Request for Sponsor Approval for a Continuing Education Credit Program/Course

Pursuant to N.J.A.C. 13:39-3A.6(a), a continuing education sponsor shall receive prior Board approval for a program or course if the sponsor provides, in writing on a form provided by the Board, information which demonstrates that the program or course meets all of the requirements set forth.

The sponsor fee is $50.00 per program or course. Complete and submit the form below with the required fee, and all of the other requested information.

Please print or type CLEARLY.

Contact Person: ____________________________________________________________

Telephone number: ___________________________ E-mail address: _________________________

(include area code)

Course Title/Event: ____________________________________________________________

Sponsoring organization

Street Address: ___________________________ City: _______________ State: ___________ ZIP Code: ___________

Date of Program: _______________ Location: ___________________________ Time: _______________

How many credits are requested for this program? ________

Please indicate with a check mark the category in which credits are being applied.

Type of Course: ☐ Home study ☐ Live with speaker ☐ Other

Brief Description of Program: _______________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

Program Objectives: ________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________
Is this program part of any other event such as a convention or dinner meeting?  □ Yes  □ No

Has the sponsor conducted any previously accredited programs?  □ Yes  □ No

Has this program been submitted in any other state?  □ Yes  □ No

Where? ________________________________  How many credits were granted? __________

Has this program been previously approved?  □ Yes  □ No

Are audiovisual aids used in this program?  □ Yes  □ No

Room arrangements:  □ Classroom  □ Auditorium  □ Conference Style

Name and credentials of each speaker:  (Please attach the curriculum vitae for each speaker noted.)

1. ____________________________________________________________
   Full Name and Title  Degree

2. ____________________________________________________________
   Full Name and Title  Degree

3. ____________________________________________________________
   Full Name and Title  Degree

4. ____________________________________________________________
   Full Name and Title  Degree

Signature: ____________________________________________________

The signature of the person completing this form acknowledges responsibility to the sponsoring organization for the proper execution of the program as described in this form.