

NATIONAL BOARD FOR COLON HYDROTHERAPY

Instructions For Continuing Education Program

Application Approval

I. Sponsor Information

Please provide the name of the primary sponsor of the educational activity and the name, address, and phone number of a contact person to whom all correspondence and additional information may be sent. Primary sponsor is defined as the organization/institution having ownership of materials.

II. Program Information

On page 1, please provide information about the PROGRAM TITLE and DATES. If the program is to be repeated, attach a separate sheet detailing all additional dates and locations. Programs may not extend beyond the calendar year.

On page 1, please calculate the total number of CEU hours you are requesting by adding up the number of instructional contact hours. This does not include registration periods, introduction (unless instructional, with objectives), breaks, meals, social activities, and evaluation activities.

Please explain how you assign partial credit, if you permit it. Some programs are made up of educational activities that are independent of one another (i.e., you may have individual lectures or seminars in your program) and an attendee does not need to participate in all parts of the program. Please attach a separate sheet explaining on what basis partial credit will be allowed and how partial attendance will be verified.

III. Program Forms/Enclosures

Complete the application form and attachments 1 & 2 to provide important details about the educational activity. You may photocopy these forms and attachments if necessary.

List the individual lecture or activity title. You may have several lectures in a program; therefore, fill out complete information on each lecture. Indicate the date and time frame of each lecture (e.g., 8:30-9:30 a.m.) and the length of that program (one hour). This will be helpful in calculating the total number of CEU hours requested. Provide the name of the speaker and his/her qualifications (credentials, education, background, and/or experience) to speak on the topic assigned. Also describe the informational content of this particular lecture.

Please list learner objectives -- what you expect the participant to learn or be able to do after attending the lecture. You should share these with the program participants.

In order to receive CEU credit, it is essential that you have an evaluation of your program. Attach a copy of your program brochure or schedule if you have one. Please tell us how you will determine if learner objectives were met. Evaluation methods should be appropriate for the objectives and content of the program. Do not send us your evaluation form. Some states mandate that a test be administered. Check with state licensing agencies regarding such mandates.

IV. State Mandates

The acceptance of CEU credit for the fulfillment of license mandated continuing education is dictated solely by the licensure law of each individual state. Not all forms of continuing education are acceptable. Please contact licensing board(s) for specific state guidelines.

V. Fees

Check the appropriate box, based on the sponsor's status. Fees are waived for I-ACT Regional Meetings. Verification of affiliate sponsorship in the form of a letter signed by the affiliate president is required.

If you will be delivering a series of identical lectures or activities over a period of time, group your lectures under one program -- this shortens our processing time, which saves you money.

To determine the appropriate fees, use the following examples:

- A. Pay: \$100.00. This is one program with a single lecture.
- B. Pay \$ 200.00. This may be multiple programs given on different dates for a total of no more than 20 CEUs per year per individual.

VI. Documentation

Provide the NBCHT with an official attendance log documenting start/stop times and dates. Please ask participants to provide their NBCHT Certificate numbers in order to accurately document their earned credit. The NBCHT does not provide certificates of completion. Please provide documentation to all attendees for successfully completing the NBCHT-approved program.

VII. Sponsorship

Please ensure that the program coordinator signs this form.

*Please complete the application for approval form, and attachments 1 & 2
and mail with the appropriate fees to:
NBCHT, 11103 San Pedro, Suite 117, San Antonio, TX 78216*

NATIONAL BOARD FOR COLON HYDROTHERAPY
Continuing Education Units (CEUs) Provider Application Form
for Program Approval

Please Type or Print Legibly. - This form may be duplicated.

No application will be considered unless the application is received at least 30 days *before* the program is presented. You will be notified of the review decision as soon as possible after the application is received.

Sponsoring Organization _____

Contact Person _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____ Email _____

Program Title: _____

Program Dates: Starting _____ Ending _____

Location: City _____ State _____

(If a program is presented at various sites, attach a sheet with additional dates and locations.)

Number of CEU hours requested: _____ Hours

Note: One hour of CEU credit = 60 minutes of instructional contact. Instructional contact does not include registration, break, or evaluation periods. May participants receive partial credit for partial attendance?
___ Yes ___ No

If yes, attach an explanation of how hours may be awarded and how partial attendance may be verified.

Target Audience: Colon Hydrotherapist, Other Health Care Personnel _____

Teaching Method:

(Lecture, Workshop, Internet, CD-ROM/Computer Software, Video/Audio, Other. Please indicate and provide necessary review materials): _____

You MUST attach the following information: (Lack of requested information will result in automatic denial of application)

Faculty name(s), credentials, job title(s), experience, and employer(s) - (reflect this information on attachment 1).

Titles, Objectives, Content and Length (for each presentation).

Provide the course content in a “task” and “outcome” format so the Board can see the task (item that is to be taught) and outcome (what the training will provide for the student) - (reflect this information on attachment 2).

Registration Fees to be charged to attendees. _____

Payment of Appropriate Application Fee (see page 2).

FEES (Select only one option below)

<input type="checkbox"/>	Single program date	\$100.00 _____
<input type="checkbox"/>	Multiple programs* or dates	\$200.00 _____
		Total _____

Am Exp/Visa/MasterCard Number _____ Exp Date _____

Security code _____ Signature of Card Holder _____

*For each different program provide: Teaching Method, Faculty, Titles, Objectives and Length of presentation.

The undersigned, on behalf of the sponsor(s), agrees to:

- Assure that the program outlined will be conducted as proposed.
- Maintain attendance rosters and return them to the NBCHT office within thirty (30) days following the completion of the program.
- Uphold standards for high quality continuing education activities.

Signature of Program Coordinator/Chairperson

Date

No Application Will Be Processed Unless Complete And Legible

Submit application and required attachments via regular mail to:

NBCHT
11103 San Pedro, Suite 117
San Antonio, TX 78216

For NBCHT Office Use Only

Date Application received: _____ Amount of Payment received: \$ _____ CC _____ / Check # _____

Date Application reviewed: _____ Reviewer(s): _____

Approved for: _____ CEU Hours Partial Credit: _____ Date of Approval: _____

Rejected/Pending: (Date of Hold) _____

Program #: _____

Notification of decision and paper work sent on (date): _____

NATIONAL BOARD FOR COLON HYDROTHERAPY
Continuing Education Units (CEUs)
Attachment 1 - Provider Information

Title of Program _____

Name of Organization _____

Provider Name / Job / Title

List name(s) of each person applying as an Instructor/Provider. List current job title to correspond with each person.

Educational Preparation:

List educational institution attended, academic degrees earned, and any State licenses held. Be specific as to program of study for which any degree or certification was awarded. Include the date license was granted, degrees awarded, certification awarded, etc.

Experiential Data:

List position(s) held that identify experience in the subject matter. Specify dates, hours worked, and specific job duties. Note any previous experience teaching the subject matter of this program. Identify start and end dates for each position held.

ATTACHMENT 2 - COURSE INFORMATION DATA

Learner Objectives:

Describe the expected learner outcomes in behavioral terms that are attainable, can be evaluated, and are relevant to the practice of colon hydrotherapy. Breakdown of CE Hours offered for each learner objective. ____ Total (use additional pages as necessary)

Subject Matter:

Adjacent to each objective, outline the subject matter that corresponds to the objective. Content should be current, accurate, and in logical order. Document currency and accuracy of subject matter by references/bibliography.

Teaching Method(s):

List methodologies and learning activities. Utilize principles of adult education.
