

Dear Colleague:

We are 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 mental health 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 are the types of professions and number of professionals that are expected to request CEs?
- If a registration fee is being charged, what is that amount and do you plan to have the CE fee included?
- 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  
President and CEO

## Process and Requirements for Approval of Your Program

**Activity:** Provide a description and list 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...

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**Activity:** Identify your target audience.

**Sample:**

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

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

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

**Sample:** A webpage, promotional flyer or other document providing summary of content. **Be sure to include a complete agenda listing presentation(s) and break times** (except for one-hour programs). 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 or PowerPoint.

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**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. This document must demonstrate that the presenter has applicable education and/or experience on the program's topic(s).

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

**Sample:**

This program has been reviewed and approved to provide xx contact/clock hours by the Continuing Education Institute of Illinois for the following professionals:

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**Activity:** Record of ALL participants and final 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> |
|------------------|-------------------|----------------|-------------|-----------|-----------------|--------------|-------------------|---------------------|-----------------|
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\*Additional information may be required depending on the type of event.

2. Sign-in sheet – For in-person programs, we will provide you with a sample sign-in document appropriate for your program. All participants, regardless of requesting CEUs, must complete this form. We can pre-fill this form if registrant information is provided in advance. For online programs, please request options for documentation.
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 of presenter(s) and program – We can provide you with sample evaluation forms, an easy online process, or review and approve your organization’s forms.
5. Any program promotions, materials and/or handouts not previously submitted.

**Time Frame:** The excel sheet and required documents should be scanned and emailed to *cgermain@continuingeducationpartner.com* within five (5) business days of the completion of program. . If you are unable to provide completed forms via email, they must be received by mail within ten (10) business days of the offering. PLEASE NOTE: If required documents are not provided timely, CE certificates may not be issued. Print-ready certificates can be made available for your offering. Please contact us for information.



**Activity:** Payment for CEs requested.

**Time Frame:** We will invoice for all CEU fees and support fees at the first of the month following the program unless requested otherwise. Payment can be made by check, credit card or PayPal. 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. PayPal payments can be sent to *cgermain@continuingeducationpartner.com*.



**Activity:** Certificates are provided.

**Time Frame:** Certificates are issued electronically to you or to another organization as directed by you. You are responsible for disseminating the certificates to the program participants, unless arranged for CEII to do so. There are fees associated with emailing certificates on your behalf. Please inquire.

**Fees and supports:**

There are no fees for review, except for multi-session conferences. Per offering, the certificate fee is \$18 per person. If a large group is expected or a program is expected to be offered repeatedly over time, we will work with you to set a flat fee per offering or per year. We can assist with promotions, program dissemination, registration management and facilitation. This includes e-announcements to our database of 10,000 professionals, contact lists, and other program supports. Please contact us for more information.

## CHECKLIST: Documents needed for CEs

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

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

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

### Program Approval:

- Answers to preliminary questions (see CEI letter)
- Description of program
- Objectives of program or presentation
- Target audience
- Agenda (programs longer than one hour)
- Brochure, flyer or promotional webpage
- Presenter(s) CV, resume, or bio
- Objectives of presentations
- References supporting presentation content
- Presentation handouts or PowerPoints
- Other as requested: \_\_\_\_\_

### Certificate Issuance:

- Excel sheet with ALL participants (CEs Y or N)
- Sign-in sheet (if live)
- Registration forms (if required)
- Evaluations (or summary if results are tabulated)
- Payment for CEs