

## MaMHCA/MMCEP Continuing Education (CE) Provider Guidelines 2010 - 2011

Dear Professional Colleague:

Thank you for your interest in becoming a provider of continuing education activities for Licensed Mental Health Counselors. Enclosed is a packet that contains information about the MMCEP (Massachusetts Mental Health Counselor Continuing Education Program) guidelines and policies for approving continuing education activities.

The application fee (see page 15) covers one continuing education even. Refunds are not made for incomplete applications or activities that are denied.

After you have completed your application, submit payment and two copies of your application to:

MaMHCA/MMCEP  
17 Cocasset Street Foxborough MA 02035

When your activity is approved, you have the option for one year to repeat the same program at a reduced rate of \$15 using the Repeat Program application form.

MMCEP approved CE activities assures LMHCs that the activities offered by a certified provider have undergone rigorous review and have been found to meet MaMHCA/MMCEP continuing education requirements and will be accepted for license renewal if an audit should occur.

Services offered to approved Providers include a listing of "Approved Activities" in the MaMHCA newsletter. Advertising space in the newsletter is available.

Please contact us if you have any questions or need assistance in completing your application send E-Mail to [llawless@mac.com](mailto:llawless@mac.com).

Sincerely,



Linda L Lawless, LMHC  
MMCEP Administrator

## **General Information**

### **What is MMCEP?**

The Massachusetts Mental Health Counselors Association (MaMHCA) is the designated entity of the Board of Registration of Allied Mental Health and Human Services Professions to approve sponsors of Continuing Education (CE) activities for Licensed Mental Health Counselors in the Commonwealth of Massachusetts. The MaMHCA Continuing Education Program (MMCEP) administers this program.

### **CE Requirements for Massachusetts Licensed Mental Health Counselors**

Continuing Education is required by the Licensing Board for LMHCs to maintain licensure. Each licensee is required to complete 30 contact hours of continuing education activities per two year certification period. Contact hours are divided into Categories and Content Areas. Refer to the Section CE Categories & Content areas for definitions and distribution of required hours.

### **General Guidelines for Approved Providers**

1. Approved workshops must enhance or upgrade mental health counseling knowledge or skills.
2. Activities must be targeted to a clinical mental health professional audience.
3. Workshops must be a minimum of one contact hour.
4. Programs focusing on ethics must include information on the ethical codes of the American Counseling Association (ACA) and/or the American Mental Health Counseling Association (AMHCA).
5. A change in course content or presenters, after workshop approval, may void approval of the workshop. Notify MMCEP of changes as soon as possible to avoid disqualification of the activity.

### **Approval**

Approved provider status is granted for individual offerings of CE Activities. Upon notification of approval, the provider will receive a certification number. A program can be offered again within (1) year of the initial approval for \$10 using form LMHC-6 which is included in this packet.

### **Review of Applications**

1. Only complete, legible applications are reviewed.
2. Incomplete or illegible applications that have been returned are allowed 30 days for resubmission with required information.
3. Allow at least six weeks for application approval.

### **Denial & Appeal Process**

Applicants that do not meet MMCEP requirements will not be approved. The reason(s) for denial will be specified in a written response from MMCEP. Applicants will be given thirty days from the postmark date of the notification of the denial to submit documented evidence as to why approval should be granted. Within two months from the receipt of the additional material, MMCEP will notify you of its decision.

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## Administration

1. The provider seeking approval status must complete the application in full and sign it indicating that they agree to abide by MMCEP Guidelines and the ACA/AMHCA Code of Ethics.
2. The organization must have a specified contact individual who is responsible for the management of the CE programs. This individual will be responsible for the organization's compliance with MMCEP requirements.
3. The provider candidate may choose to co-sponsor a CE activity with a professional outside the mental health field. These activities must meet the same requirements as those sponsored solely by the approved provider. It is the responsibility of the individual designated as the manager of the CE activities for the approved provider to ensure that the co-sponsored activity (ies) meets MMCEP requirements. Promotional material regarding the co-sponsored activity must indicate which sponsor is MMCEP approved.
4. Providers may print information about CE credits on brochures only after an authorization number has been issued. An example of appropriate wording is:  
"(name of program) given (date) has been certified by MMCEP and is approved as a Continuing Education course or activity for Licensed Mental Health Counselors. The Certification Number is \_\_\_\_\_"

If an MMCEP authorization number has not been secured at the time of printing, the brochure or outreach vehicle should advise registrants that an application has been submitted and how to contact them and or other sponsors by telephone and/or mail to find out if an authorization number has been issued.

