights and worth of the people we serve
3. Provide full and accurate information about our programs, services, and fees in our promotions and advertising
4. Use the ASA approved provider seal and statement only in the manner that they have been specified by ASA to appear
5. Report to ASA any significant content changes to any existing preapproved course or program
6. Accept the ACEP Policies and Procedures as outlined. [Click here](#) to view the document
7. Waive fees for any ASA staff who attend a program for auditing purposes
8. Furnish information requested by ASA in a timely manner

I, _____, a _____ at the _____
Applicant's name (print) Applicant's title Applicant's organization

hereby agree to abide by the statements above.

Applicant's signature

Date

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