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**Continuing Education Conference Application**

**Instructions**

Training providers hosting a training event or conference lasting more than two days and/or offering multiple breakout sessions should fill out this application. Applications should only include those courses being offered during the duration of the conference that are prevention specific.

The application requires submission of:

* The completed application form;
* Training details including title, description, goals, objectives and promotional flyer; and
* All application fees, including the 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 other training, the fees are as follows:

|  |  |
| --- | --- |
| **Hours** | **Cost** |
| 1-3 hours | $50 |
| 4-6 hours | $75 |
| 7-14 hours | $100 |
| 15 or more hours | $150 |

\*A late fee of $25 will be applied to applications not submitted prior to 30 days before the training event.

Fees may be paid by credit card through the PCCG PayPal account. Please send an email requesting a credit card invoice and include a copy of the Continuing Education Fees document. If payment will be made by check, it should be made payable to PCCG and mailed to PCCG-Continuing Education Application, PO Box 1922, Lawrenceville, GA 30046 along with the Continuing Education Fees document.

Upon receipt of the completed application and appropriate fees, PCCG will determine the status of the conference. It is the responsibility of the person or organization approved to offer the conference to issue **certificates of attendance** to all 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 conference, the following information:

* Names of individuals approved for credit & their organizations’ names, if applicable
* Title(s) and date(s) of the conference
* A copy of the overall conference registration list that includes participants’ names, email addresses and phone numbers (physical addresses may suffice in lieu of emails)
* A copy of the sign-in sheets for each course receiving credit with attendees’ signatures verifying participation
* Evaluation summary or copies of evaluations for each course receiving credit

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.

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 this conference. Repeated failures to submit complete attendance records as required may result in a loss of conference provider privileges.

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**Continuing Education Conference Application**

Organization Name:

Contact Name:

Address: City: State: Zip Code:

Telephone: Email:

Conference Title:

Conference Date(s):

Would you like this conference listed on the PCCG calendar? \_\_\_Yes \_\_\_No

Prevention Course(s) Details:

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

**What are the total possible contact hours an attendee can earn if s/he were to attend the entire conference?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When submitting this application via email, please also attach conference details including title, description, goals, objectives for each course applying for credit and promotional flyer (if applicable). The application will not be considered complete until this supplemental information is received. If it is submitted by email, unless paying by credit card, the full fee should be mailed along with the fee page of the application.

 **For PCCG office use only**

 Date Application Received: \_\_\_\_\_\_\_\_\_\_\_ Date Fee Received: \_\_\_\_\_\_\_\_\_\_ Fee Received: $\_\_\_\_\_\_

 Action Taken: Approved \_\_\_\_\_\_\_ Denied \_\_\_\_\_\_\_

 Reason for Denial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total possible hours \_\_\_\_\_\_\_\_\_ Total core course hours\_\_\_\_\_\_\_\_\_\_

 Conference Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Continuing Education Fees**

**Conference 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):

\_\_\_\_\_ Completed Conference Application

\_\_\_\_\_ Conference and Course Details including title, description, goals, objectives and promotional flyer (if applicable)

Fees should be calculated as follows:

Total Hours \_\_\_\_\_\_ minus Core Course Hours \_\_\_\_\_\_ equals Fee Hours \_\_\_\_\_\_

|  |  |
| --- | --- |
| **Hours** | **Cost** |
| 1-3 hours | $50 |
| 4-6 hours | $75 |
| 7-14 hours | $100 |
| 15 or more hours | $150 |

+ $25 administrative review fee \_\_$25\_

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

**Total Due \_\_\_\_\_\_**

Fees should be submitted along with the application and supporting documents. If you want to pay by credit card, PCCG can invoice you through PayPal. There will be a small processing fee added to the application fee. Send an email request for credit card payment to pccginfo@gmail.com along with scanned copy of this page of the application. Checks should be made payable to PCCG and mailed with this document to:

PCCG

Continuing Education Review

PO Box 1922

Lawrenceville, GA 30046