5. Providers may define what attendance is required to complete the program. However, **NO PARTICIPANT ATTENDING LESS THAN 80% OF A PROGRAM MAY RECEIVE A CONTINUING EDUCATION CERTIFICATE.**
6. Include the following information on the continuing education certificate:
  - A. Name and address of the sponsoring organization keeping the CE records, as it appears on the authorization form sent by MMCEP.
  - B. Name and LMHC license number of participant, or place for licensee to write them in.
  - C. Title and date of course as indicated on the application submitted for approval.
  - D. Authorization number, Category and number of contact hours, and MMCEP as the authorizing body.
  - E. Signature and title of a representative of your organization in a legible form.
7. Limit fees charged for continuing education certificates to what the issuance of the certificates actually cost.
8. Maintain a list of Mental Health Counselor attendees who complete the program and the evaluation forms of the activity or a summary of the compiled results for **five years** after the activity date. Evaluation forms or a summary of the compiled results must be available on request to the Board or MMCEP. Do not send evaluation forms unless requested.
9. Providers are encouraged to offer scholarships and some low fee programs so that their programs are available to Mental Health Counselors with lower incomes or in financial distress.
10. When an activity consists of many breakout sessions that are made up of a mix of Category I and Category II content areas, complete the Activity Information Sheet LMHC-10.
- 11.

## Facilities

1. The facilities must provide a setting that is appropriate to the method of delivery of the activity and the size of the audience. Sensitive material must be presented in a setting that assures the privacy of the content.
2. Providers must be prepared to accommodate persons with disabilities.

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## **Program Content**

1. The provider must specify the educational goals of each CE activity offered to counselors. These objectives should be made available to all potential participants upon request.
2. The content must be based upon the educational goals and learning objectives which have been delineated for each program.
3. Programs that are based on new or alternative psychotherapeutic theories or methods must submit documentation of current or past research supporting the efficacy of the theory or method. If such research is not available, the provider must show evidence of acceptance by the professional mental health community such as publication in professional literature.
4. The target audience must be mental health professionals.

## **Resources and Bibliographies**

The provider must list a minimum of three, and up to six relevant books or articles for distribution or reference using PA format for books and periodicals. Include the Title, Author, Publication Date and Name of Journal. When offering web based programs, resources must be enduring; that is, if URLs are cited, the address and telephone number of the sponsor of the site who lists the resource must also be available.

## **Instructional Staff**

All instructional staff or presenters must be qualified by means of specialized training and experience in the subject matter being taught. This background must enable the individual to be considered expert in the subject matter so as to competently pass current information on to the participants. The nature of the formal and informal relevant experience such as, how often the presenter has taught the subject matter, to whom it was presented and what preparation was done to prepare for the training, will be considered. It is important that the instructor demonstrate experience presenting to a clinical audience.

Instructional staff must meet one of the following criteria unless the MMCEP Advisory Board waives the requirement:

1. Massachusetts Licensed Mental Health Counselor or Certified Clinical Mental Health Counselor (CCMHC).
2. Other licensed mental health professional with at least a Masters Degree and a minimum of two years experience in mental health counseling
3. Non-clinical mental health professional with a Masters degree and relevant experience.

## **Evaluation**

1. The provider must obtain information from participants that assess the degree to which learning objectives were met and participant's satisfaction with the overall quality of the program.
2. CE Activities may be audited by a MMCEP Advisory Board Member or their designee free of charge with the exception of material(s) fee, food service, and CE Certificate charge, to ensure that approved programs are carried out in accordance with the application submitted and the procedural guidelines of MMCEP. No provider will be audited more than once a year.

# **MaMHCA/MMCEP Continuing Education (CE) Provider Guidelines 2010 - 2011**

## **Awarding Contact Hours**

1. The provider must verify participant attendance and at least 80% completion of the CE activity. If the attendance is less than 80% of the CE Activity, the CE contact hours must reflect the actual number, under 80%, of hours attended.
2. LMHCs must be given documentation in a timely manner that verifies their successful completion of each appropriate CE activity in which they have participated. If you wish to confer the CE contact hours immediately at the end of the program, required materials must be submitted and approved prior to the activity.
3. When a workshop is part of a larger activity in which less than 50% of the content is mental health related, the provider is responsible for identifying the category of each individual session for attendees.
4. When approval is sought for a multi-session conference by an affiliated organization, 80% of the content has to be Category I for approval of the entire offering.
5. Instructional hours do not include registration, business or governance meetings, social activities, meals or breaks. Unless otherwise indicated, we deduct a 15-minute break for 4-hour programs and two 15-minute breaks, and a 30-minute lunch break for 8-hour programs.

