



Approved Continuing Education Provider

PROVIDER APPLICATION

1. ORGANIZATION

Organization name _____

Continuing education/training unit or group (include staff positions or department titles) _____

2. CONTACT FOR EDUCATION OFFERINGS

a. Contact information

Name _____

Address _____

City, state, zip _____

Phone _____ Fax _____

E-mail _____ Web site _____

b. Educational activities

Attach a representative listing of several staffing-related education or training programs that you currently offer. Copies of promotional materials are preferred.

3. SYSTEM FOR AWARDING CONTINUING EDUCATION HOURS

a. Attach a brief description of the system you have in place to calculate continuing education hours and how you identify participants who complete educational activities. Please include a copy of your written policy on record retention and record privacy and include the name and title of the person responsible for this process.

b. Indicate on which of the following documents the "Continuing Education Approved Provider" logo will appear. (You may mark both if appropriate.)

On-site materials

Certificate of successful completion

- c. Indicate the number of years your organization has been conducting continuing education or training.
- _____ years
- d. Indicate the total number of staffing-related continuing education or training events conducted during the previous calendar year.
- _____ events
- e. Indicate the total number of staffing-related continuing education or training events anticipated in the current calendar year.
- _____ events
- f. Are your continuing education or training activities currently approved by another company or association?

Yes No

If yes, list companies or associations, and the programs they have approved:

4. LEARNING ENVIRONMENT

- a. Does your organization agree to adhere to and abide by all applicable federal, state, and local laws, including but not limited to those pertaining to disabilities. (Including but not limited to the Americans With Disabilities Act)?
- Yes No
- b. Does your organization ensure that learning events are held in facilities that are conducive to learning?
- Yes No
- c. If your organization offers on-line or other distance learning opportunities, do you ensure that participants are informed before registering for the program of any software, hardware, or other technical requirements?
- Yes No

If any answer to questions 4a–4c is no, please provide an explanation on a separate sheet of paper.

5. NEEDS IDENTIFICATION

- a. Describe the process used by your organization to assess and identify the needs of target audiences (gaps between learners' current and desired level of knowledge, skills, attitudes, or performance) and how that information is used to plan events. Attach sample forms or data gathering methods used to document the process.

- b. Attach a copy of marketing catalogs or other materials that demonstrate that participants are given clear information on the target audience and any prerequisites for such programs.

6. LEARNING OUTCOMES

Attach examples from two or three programs that demonstrate that learning outcomes are clearly and concisely communicated to learners and potential registrants. (If this has been done through e-mail marketing, please attach a printed version of your e-mail campaign.)

7. PLANNING AND INSTRUCTIONAL PERSONNEL

- a. Describe the process your organization uses to identify and screen presenters or instructors to determine whether they are competent in the subject matter to be taught, whether they understand the learning events' purpose and learning outcomes, and whether they have knowledge and skills in instructional methods and learning processes.

- b. Describe the process in place used to monitor and provide feedback to instructors.

8. CONTENT AND INSTRUCTIONAL MATERIALS

Attach course materials from two or three staffing-related programs that demonstrate the interrelationship between established learning outcomes, the course content, and the instructional methods and materials used.

9. ASSESSMENT OF LEARNING OUTCOMES *(Strongly recommended but not required)*

Describe the methods of learning assessment commonly used in your organization's programs or courses.

10. POST-EVENT EVALUATION

a. Describe how your organization develops program or course evaluation processes during the early planning phases.

b. Attach course or program evaluations for the staffing-related materials provided as part Section 8 of this application.

11. FEES

Each approved provider fee covers a three-year period and must be submitted at the time of application. Fees are based on ASA membership status and the applicant will be invoiced accordingly should membership status change during the three-year period. Fees are subject to change at ASA's sole discretion.

Introductory program fees:

ASA associate members:	\$200
Nonmembers:	\$700

To become an ASA associate member, complete the on-line form on www.staffingtoday.net/join.

12. DATE OF APPLICATION



APPROVED PROVIDER AGREEMENT

As the authorized representative for, and on behalf of, my organization, which is an applicant for the ASA Continuing Education Approved Provider program, I/we agree to

1. Provide accurate and truthful information to ASA in all transactions.
2. Conduct our operations, courses, and programs in an ethical manner that respects the rights of the people we serve.
3. Provide full and accurate information about our programs, services, and fees in our promotions and advertising.
4. Use the ASA approved provider logo mark and statement only as specified by ASA.
5. Report to ASA any significant content change or educational contact hour changes to an existing pre-approved course or program.
6. Accept and agree to abide by the auditing process as outlined.
7. Waive fees for any ASA monitors who attend a program for auditing purposes.
8. Furnish information requested by ASA in a timely manner.
9. Agree to adhere to and abide by all applicable federal, state, and local laws, including but not limited to those pertaining to disabilities. (Including but not limited to the Americans With Disabilities Act).
10. Agree to indemnify, defend, and hold ASA harmless, including such ASA’s directors, officers, employees, agents, affiliates, and members against all claims, losses, damages, and liabilities, including reasonable attorney’s fees and other expenses, asserted against, imposed upon, or incurred by ASA and which arise out of or result from
 - a. Failure to adhere to or fulfill its or obligations under the ASA Approved Continuing Education Provider program and Approved Provider Agreement
 - b. Violation of any applicable law, rule, regulation, or other legal authority (including but not limited to the Americans With Disabilities Act)
 - c. Negligence, intentional tort, or criminal conduct

Organization name

By:

Applicant’s signature

Applicant’s title

Applicant’s name (print)

Date

American Staffing Association
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Alexandria, VA 22314
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