

NIBHQ

National Institute of Behavioral Health Quality

ACCREDITATION OF PROVIDERS OF CONTINUING EDUCATION FOR BEHAVIORAL HEALTH PROFESSIONALS

Application

Accreditation

NIBHQ accreditation of providers of continuing education for behavioral health professionals is a process whereby behavioral health practitioners, state agencies, licensing boards, and the public can be assured that a CE provider meets rigorous standards required to provide quality continuing education. NIBHQ accredits providers and not a particular CE programs or course. Accreditation indicates that a CE provider has met a high standard and is free to develop any CE offering as long as the provider maintains the standards for accreditation.

FEE SCHEDULE

Application Fee: \$300

(\$200 For Members or Affiliates of
National Alliance of Professional Psychology Providers
Academy of Medical Psychologists
American Board of Medical Psychology)

Annual Renewal Fee: \$100

**National Institute For Behavioral Health Quality
Application For Providers
of
Continuing Education Programs For Behavioral Health Professionals**

The items in this application directly correspond to the Standards and Guidelines for behavioral health professionals who provide continuing education programs. The Standards and Guidelines are available on the NIBHQ website at <http://www.nibhq.org/>

If you send this application by regular mail be sure to include all the necessary documentation and the appropriate application fee. There is no deadline for applications as applications are processed when received. Typically, providers can expect to receive an decision on their completed application three weeks from the time NIBHQ receives all documentation.

I. General Information

1. Name of Organization or Individual who is seeking accreditation:

2. Mailing Address: _____

3. City: _____

4. State: _____ 5. Zip Code: _____ 6. Phone number: _____

7. Fax: _____ 8. E-mail: _____

9. OFFICIAL TYPE OF ORGANIZATION: (incorporated etc.)

II. Provider Information

10. Are you currently approved by any other agency, association, or group to provide continuing education for behavioral health professionals?

Yes: No:

If yes, please provide the names, date of approval, and type of approval for the above.

11. Which group of behavioral health professionals do you intend to provide continuing education programs?

Psychologists: _____
Physicians: _____
Counselor: _____
Social Workers: _____
Nurse Practitioners: _____
Other: _____

11a. When offering courses or programs to behavioral health professionals, do you agree only to utilize licensed behavioral health professional to instruct or develop these offerings?

Yes: No:

On a separate page, please provide five most recent examples of continuing education programs that you or your organization has offered. Include the title of the course or program, the audience the program was directed at, the type of professional who taught the course, the course or program format, and how many credit hours were awarded for the course or program.

12. What types of course format do you or your program provide?

Onsite: _____ Online: _____ Homestudy: _____ All Formats: _____

Note: NIBHQ will need a sample of a homestudy course for evaluation. Also, if you or your organization provides online offerings, we will need access to evaluate a sample course. All materials will be held in strict confidence and not made public.

On a separate page, please provide a detailed statement for each of the following questions.

13. How do you or your organization decide on what types of CE courses or programs are offered.?
14. How are educational objectives decided upon for particular courses or programs?
15. What standards do you use to select and retain the behavioral health professionals to write or instruct courses?
16. How do you determine that your instructors are performing according to the standards you set for instructors?

III. Program Evaluation

ON A SEPARATE PAGE, PLEASE PROVIDE A DETAILED STATEMENT FOR EACH OF THE FOLLOWING QUESTIONS

17. What procedure or process do you or your organization use to determine that consumers of your CE educational offerings benefited from your educational product?
18. How do you or your organization ensure the on-going quality of your educational products?

IV. Standards for Provider Status

19. How long do you retain participant records? Time period:
20. Do you or your organization adhere to the ethical principles of your state and profession as they apply to your CE offerings?

Yes:

No:

21. How do you or your organization ensure that instructional and participant records remain confidential?

They are kept locked in a file cabinet: Yes No:
Only designated personnel have access to records: Yes No:
Records, when destroyed, are shredded: Yes: No:
We do not keep records for any length of time:

22. Do you agree to resolve all complaints fairly and reasonably? Yes: No:

23. Under what conditions can participants receive reimbursements for a CE offering?
Please check all that apply.

Could not attend course because of illness or emergency: Yes: No:
Participant claims non-benefit from offering: Yes: No:
Onsite Course was canceled: Yes: No:
Other: (Please specify):

24. Please explain how participants may apply for reimbursements.

V. Standards For Granting CE Credit

ON A SEPARATE PAGE, PLEASE PROVIDE A DETAILED STATEMENT FOR THE FOLLOWING QUESTION.

25. What procedure or process do you or your organization use to award CE credit?

Signed: _____ Date: ____/____/____

Title: _____

Printed Name: _____

Checklist of Attachments

- _____ Five most recent examples of continuing education programs
- _____ Application Fee
- _____ Sample of a homestudy course for evaluation
- _____ Answers to all questions that require separate statements
(Items 13, 14, 15, 16, 17, 18, 25)
- _____ Completed application
- _____ Signature on application