## **Ethics**

1. Staff affiliated with the agency, instructors and participants must follow the principles set forth in the ACA and AMHCA Code of Ethics in all aspects of their involvement in the Continuing Education activities.
2. The provider must indicate to potential participants an established policy regarding cancellations and refunds unless the program is an in-house or free program.
3. The provider must have an established policy regarding the handling of grievances filed by participants. Complaints must be handled in an ethical and timely fashion.
4. All promotional materials must accurately reflect the information provided in the application indicating:
  - The educational goals, target audience, schedule, format and fee.
  - Refund/cancellation and grievance policy, credentials of the instructor(s), and the category type and number of contact hours being offered. If the program is a home study or online course, a set of instructions for completing the program must be included.

## CE Category & Content Areas

### 1. Home Study

- a. Courses can be in either Category I or II.

### 2. Instructor Credits

- a. Instructors may obtain credit for the **first presentation** of approved MMCEP programs or academic courses that meet the criteria for approved CE programs.
- b. Content of program or course must fit Category I or Category II requirements.
- c. Instructors must provide documentation of the program presentation.
- d. Instructors may receive the same number of CE hours that are available to participants.

**All CE Activities must fall into at least one of the following Categories & Content Areas**

### Category I

**A minimum of 50% (15 hours) of CE Activities must be in these areas.**

"Hands on" CE activities that focus on the enhancement and upgrading of professional clinical mental health counseling knowledge and/or contribute to clinical skill building. This category includes graduate academic courses, workshops and lectures for attendees and Providers who are teaching the activity for the first time.

#### 1. Counseling Theory

Includes studies of basic theories, principles and techniques of counseling and their application to professional counseling settings.

#### 2. Human Growth & Development

Includes studies that provide a broad understanding of the nature and needs of individuals at all developmental levels, normal and abnormal human behavior, personality theory, life span theory and learning theory within cultural contexts.

#### 3. Social & Cultural Foundations

Includes studies that provide a broad understanding of societal changes and trends; human roles; societal subgroups; social mores and interaction patterns; multi-cultural and pluralistic trends; differing lifestyles and spiritual systems; and major societal concerns including stress, person abuse, substance abuse, discrimination and methods for alleviating these concerns.

#### 4. The Helping Relationship

Includes studies that provide a broad understanding of philosophic bases of helping processes; counseling techniques and their applications; basic and advanced helping skills; consultation and theories and their application; client and helper self-understanding; alternative mind/body therapies; and self-development; and facilitation of client or consultee change.

#### 5. Group Dynamics, Group Process and Counseling

Includes studies that provided a broad understanding of group development, dynamics and counseling theories; group leadership styles; basic and advanced group counseling methods and skills; and other group approaches.

#### 6. Appraisal of Individuals

Includes studies that provide a broad understanding of group and individual educational and psychometric theories and approaches to appraisal; data and information gathering methods; validity and reliability; psychometric statistics; psychopharmacology; factors influencing appraisal; use of appraisal results in helping processes; administration and interpretation of tests and inventories to assess abilities, interests and career options.

#### 7. Research & Evaluation

Studies that provide a broad understanding of types of research; basic statistics; research-report development; research implementation; program evaluation; needs assessments; publication of research information; and ethical and legal considerations.

#### 8. Clinical Services in Mental Health Counseling

Courses related to assessment and treatment procedures in mental health counseling, psychopharmacology, addictions and chemical dependence, abuse (sexual, emotional and domestic violence).

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## **9. Lifestyle & Career Development**

Includes studies that provide a broad understanding of career developmental theories; occupational and educational information sources and systems; career and leisure counseling, guidance and education; lifestyle and career decision-making; career development program planning, resource and effectiveness evaluation.

## **10. Psychopathology**

The study of pathological mental conditions. The nature of disease, its causes, processes, development and consequences. The functional manifestations of mental illness.

## **11. Legal and Ethical**

The application of ethical and legal standards in clinical practice.

## **12. Spirituality**

Includes spirituality and/or religion as they impact the mental health of clients e.g., existential and transpersonal issues, hospice work, end of life decisions.

