**THE AMERICAN INSTITUTE OF HEALTH CARE PROFESSIONALS, INC.**

**CENTER FOR CONTINUING PROFESSIONAL EDUCATION**

**APPLICATION FOR APPROVAL**

**Date of Application:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Person Submitting Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Organization:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_**

**Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email of Contact Person:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of Application:

\_\_\_\_\_ Continuing Education Program**

**\_\_\_\_\_ Continuing Education Seminar**

**\_\_\_\_\_ College Course**

**\_\_\_\_\_ Distance Learning Continuing Education Program**

**\_\_\_\_\_ Distance Learning College Course**

**\_\_\_\_\_ Independent Study**

**\_\_\_\_\_ Skills Workshop**

**\_\_\_\_\_ Staff Inservice/Education**

**\_\_\_\_\_ Other: describe:**

**Applying for Approval from:

\_\_\_\_\_ American College of Legal Nurse Consulting**

**\_\_\_\_\_ American Academy of Grief Counseling**

**\_\_\_\_\_ American Academy of Case Management**

**\_\_\_\_\_ American College of Hypnotherapy**

**\_\_\_\_\_ American Institute of Health Care Professionals**

**1. Title of the Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **2. Dates Program will be offered:**

 **3. Number of Hours of Instruction (one hour = 50 minutes of presentation or study):**

**\_\_\_\_\_\_\_\_\_\_**

 **4. Name of Faculty for this course or program:**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **5. Credentials of Faculty:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **6. Sponsoring Organization:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **7. Course Description:**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **8. Course or Program Objectives:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **9.Course Content:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **10. Method of Instruction:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **11. Means of Evaluation: (provide a copy of the evaluation form)**

 **12. Course or Program Certificate:(provide a copy of the certificate that will be given to**

**participants)**

**PLEASE CAREFULLY REVIEW THE INFORMATION ON THE WEBSITE:

Submitting an Application for Program/Offering Approval at:**

[**https://aihcp.net/have-your-ce-programs-approval-by-aihcp/**](https://aihcp.net/have-your-ce-programs-approval-by-aihcp/)

**Summary of Instructions:**

**1) All applications must be type-written.**

 **2) Submit two copies of your application.**

 **3) You must submit the evaluation form and a copy of the certificate you will provide learners.**

 **4) One contact hour = one 50 minute period of presentation/study.**

 **5) One semester hour of college credit = 15 contact hours.**

 **6) Payment must accompany the application.**

 **7) Completed applications are to be sent to:**

 **The American Institute of Health Care Professionals, Inc.**

**2400 Niles-Cortland Road, S.E. Suite # 4**

**Warren, Ohio 44484**

**Fees for Approval**

**The fee for program/offering review and approval is $75.00 for all programs and offerings**

**up to 100 hours of instruction/study. The fee for programs/offerings over 100 hours is**

**$100.00. If a program is not approved the participant will be refunded 50% of the submitted fee. The other 50% will be retained to cover the costs of program reviews.**

**Method of Payment**

**Application fee payment method:**

**\_\_\_\_\_ Check (payable to AIHCP)**

**\_\_\_\_\_ Money Order (payable to AIHCP)**

**Credit Card: \_\_\_\_\_ Visa \_\_\_\_\_ MC \_\_\_\_ American Express**

**Card Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Expiration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name on Card:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**I, the undersigned, verify that this application is complete, and to the best of my knowledge, all information provided is factual and true. I understand that failure to provided the needed information and required documentation could likely lead to delays in the processing of this application. I further understand that if any information supplied on this application is false, that I will be denied consideration for approval. I further understand that if at any time it is discovered that I have made false or untrue statements on this application, or misrepresented myself or an organization, or have provided fraudulent documentation to the AIHCP, that the AIHCP may rescind the application or approval.**

**Agreed:**

**Signature of Representative:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**For Office Use Only:**

**Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reviewed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approved:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Denied:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approval # :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**