

# MaMHCA/MCEAP Application for CE Providers

Complete this form to begin the application process, please note additional information for programs:

- using Virtual Platforms
- using both virtual & in-person platforms
- with Multiple Break Outs
- offered as a Series of Workshops

Please submit application information at least **six weeks** prior to each program.

- Applications will not be reviewed unless **payment** and **all requested information** are received.
- Allow **4 to 6 weeks** to be notified of the program status.
- Notification will be delivered to the contact person of record via email

## A. Program Information Overview

1. Date Application Submitted \_\_\_\_\_
2. Sponsoring organization or individual \_\_\_\_\_ **(Also complete Section C)**
3. Contact Person at sponsoring organization responsible for this application & for notification of Approval/Denial  
Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_
3. Program Title \_\_\_\_\_
4. Name of Presenter (s) \_\_\_\_\_ **(Also complete Section B)**
5. Program date (s) \_\_\_\_\_
  - 5a. Is a request to repeat a program?
    - Yes; If yes skip to question #28 & #29 below
    - No
6. Location:
  - Live, In-Person Program location/address \_\_\_\_\_
  - Virtual: link/web address \_\_\_\_\_
7. **Program Type:**
  - Single presentation?
  - Conference with multiple breakouts? if yes, how many (total #) breakout sessions? \_\_\_\_\_.  
**You must also Fill out Table at Question # 25 including each breakout**
  - Workshop Series; if yes, how many (total #) workshop sessions in the series? \_\_\_\_\_.  
**You must also Fill out Table at Question #25 for each workshop in the series**
  - Distance Learning / Home Study  
**You must also Fill out Table at Question #25 for each distance learning event**
8. Is there a charge for this activity?
  - Yes □ No**If yes, you must have a cancellation policy, refund policy and grievance procedure.**  
**Attestation:**
  - Yes □ No**Sponsoring Organization \_\_\_\_\_ attests to having a cancellation policy, refund policy and grievance procedure**

9. Total number of instructional hours:\* \_\_\_\_\_  
\*Please note: All CE events are considered as one Category

**10. Attestation:**

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

Signature \_\_\_\_\_electronic signature \_\_\_\_\_ Date \_\_\_\_\_

Yes  No

11. **Course Description:** (up to 250 words)

12. **List here three learning objectives.**

- 1.
- 2.
- 3.

13. Indicate target audience for your program: (Please check as many as apply).

- |  |   |
|--|---|
| <input type="checkbox"/> LMHC  | <input type="checkbox"/> General Public |
| <input type="checkbox"/> LICSW and other mental health professionals | <input type="checkbox"/> Other          |

14a. Instructional methods utilized during program, check all that apply:

- Lecture via workshop/seminar  Case presentation  Discussion groups  Other, please specify:

14b. Type of distance learning program:

- |   |   |
|---|---|
| <input type="checkbox"/> Home study publication or online article | <input type="checkbox"/> Other, please specify: |
| <input type="checkbox"/> Recorded Webcast/ Webinar                | <input type="checkbox"/> Slide-only webinar     |
| <input type="checkbox"/> Hybrid                                   |   |

15. **List here** at least three (3) books or articles of reference from the bibliography.

- 1.
- 2.
- 3.

**B. Instructor Information & Credentials\* (\*required fields field required for approval)**

**17. Main Presenter**

- a. Name\*:
- b. License and Degrees\*:
- c. Current Position\*:
- d. Relevant Experience\*:

**18. Co-presenter**

- e. Name\*:
- f. License and Degrees\*:
- g. Current Position\*:
- h. Relevant Experience\*

**19. Other presenters**

List information as above

## **C. Sponsor Information**

20. Sponsoring **Organization website:** \_\_\_\_\_

21. Has your organization been approved as a continuing education provider or had program approval with other professional associations?

**Yes**             **No**

If yes, list the full titles of associations not acronym:

22. Has your organization been denied approval as a continuing education provider or had a program denied approval by a professional association or other organization?

**Yes**             **No**

If yes, explain:

## **D. Evaluations**

Each evaluation form **MUST** list the program's objectives to demonstrate that teaching goals have been reached. Evaluation must be specific, written, and measurable, and reflect the following areas:

- Course content
- Learning objectives
- Course appropriateness to participant's education, experience, and licensure level
- Instructor's knowledge of subject matter and responsiveness to participants (*if applicable*)
- Was subject matter presented effectively and clearly?
- Instructor's ability to use course-appropriate technology to support participant learning (*if applicable*)
- Suitability and/or usefulness of instructional materials
- Location, facilities, and technology
- Administration of the program
- Timeline of course adhered to the advertised time, and credits awarded

### **Attestation:**

Yes    No

**Sponsoring Organization** \_\_\_\_\_ **attests to using a course evaluation that meets the above criteria**

## **E. Attendance & Assigning CE's**

**Only attendees who satisfactorily complete the program will receive credit for attendance. MaMHCA needs evidence that the continuing education organization has a system of monitoring attendance. It is the responsibility of the sponsor of the program to document that the participant met this standard.**

**23. Monitoring attendance (check all that are applicable):**

- distribution of participant sign-in/sign-out sheets,
- use of electronic name badge readers,
- signing into Chat
- issuing of unique session codes to participants at the conclusion of programs, or at each session.
- Other – please describe \_\_\_\_\_

## **F. CE certificates:**

As the approved sponsor, you are responsible for the creation and distribution of the certificates of attendance to participants who complete the program.