### **Category II**

**A maximum of 50% (15 hours) of CE Activities may be in this area.**

This category includes courses related to CE activities, which do not directly involve mental health counseling knowledge or skills, but have a general relation to the field.

## **13. Professional Orientation**

Includes studies that provide a broad understanding of professional roles and functions; professional goals and objectives; professional organizations and associations; professional history and trends; ethical and legal standards; professional preparation standards; and professional credentialing.

## **14. MH Counselors & The Mental Health Care System**

Includes mental health service delivery, mental health institutions and the role of counselors in the mental health care system.

### **Category III**

**A maximum of 25% (7.5 hours) of CE Activities may be in this area.**

Professional activities done on an individual basis.

## **15. Supervision/Consultation**

Continuing Education credits can only be granted for supervision/consultation received on a regular basis with a set agenda. Credit cannot be granted for supervision that you provide to others. Required documentation for supervision is a letter from the individual who has provided you with the supervision verifying your participation in this activity. The letter must contain the name of the supervisor, site where the supervision was provided, the start and end dates of the period in which the supervision occurred, and the total number of participation hours. If you have taken supervision for academic credit, you should list it under course work. This supervision must appear on your transcript or grade report. All supervisors must meet the qualified supervision requirements as identified in Board regulations 262 CMR 2.00.

## **16. Authored Publications**

A. Publications are limited to articles in refereed journals, a chapter in an edited book, a published book or a commercially published professionally related work.

B. Be sure to indicate the publication date, title of the publication, name of the publisher or name of the journal.

C. For a chapter in an edited book, include a copy of the table of contents.

D. Content of publication must fit Category I or Category II descriptions.

## **17. Dissertations**

A. List the dates for which credit was granted by your college for work done toward the completion of your dissertation.

B. List the title of your dissertation and the name of your college or university.

C. A copy of your transcript or grade report is the required documentation for dissertation credit.

D. Content of dissertation must fit Category I or Category II descriptions.

# Basic Provider Application LMHC-13

This form may be reproduced

**Submit 2 STAPLED copies of the entire application  
Send via U.S. Post Office with NO Signature Required**

Date \_\_\_\_\_

Authorization to list CE Activity for public information  YES  NO

Title of CE Activity \_\_\_\_\_

Date/s Offered \_\_\_\_\_

Name of Presenter/s \_\_\_\_\_

Name of Organization/Individual \_\_\_\_\_

Type of provider: Individual \_\_\_ Mental Health Facility \_\_\_ University \_\_\_ Other \_\_\_\_\_

Contact Person  
\_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ FAX \_\_\_\_\_

E-Mail \_\_\_\_\_ Web Page \_\_\_\_\_

Other CE approvals held: AAMFT, NASW, PA, Other \_\_\_\_\_

If this is a live program, its location is \_\_\_\_\_

Is this location handicapped accessible?  YES  NO

Is there a charge for this activity?  YES  NO

**If YES**, you must have a cancellation policy, refund policy, and grievance procedure.

Do you have all of the above?  YES  NO

Number of instructional hours? \_\_\_\_\_

**I certify that the information I have provided is accurate. I agree to comply with the ACA and AMHCA code of Ethics in regard to the offering of activities and the requirements set forth in this application.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Type of Program

Indicate the type of program approval you are applying for. Include the applicable addendum if required.

**Live programs** - you must provide brochures and promotional materials, if available, with your application.

- Single Session Event
- Multiple Session Conference
- Remote Viewing Workshop (Satellite Conference)
- Multiple Day Training Seminar
- Other \_\_\_\_\_

**Home Study Programs** - you must provide one sample of instructional materials with your application. (See Addendum I)

- Traditional home study, e.g., book, tape or CD with assessment or test.
- Subscription to professional periodical journal or newsletter with assessment or test
- Teleclass(es)

**Web-Based Programs** - you must provide the complete web site address and a time limited password to allow for access to program and quiz. (See Addendum II)

- Synchronous/Real-time activity
- Dysynchronous activity

Web site address \_\_\_\_\_

Time-limited password \_\_\_\_\_

Password may be used between the dates of \_\_\_\_\_ and \_\_\_\_\_

## Program Information LMHC-14

Course/Workshop Title \_\_\_\_\_

Category \_\_\_\_\_ Content Area/s Number \_\_\_\_\_ (see pages 6 and 7 for the listing of content areas)

Course Description

Course Learning Objectives/Educational Goal(s) (Specific and measurable):

### Time Schedule

Fill in an exact time schedule and total instructional hours. You may not count as part of the instructional hours, registration, lunch, coffee, breaks, etc.

