



American Reflexology Certification Board

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

Continuing Education Provider Application Re-Approval

General directions: Completed application, attachments, and fee must be received in the ARCB administrative office eight (8) weeks before the current approval period expires. 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.

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 re-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: _____

A. Indicate any changes in provider administration, policies, etc., since the last approval:

B. List all CE activities and dates during the previous approval period:

C. Evaluation:

1. Summarize information obtained from students who filled out your evaluation forms:

2. What conclusions were drawn from evaluation forms and from organization's own evaluation of its effectiveness in providing continuing education activities?

3. Discuss actions taken in response to these evaluations:

D. List goals for the next two (2) years:

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:

Complete Activity Plan on following page for any new activity for which approval is requested. If no new activity approval is requested, do not complete.

ACTIVITY PLAN

Complete separate Activity Plan for each activity for which approval is requested. 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 Activity Plan (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

