Michigan Department of Community Health
Bureau of Health Professions
P.O. Box 30670
Lansing, MI 48909
(517) 335-0918*
www.michigan.gov/healthlicense

APPLICATION FOR APPROVAL OF A CONTINUING EDUCATION PROGRAM

Authority: Public Act 299 of 1980, as amended.
If this form is not completed, approval will not be granted.

SECTION I - PROGRAM INFORMATION - Applications should be submitted at least 60 days prior to the program

SPONSOR NAME AND COMPLETE MAILING ADDRESS	CONTINUING EDUCATION PROGRAM TITLE
	PREVIOUS APPROVED NUMBER FOR THIS PROGRAM , IF ANY
NAME OF CONTACT PERSON PHONE NUMBER ( )	PROGRAM DATE(S) AND LOCATION(S)
TOTAL NUMBER OF HOURS OF COURSE INSTRUCTION **(EXCLUDE BREAKS, MEALS, ETC.)**	
HOW MANY HOURS OF THE PROGRAM ARE RELATED TO PRACTICE MANAGEMENT?	
HOW MANY HOURS OF THE PROGRAM ARE RELATED TO PAIN MANAGEMENT?	CAN A BOARD MEMBER OR MEMBER OF THE CONTINUING EDUCATION UNIT ATTEND THE PROGRAM? ☐ YES ☐ NO

SECTION II - Select the profession to which your program pertains. Check only one profession by placing an "X" in the box beside the profession.

☐	MEDICINE	Programs approved by the Accreditation Council on Continuing Medical Education (ACCME), the Michigan State Medical Society (MSMS) and the American Medical Association (AMA) are automatically accept by the Board for credit.
☐	OSTEOPATHIC MEDICINE	Programs approved by the American Osteopathic Association (AOA) are automatically accepted by the Board for credit.
☐	PODIATRY	Programs approved by the Council on Podiatric Medical Education (CPME) are automatically accepted by the Board for credit.

All certificates should show the following for use in Michigan for continuing education credit:

1. The name of the sponsor
2. The name of the program
3. The name of the attendee
4. The date of the program
5. The approval number
6. The actual number of hours attended
7. The signature of attendance monitor

Outlines must be specific. Please include the topics and name of the speaker of each topic. The times of the specific topics and breaks must be indicated on the outline.

Attendance Monitoring- Please indicate how attendance is monitored by including sample documents and the name of the person monitoring the attendance. The Board wants assurance that attendees are checked out when leaving and checked back in when returning. These times should be verified by the person monitoring attendance. This procedure should include times in which the attendees leave one topic and go to another topic, within the same program.

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

SECTION III - APPLICATION CHECKLIST

APPLICANT Please Check	ELEMENTS TO BE INCLUDED WITH APPLICATION NOTE: Two complete copies of all application materials (including the application) must be submitted.
	1) This continuing education course is a planned learning program designed to promote the continual development of knowledge, skills and attitudes on the part of the licensee.
	OUTLINE (rationale, objective, goal, schedule, content) - Include an explanation of how the program is designed to further educate the licensee.
	RESUME for each speaker/instructor (limited to two pages per speaker) A copy of the instructional objectives which have been developed for this program.
	DESCRIPTION for the delivery method or methods to be used and the techniques that will be employed to assure active participation.
	2) This continuing education course has responsible sponsorship and capable direction including administrative support which assures maintenance and availability of adequate records of participation as well as adequate budget and instructional resources.
	A brief description of the sponsoring organization.
	The name, title, and address of the program director and a description of his/her qualifications to direct this program.
	A description of how participants will be notified that CE credit has been earned. Include a copy of the certificate or other document to be issued.
	A description of the physical facilities available to assure a proper learning environment.
	A description of how attendance is monitored, sample documents, and the name of the person monitoring attendance. See the front of this application for specific instructions.

CERTIFICATION

I hereby certify that the statements made in this application are true, complete and correct, and that the materials submitted accurately reflect the presentation and administration of this continuing education program.

If this is not signed and dated, your application will not be complete.

SIGNATURE _____ TITLE _____

TYPE OR PRINT NAME _____ DATE _____

*NOTE: If it is necessary that you call regarding this application, the following will assist you with the automated telephone system:

1. At the first prompt, press 1
2. At the second prompt, press 2
3. At the second prompt, press 4