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**Continuing Education Provider Application**

**Instructions**

Training providers who will be providing several PCCG-approved trainings over the course of the year should fill out this application. Applications should include all courses and training events being offered during the year that you want to be approved for PCCG credit.

The application requires submission of:

* The completed application form;
* Training details including title, description, goals, objectives for each course to be offered; 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 first training date and prior to publicizing any training. Applications requesting retro-active credits will not be accepted.

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

The provider fee, renewable on an annual basis, is $250.

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. Send an email request for a PayPal invoice to pccginfo@gmail.com along with a copy of the fees document included in this application. If paying by check, it should be payable to PCCG and mailed to PCCG-Continuing Education Application, PO Box 1922, Lawrenceville, GA 30046 along with a copy of the fees page.

Upon receipt of the completed application and applicable fees, PCCG will determine the status of each provider. PCCG will issue a Provider Number that should be included on all certificates and correspondence related to training approval.

It is the responsibility of the person or organization approved to offer training to issue **certificates of attendance/completion** 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 training, the following information:

* Names of people approved for credit and their organizations’ names, if applicable
* Title(s) 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 email) and their signatures verifying participation
* An evaluation summary or copies of evaluations for each course receiving credit

Training documentation may be scanned and emailed to pccginfo@gmail.com or mailed to: PCCG–Continuing Education Report, PO Box 1922, Lawrenceville, GA 30046.

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.

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**Continuing Education Provider Application**

Organization Name:

Contact Name:

Address: City: State: Zip Code:

Telephone: Email:

Estimated number of times you will offer training this year:

Do you want these training events 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** |  |

When submitting this application via email, please also attach training 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 submitted by email, payment must be mailed or made by credit card. By submitting this application, you agree to communicate with PCCG, within a reasonable time frame, the dates of any training being held where PCCG credits are offered.

 For PCCG office use only

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

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

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

 Provider Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Continuing Education Fees**

**Provider Application**

Organization Name:

Contact Name:

Telephone: Email:

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

\_\_\_\_\_ Provider Application

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

Fees due for the Provider Application are as follows:

Annual Provider Application Fee \_$250\_

+ $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. Send an email request for credit card payment to pccginfo@gmail.com along with scanned copy of your application. A small processing fee will be added to the application fee. Checks should be made payable to PCCG and submitted with this document to:

**PCCG**

**Continuing Education Review**

**PO Box 1922**

**Lawrenceville, GA 30046**