Date	Activity	Time Begins/Time Ends	Total Time
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Total # of instructional hours \_\_\_\_\_

Target Audience(s) (Must be targeted to clinical population):

Bibliography - List at least three and up to six relevant books or articles for distribution or reference using PA format:

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**Form LMHC-3**

**Profile Sheet of Presenter or Faculty**

**Complete a Profile Sheet for each individual presenter or faculty member**

Name \_\_\_\_\_

Title \_\_\_\_\_

License and License Number:

LMHC # \_\_\_\_\_

Licensed Psychologist # \_\_\_\_\_

LMFT # \_\_\_\_\_

Licensed Psychiatrist # \_\_\_\_\_

LICSW # \_\_\_\_\_

Licensed Medical Doctor # \_\_\_\_\_

Other License or Certification, Type \_\_\_\_\_ # \_\_\_\_\_

(If trainer is not licensed or certified please use the back of this sheet to explain the trainer's expertise.)

Educational background:

Degree(s) earned:

University \_\_\_\_\_

Major: \_\_\_\_\_ Year Graduated \_\_\_\_\_

Degree Earned \_\_\_\_\_

University \_\_\_\_\_

Major: \_\_\_\_\_ Year Graduated \_\_\_\_\_

Degree Earned \_\_\_\_\_

Include other pertinent information or special training relating to individual's background as it relates to the CE activities to be presented:

Current employment or professional capacity \_\_\_\_\_

Address \_\_\_\_\_

Dates of involvement in the above \_\_\_\_\_ to \_\_\_\_\_

Years of experience in clinical practice \_\_\_\_\_

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**Form LMHC-5**

**Paperwork Reduction Opportunity**

MMCEP wants to make your job easier and end repetitious paperwork. If you have already completed an application to NASW or MAMFT simply **send 2 stapled copies of all documents including this form, completely filled out to:**

**MMCEP/MaMHCA • 17 Cocasset Street Foxborough MA 02035 • Telephone 508-698-0010**

Date \_\_\_\_\_ Sponsoring  
Organization \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

Name of Program \_\_\_\_\_

Date/s of Program/s: \_\_\_\_\_

If there is a charge for the program, you must have an established grievance and cancellation/refund policy.  
Do you have both?  YES  NO

Activity Category \_\_\_\_\_ and Content Area number \_\_\_\_\_ Number of instructional hours? \_\_\_\_\_

Outline of course content (attach separate sheet)

Presenter's years of experience in clinical practice \_\_\_\_\_

**NASW - In addition to the NASW application, please include:**

- Presenter Licenses/Certifications (Use Form LMHC-3)

**MAMFT - In addition to the MAMFT Application, please include:**

- Course objective/educational goals (specific and measurable) - (attach separate sheet)
- Bibliography (attach separate sheet using PA format)
- 2 copies of evaluation sheet
- Presenter employment or professional capacity with address and telephone
- Presenter special experience or training that applies to topic

**I certify that the information I have provided is accurate. I agree to comply with the ACA and AMHCA code of Ethics in regard to the offering of activities and the requirements set forth in this application.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Form LMHC-6

**Application to Repeat Program**

**FEE \$15 for each program**

**Mail to MMCEP/MaMHCA via the U.S. Post Office with NO Signature Required**

17 Cocasset Street Foxborough MA 02035 • Telephone 508-698-0010

Date \_\_\_\_\_

Previous Authorization Number \_\_\_\_\_

Sponsoring  
Organization \_\_\_\_\_

Contact  
Person \_\_\_\_\_

Name

Telephone  
Number \_\_\_\_\_ FAX \_\_\_\_\_

Electronic Mail or On-Line  
Delivery \_\_\_\_\_

Address \_\_\_\_\_

Title of  
Activity \_\_\_\_\_

Presenter \_\_\_\_\_

Date(s) to be  
presented \_\_\_\_\_

Location(s) \_\_\_\_\_

Other information:

**Form LMHC-10**  
**Multi-Activity Worksheet**

<b>#</b>	<b>Activity</b>	<b>Date</b>	<b>Schedule</b>	<b>Category</b>	<b>Content Area</b>	<b>Presenter License</b>
1	Example-Ethics	1-1-03	9am-4pm	1	3	LMHC
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

