



Continuing Education Course Credit Training Application

Instructions

Training providers hosting one training event lasting two or fewer consecutive days should fill out this application. Training events lasting more than two days and/or offering multiple breakout sessions should complete the Conference Application.

The application requires submission of:

- The completed application form;
- Training details including title, description, goals, objectives, evaluation tool to be used for the training, and promotional flyer(s);
- All application fees, including late fee, if applicable.

Applications should be emailed to PCCG at pccginfo@gmail.com no later than 30 days prior to the training date and prior to publicizing the training. Applications requesting retro-active credits will not be accepted.

There is a \$25 administrative review fee for all applications.

PCCG approved core courses, which do not incur fees above the administrative review fee, include: Fundamentals of Prevention (12 hours), Exploring Ethics in Prevention (6 hours), Communication Skills (6 hours) and Cultural Competence (6 hours). PCCG approved curricula must be used, and courses must be taught by a trainer with PCCG credentials in order to qualify for credit.

For all other training, the fees are as follows:

Hours	Cost
1-3 hours	\$25
4-6 hours	\$50
7-14 hours	\$75
15 or more hours	\$100
Late fee*	\$25

*A late fee will be applied to applications not submitted prior to 30 days before the training event.

If an application is emailed to the PCCG Continuing Education Committee, application fees, including late fees, must be mailed with the Continuing Education Fees document included in this application packet. Checks should be made payable to PCCG and mailed to PCCG-Continuing Education Application, PO Box 1922, Lawrenceville, GA 30046.

Upon receipt of the completed application and appropriate fees, PCCG will determine the status of the training. It is the responsibility of the person or organization approved to offer the training to issue certificates of completion/attendance to attendees. In order to maintain approved status, the person or organization providing training must submit, no later than 30 days after the last date of the training, the following information:

- Names of attendees approved for credit & their organizations' names, if applicable
- Title and date(s) of training
- Copies of sign-in sheets that include participants' names, email addresses and phone numbers (physical addresses may suffice in lieu of emails) and signatures verifying participation.
- Evaluation summary or copies of evaluations

This training documentation must be mailed to PCCG – Continuing Education Report, PO Box 1922, Lawrenceville, GA 30046 or scanned and emailed to pccginfo@gmail.com. Scanned documents must be legible.

Attendance information is required for persons seeking credentialing or re-certification to receive appropriate credit. Failure to submit complete attendance information in a timely manner will result in the loss of PCCG credit for that training event. Repeated failures to submit complete attendance records as required may result in a loss of training provider privileges.

Continuing Education Training Application

Organization Name: _____

Contact Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Training Event Title: _____

Training Event Date(s): _____

Would you like these course(s) listed on the PCCG Training calendar? Yes No

Training Course Details:

Prevention Course Title	Lead Trainer Name/Credential	Hours	Domain(s) Addressed	Core Course?
<i>Ex: Fundamentals of Prevention</i>	<i>Sue Sample/ICPS</i>	<i>12</i>	<i>I, III</i>	<i>Yes</i>
Total Hours/Total Core Hours				

When submitting this application via email, please also attach training details including title, description, goals, objectives and promotional flyer (if applicable). Application will not be considered complete until this supplemental information is received.

By submitting this application, you agree to communicate with PCCG in a reasonable time frame, the dates of any training being held where PCCG Credits are offered.

For PCCG office use only _____	Fee Received: \$ _____
Date Acted on: _____	
Action Taken: Approved _____ Denied _____	
# Core contact hours _____ Reason for Denial: _____	
Chair, Continuing Ed. Committee Signature: _____	
Approval number: _____ Provider Number Assigned (if applicable): _____	

Continuing Education Fees Document Training Application

Organization Name: _____

Contact Name: _____

Telephone: _____

Email: _____

By submitting this document with payment, I verify that I have emailed to PCCG the following (please initial):

_____ Training Application

_____ Training Details including title, description, goals, objectives and promotional flyer (if applicable)

Fees should be calculated as follows:

Total Hours _____ minus Core Hours _____ equals Fee Hours _____

Hours	Cost
1-3 hours	\$25
4-6 hours	\$50
7-14 hours	\$75
15 or more hours	\$100

+ \$25 administrative review fee \$25

+ \$25 late fee, if less than 30 days _____

Total Due _____

Fees should be submitted upon emailing of application and supporting documents.
Checks should be made payable to PCCG and submitted with this document to:

PCCG
Continuing Education Review
PO Box 1922
Lawrenceville, GA 30046