



# AASECT Continuing Education Provider Application

Individuals and organizations may become AAASECT Continuing Education (CE) Providers. There are three types of AAASECT CE Providers. The table below lists these categories and the fees associated with each. Provider categories are defined below the table.

## Provider Categories and Fees

<b>Individual Provider</b>	<b>\$ 300/two years</b>	
<b>Organizational I Provider</b>	<b>\$ 500/two years</b>	
<b>Organizational II Provider</b>	<b>\$2000/two years</b>	(\$200 of the total fee is a non-refundable processing fee.)

<p><b>Individual Provider</b> - An Individual Provider must be an AAASECT Certified Member and must present at least 80% of the training of each event.</p>	<p><b>Organizational Provider I</b> - An individual, a private training center, school, accredited university/college, or other organization. Must have an AAASECT Certified Member overseeing the planning of the training. The Organizational Provider I offers <b>40 or fewer AAASECT CE credits per year</b> and uses a variety of experts to deliver the training.</p>	<p><b>Organizational Provider II</b> - An individual, a private training center, school, accredited university/college, or other organization. Must have an AAASECT Certified Member overseeing the planning of the training. The Organizational Provider II offers <b>more than 40 AAASECT CE credits per year</b> and uses a variety of experts to deliver the training.</p>
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## Provider Responsibilities and Privileges

All applicants for AAASECT Provider status must complete and submit the following:

- AAASECT Continuing Education Provider Application
- AAASECT CE Single Event Application

Approved AAASECT CE Providers must maintain documentation of programs offered, including program objectives, syllabi/outlines, evaluations, and rosters, for seven years. This seven-year requirement aligns with the [AAASECT Code of Ethics](#). Further, it aligns with AAASECT’s members’ needs, i.e. CE credits may be applied towards members’ certification renewals for up to five years after earning them. AAASECT may conduct periodic reviews of Approved Providers’ documents, as part of a process of evaluating training. Approved CE Providers should complete and provide to [ce@aaasect.org](mailto:ce@aaasect.org) an AAASECT *Web Posting Form* if they would like to publish their event on the calendar of events on the AAASECT website. (Note: It is the responsibility of attendees to determine if their state licensing board will accept AAASECT CE credits.)

## HOW TO APPLY

1. Email completed AAASECT CE Provider Application and AAASECT Single Event Application to [ce@aaasect.org](mailto:ce@aaasect.org).
2. Submit appropriate payment.
3. Submit curriculum vitae (CV) and License (if applicable) of AAASECT Certified Member.
4. For Organizational Providers only: Submit CVs of planning committee members (up to three).

Deadlines for submission of AAASECT CE Provider Application	Provider Cycles (two years)
May 1	July 1 - June 30
November 1	January 1 - December 31

**Email:** [ce@aaasect.org](mailto:ce@aaasect.org)

**Mail:** AAASECT  
CE Provider Application  
1444 I Street, NW, Suite 700  
Washington, DC 20005

**Call:** AAASECT Office (202) 449-1099 to submit credit card information. Fax: (202) 216-9646

## AASECT Continuing Education Provider Application (continued)

**1. Select AASECT Continuing Education Provider status sought:**  Individual  Organizational I  Organizational II

**2. Name of AASECT Certified Member applying for or renewing Individual Provider status:**

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I understand that I am to present 80% of all training provided.

**Or**

**Name of organization applying for or renewing Organizational I or II status and name of AASECT Certified Member who will oversee planning of the training.**

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### 3. Contact Information

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**4. Attach CV of AASECT Certified Member.**

**5. Indicate group(s) targeted as potential participants in activities offering AASECT CE credits:**

Psychologists

Physicians

Graduate Students

Psychiatrists

Nurses

Undergraduate Students

Social Workers

Educators

Other (Specify) \_\_\_\_\_

**6. How do you (a) select instructors and/or (b) develop content to respect issues of diversity?**

**7. How do you provide accessibility for people with diverse learning styles and/or diverse abilities?**

**8. Explain procedures for keeping records of training. The records that must be saved are: (a) learning objectives and syllabi or outlines of classes, workshops, seminars, webinars or trainings (b) evaluations and (c) attendance.**

# AASECT Continuing Education Provider Application (continued)

## ORGANIZATIONAL PROVIDERS I AND II ONLY

**9. Provide a description of the organization's structure for the administration of CE events.** Diagram the chain of command within the organization by name, title, and department. Provide documentation of organizational accreditation or incorporation. (Attach additional sheet if needed.)

Indicate type of organization:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Univ./College: Psychology Dept.   | <input type="checkbox"/> Professional Society/Association            | <input type="checkbox"/> American Psychological Association (APA) Division |
| <input type="checkbox"/> Univ./College: Other Division     | <input type="checkbox"/> Hospital/Medical School                     | <input type="checkbox"/> Government Agency                                 |
| <input type="checkbox"/> Private Educational Organization  | <input type="checkbox"/> Mental Health Center/Clinic                 | <input type="checkbox"/> Other (Specify): _____                            |
| <input type="checkbox"/> Professional School of Psychology | <input type="checkbox"/> State or Regional Psychological Association |  |

List major goals and functions of the organization:

**10. List the name, highest degree earned and employment setting of staff responsible for program planning, and describe the role of each individual in the planning process.** Attach a CV for each individual named below. For larger planning committees, do not submit more than three CVs.

Name \_\_\_\_\_ Degree \_\_\_\_\_

Employment Setting \_\_\_\_\_ Role in Program Planning \_\_\_\_\_

Name \_\_\_\_\_ Degree \_\_\_\_\_

Employment Setting \_\_\_\_\_ Role in Program Planning \_\_\_\_\_

Name \_\_\_\_\_ Degree \_\_\_\_\_

Employment Setting \_\_\_\_\_ Role in Program Planning \_\_\_\_\_

Name \_\_\_\_\_ Degree \_\_\_\_\_

Employment Setting \_\_\_\_\_ Role in Program Planning \_\_\_\_\_

**11. I certify that the information provided with this application accurately represents myself and/or any organization I represent.**

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Position \_\_\_\_\_ Date \_\_\_\_\_

