



## American Reflexology Certification Board

ARCB, PO Box 5147, Gulfport, FL 33737  
303-933-6921 (Phone), 303-904-0460 (Fax)  
email: [info@arcb.net](mailto:info@arcb.net)    [www.arcb.net](http://www.arcb.net)

### Continuing Education Provider Application

**General directions:** Completed application, attachments, and fee must be received in the ARCB administrative office eight (8) weeks before the first planned use. ARCB will notify applicant of approval, deferral of approval, or disapproval of activity in a timely manner.

**Submission options:** Completed application and attachments may be scanned and emailed to ARCB, faxed, or mailed (3 copies, if mailed). Fee may be mailed or charged to credit or debit card by phone. However, application will not be reviewed until fee is received.

**All necessary attachments are listed at the end of this application.**

**Fee:** Fees are due at the time of application, are non-refundable, and subject to change without notice. The fee for single-activity providers is based on the number of continuing education hours offered in an approved activity. (In 2008, the fee is \$50 for 1-6 CE hours, and \$75 for 7 or more CE hours.) There is a flat fee for multi-activity providers. (In 2008, the fee is \$250 for approval or re-approval.)

**Type of approval requested:**

- Multi-activity approval (\$250)
- Single-activity approval (\$50 for 1-6 CE hours, and \$75 for 7 or more CEs)

**General information:**

Name of organization: \_\_\_\_\_

Contact person and title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Date of application: \_\_\_\_\_

**Activity Plan:**

**Complete separate Activity Plan for each activity for which approval is requested.** An extra Activity Plan form is attached to the end of the application, if another Plan is needed. For multi-activity providers, please submit an Activity Plan to ARCB immediately after any as yet unknown CE activities are presented within the 2-year approval period, if the Activity Plan cannot be submitted prior to the activity.

1. List the name of the activity:

2. List the activity objectives:

3. Identify the topic areas to be covered and the percentage of activity time devoted to each topic:

4. Describe the teaching methods used:

5. Indicate teachers of activity and fill in the following information about each person: name, education, title, position description, and professional qualifications specific to topic being presented:

**Attachments to include with application (3 copies, if mailed):**

1. Sample of Continuing Education Certificate of Attendance or Letter of Verification to be given to students
2. Sample of evaluation tool
3. Program schedule that lists times, teachers, and agenda

**All statements made on or in connection with this application form are true and complete to the best of my knowledge. I understand and agree that misrepresentation or omission will cause denial or forfeiture of Approved Provider status.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For office use only**

- Approved**  
 **Not approved**  
 **Deferred**

Reason for not approved or deferred:

**Reviewer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Comments:

## **Additional Activity Plan, if needed**

### **ACTIVITY PLAN**

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