

Dear Colleague:

We would be most pleased to work with you and your organization to provide professional continuing education credit for your planned educational offering. Attached is the process in order for us to effectively work together to offer CEs to health care, allied health care and social services professionals.

With your submittal of required documents, please advise us the following:

- Is this a one-time event or will the program be repeated over time?
- If the program will be repeated, over what time frame and how often?
- If the program will be repeated, will it be offered with its content unchanged and offered in its entirety each time?
- What is the demographics of the attendees and approximately how many professionals are expected to request CEs?
- Briefly describe your organization status (for-profit, non-profit, other) and the nature of your products and/or services including type of customers/clients served

If you have any questions, please contact me at [cgermain@continuingeducationpartner.com](mailto:cgermain@continuingeducationpartner.com) and directly at (773) 930-3200.

Thank you for considering this collaborative effort for your educational offering.

Sincerely,



Cynthia L. Germain  
Executive Director

## Process and Requirements Providing Professional CEs

**Activity:** List your goals and objectives for your event (3 or 4 are sufficient).

**Sample:**

This program will offer the most current information on.... Issues such as...will be examined with emphasis on....

Upon completion of this program, the participant will be able to:

- Explain to the client how....
- Identify the techniques that...
- Demonstrate the process of...
- Recognize the role of...
- Describe the criterion that constitutes...



**Activity:** Identify your target audience.

**Sample:**

This program will offer professional continuing education hours for the following professionals:

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| • Acupuncturists                     | • Nurses (RNs/LPNs)                  |
| • Athletic Trainers                  | • Nursing Home Administrators        |
| • Counselors (Clinical/Professional) | • Occupational Therapists and COTAs  |
| • Dental Hygienists                  | • Physical Therapists and PTAs       |
| • Dentists                           | • Psychologists                      |
| • Dietitians/Nutritionists           | • Respiratory Therapists             |
| • Marriage and Family Therapists     | • Social Workers                     |
| • Nurse Practitioners                | • Other credentials, please inquire. |



**Activity:** Provide topic and content, including references to materials in support of each planned presentation.

**Sample:** A draft brochure, promotional, or other document providing summary of content. Be sure that the brochure or document has a complete agenda listing presentation(s) and break times. Powerpoints and/or handouts are required for final approval. References (books, journals articles, statistical sources, etc.) should be provided on a separate document by planned topic and/or as part of each presenter's handout.



**Activity:** List and provide documents for each presenter.

**Sample:** A CV or resume is required. If one is not available, we can provide you with a bio data sheet to be completed by or for the presenter.



**Activity:** Once approved, we will provide you with information that should be included in your brochure or other dissemination materials.

**Sample:**

Continuing education hours are provided by the University of Illinois, College of Medicine, Department of Family Medicine in collaboration with the Continuing Education Institute of Illinois, (other partners as appropriate).



**Activity:** Record of ALL participants and program documents.

**Required Documents:**

- 1. Record of Attendees – An **excel sheet** with the following contact information, at a minimum\*, **IS REQUIRED FOR ALL PARTICIPANTS:**

| <u>Last Name</u> | <u>First Name</u> | <u>Address</u> | <u>City</u> | <u>ST</u> | <u>Zip Code</u> | <u>Email</u> | <u>Profession</u> | <u>Organization</u> | <u>CEUs Y/N</u> |
|------------------|-------------------|----------------|-------------|-----------|-----------------|--------------|-------------------|---------------------|-----------------|
|------------------|-------------------|----------------|-------------|-----------|-----------------|--------------|-------------------|---------------------|-----------------|

\*Additional information may be required to be collected depending on the type of event.

- 2. Sign in Sheet - We will provide you with a sample sign-in document appropriate for your program. **ALL PARTICIPANTS**, regardless of whether he/she is requesting CEUs, must complete this form. We can pre-fill this form if registrant information is provided in advance.
- 3. Registration Form – This form is not required for all programs. If your program is determined to need these forms, we will provide you with a sample that must be completed by all persons requesting CEUs. We can pre-fill this form if registrant information is provided in advance.
- 4. Evaluation Forms for all Presenters and the Program – We can provide you with sample forms or review/approve your organization’s forms.
- 5. One copy of final brochure and all program materials and handouts, if not previously provided.

**Time Frame:** The excel sheet must be emailed to [cgermain@continuingeducationpartner.com](mailto:cgermain@continuingeducationpartner.com) within five (5) business days of the completion of program. If you would like to have certificates available at your event, this spreadsheet should be emailed at least three (3) business days in advance. All other documents listed above must be received within ten (10) business days of the end of the event. *If required documents are not provided timely, CE certificates may not be issued.*



**Activity:** Payment for CEs requested.

**Time Frame:** Unless approved in advance, payment must be received within ten (10) business days of the end of the event. Checks should be made payable to the Continuing Education Institute of Illinois and mailed to:

8770 West Bryn Mawr Avenue  
Suite 1300  
Chicago, IL 60631

If you wish to make payment by credit card, please call us at (773) 930-3200.



**Activity:** Certificates are provided.

**Time Frame:** Certificates are issued electronically to you or to another organization as directed by you. You are responsible disseminating the certificates to the program participants, unless otherwise arranged with CEI in advance.

**Fees and supports:**

There are no fees for review, except for multi-session conferences. Per offering, the certificate fee is \$15 per person. If a large group is expected or a program is to be recreated over time, we will work with you to set a flat fee per offering or per year. We can assist with promotion, program dissemination, registration and facilitation. Please contact us for more information.

## **CHECKLIST: Documents needed for CEs**

**Program:** \_\_\_\_\_

**Location:** \_\_\_\_\_

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

### **Program Approval:**

- Answers to preliminary questions (see CEI letter)**
- Goals and objectives of program**
- Target audience**
- Agenda**
- Brochure/Promotion**
- Presenters' CVs/Resumes/Bios**
- Objectives of presentations**
- References supporting presentation content**
- Presentation handouts**

### **Certificate Issuance:**

- Excel sheet with ALL participants (CEs Y or N)**
- Sign-in sheet (ALL participants)**
- Registration forms (if required)**
- Program and presenter evaluations or summary**
- Payment for CEs**
- Other:** \_\_\_\_\_