**Total Hours In:**            **Category I**\_\_\_\_\_ **Category II**\_\_\_\_\_

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**Application Checklist:**

**Fees: (Purchase Orders Not Accepted)**

Program submitted for approval 6-weeks prior to the event	\$50 _____
Late Submission (Submission less than 6-weeks prior to the event)	\$75 _____
Post Event Submission (Submission after the event)	\$100 _____
Request to Repeat Program	\$15 _____
Multiple Event Program	\$75 _____
Home Study Program	\$100 _____

**Remember to include:**

- \_\_\_\_\_ LMHC-10 if applicable
- \_\_\_\_\_ Basic Provider Application
- \_\_\_\_\_ On-line Addendum II
- \_\_\_\_\_ Evaluation Sheet

**Method of Payment:** Check # \_\_\_\_\_ enclosed for \$ \_\_\_\_\_

**or**

Charge my MC/Visa card in the Amount of \$ \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

**Send via U.S. Post Office with NO Signature Required**

# **Addendum I**

## **Home Study**

### **Required Provider Procedures For Home Study Programs**

1. Orders for Home Study programs must be filled promptly, i.e., within two weeks of receipt of the order. A receipt recording the date and cost of the program must be included.
2. The Home Study program must include all learning materials required for the completion of the course, as indicated in the promotional materials. If other materials are required, e.g., a textbook or other reference materials, you must provide information or vehicles for the consumer to obtain these materials in a timely manner. All program costs must be included in outreach materials.
3. At the completion of the program, consumers must sign and return a statement indicating they have personally completed the Home Study program with a date of completion.
4. There must be some means through which the provider can assess whether or not the consumer has in fact completed the program, e.g., an exam, reaction paper or other kind of exercise or feedback mechanism. The provider will then evaluate the consumer's performance with a standardized method of review.
5. A certificate of completion must be sent in a timely manner to consumers who have successfully completed the program. This certificate must include the:
  - Sponsor's name
  - Program certification number with expiration date
  - Consumer's name
  - Name of the Home Study program
  - Date of completion
  - The category and number of CE hours that have been earned for the program.
6. There must be a means through which the consumer can provide feedback and assess the program. The provider must keep these evaluations on file for five (5) years.
7. Your cancellation and refund policy must be clearly explained for the consumer.
8. Providers must state in promotional materials, a grievance procedure. Grievances must be handled in a fair, ethical and timely manner.

### **Record Keeping Requirements**

The provider must keep records of:

- The name of consumers
- The course they have purchased
- The date of completion
- The number of CE hours granted and in the case of lack of completion or not passing, the date the consumer is notified of program results.
- These records must be maintained for five (5) years after the final notification of pass/failure.

### **Quality Assurance**

1. All Home Study programs must be accompanied by feedback from five (5) evaluation sheets from consumers or field testers.
2. Evaluation sheets must be taken from a random sample of the target audience. The form must include:
  - A log of the number of hours a user spends on the program. This provides a basis for the number of credit hours a consumer can earn for successful completion of the program.
  - Comments on the quality of materials provided (i.e., books, audio and video tapes).
  - A statement of the relevancy of the content to the mental health profession.

## Addendum II

### Online Programs

The kinds of adult learning approaches used are: (Please check boxes of all that apply )

- YES  NO **Lecture**
- YES  NO **Bulletin board**
- YES  NO **Discussion group**
- YES  NO **Live chat**
- YES  NO **Instant messaging**
- YES  NO **Teleclass**
- YES  NO **Test**

The assignments are:

- YES  NO **Read**
- YES  NO **Written**
- YES  NO **Experiential**
- Other**

Learner requirement

- YES  NO **The student must purchase textbook/s**
- YES  NO **Are there real time discussions they must attend?**

Hardware/Software requirements

- YES  NO **The course is cross platform**
- YES  NO **The student purchases proprietary software or hardware**
- YES  NO **The student downloads free software**

Program support

- YES  NO **Live help is available for technical problems**
- Via**
- YES  NO **E-Mail**
- YES  NO **Telephone**

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## Faculty

- YES  NO **The faculty is responsible for technical problems**  
If YES -  YES  NO **Are they skilled at distance learning?**

## Security

- YES  NO **Must the learner provide personal information?**  
If Yes, what information?
- YES  NO **Is the information kept secure?**  
 YES  NO **Is the information sold?**

## Consumer Protection

- What percentage of people who register complete the program ? \_\_\_\_\_**
- YES  NO **There is a cancellation and refund period before confirming the registration**
- YES  NO **You pay online**
- YES  NO **It is secure**