Certificates **MUST** have the participant's name on it before it is stamped/authorized and given out. Each certificate must say: MaMHCA/MCEAP Authorization # \_\_\_\_\_.

### **24. Attestation:**

Yes  No

*Sponsoring organization \_\_\_\_\_ attests to Issuing a CE certificate that meets the above criteria*

The MA Board of Registration expects programs to achieve the highest standard of 100% attendance for a participant to receive credit. There may be extenuating circumstances, which would allow for leaving at 80%. **No partial credit is to be given.**

► **Please Note:** Attendance records, and Course Evaluations, Record of MaMHCA/MCEAP # must be kept for 4 years (2 license renewal cycles)

## **G. Conference/Multiple Break-outs or Series events or Distance Learning Events in series**

a. Sponsoring Organization or Individual: \_\_\_\_\_

b. Conference Title: \_\_\_\_\_

### **25. Fill out the grid below for each break-out session or workshop or distance learning event in series**

| Breakout session<br>Series session<br>Distance Learning<br>Title | Date & Time<br>For each | Exact #<br>Instructional<br>Hours<br>For each | Instructor; degree,<br>license; for each | 3 learning objectives<br>for each | 3 bibliographic<br>references for each |
|--|-------------------------|---|--|-----------------------------------|--|
| 1  |                         |   |  |                                   |  |
| 2  |                         |   |  |                                   |  |
| 3  |                         |   |  |                                   |  |
| 4  |                         |   |  |                                   |  |
| 5  |                         |   |  |                                   |  |
| Etc.   |                         |   |  |                                   |  |

## **H. Other Distance Learning Information & Requirements**

• **See Fee schedule for Distance Learning fee Information**

**I.** Distance Learning for a single presentation

**J.** Distance Learning with workshop series- additional fee

**K.** Distance Learning for a single presentation with access for 1 year- additional fee

**L.** Distance learning providers may be requested to send one copy of their program (recording, slides, etc.) to MaMHCA.  
**Do NOT send this material unless it has been requested by MaMHCA.**

26. Describe the procedure (fax, email, or mail) and timetable for evaluations to be turned in:

27. How does a participant contact the program's designated person in case of problems or questions?

**NOTE:** Post-tests are **required** for distance learning.

### **Attestation:**

Yes  No

*Sponsoring organization \_\_\_\_\_ attests to providing a Post-test to assess attendance and learning*

Yes  No

**I. Request to Repeat an Approved Program (previously form LMHC-6)**

**28. Request to repeat a program previously approved within 1 year of program date:**

- Title \_\_\_\_\_
- Date \_\_\_\_\_
- MaMHCA/MCEAP # \_\_\_\_\_

**29. Repeat Dates Requested:** \_\_\_\_\_

**J. Application Submission & Payment**

▶ Online Application submissions must be accompanied by on-line payment.

▶ Please contact Christine Cassidy, LMHC at [ccassidy@mamhca.org](mailto:ccassidy@mamhca.org) or 508-698-0010 if you have questions or need to make special arrangements.

▶ See below for rates and payment method:

**K. Submission Results**

**MaMHCA will contact you directly if further information is required for review. You will be notified of the submission results via e-mail to the e-mail address listed under Contact Person. Please update your junk e-mail settings to allow emails from MaMHCA.**

**If approved**, MaMHCA will email an Approval Letter with a unique authorization number and notification of how many credits have been awarded. Please download and read the Provider requirements provided on the MaMHCA (MaMHCA.org) website.

**If denied**, MaMHCA will send an email stating the reason for denial. Applicants have 30 days from the email date to appeal the decision by submitting additional information that should be considered for the appeal. After 30 days a new application and fee is required by MaMHCA.

**For questions, please contact Christine Cassidy, LMHC at [ccassidy@mamhca.org](mailto:ccassidy@mamhca.org) or 508-698-0010**

# Application Checklist and Fee Submission

(Please Note: Purchase Orders Not Accepted)

## BASIC FEES - SELECT ONE

- |   |                |
|---|----------------|
| <input type="checkbox"/> Program submitted for approval 6-weeks prior to the event    | \$125.00 _____ |
| <input type="checkbox"/> Submission (Submission less than 6-weeks prior to the event) | \$150.00 _____ |
| Retroactive Submission (Submission after the event)                                   | \$175.00 _____ |
| Request to Repeat a Workshop \$25.00  | \$25.00 _____  |
| Distance Learning/Home Study single event Application                                 | \$125.00 _____ |
| Distance Learning with 1 year access  | \$250.00 _____ |

## ADDITIONAL FEES: CHECK ALL THAT APPLY:

- Expedited Review - an additional \$50                      \$50 \_\_\_\_\_
  
- Conference/Multiple Break-Out Application:
  - Conference containing up to 20 sessions                      \$150 \_\_\_\_\_
  - Conference 21-40 sessions    \$175 \_\_\_\_\_
  - Conference over 40 sessions    \$225 \_\_\_\_\_
  
- Workshop Series Application:
  - Series containing up to 20 sessions                                      \$170 \_\_\_\_\_
  - Series 21-40 sessions    \$195 \_\_\_\_\_
  - Series over 40 sessions    \$240 \_\_\_\_\_

**Payment Total \$ \_\_\_\_\_**

## **Method of Payment:**

- Pay by Credit Card or Check Below
- Submit this completed form via

*Email:* [ccassidy@mamhca.org](mailto:ccassidy@mamhca.org)      *Fax:* 508-697-1711      *Mail:* 17 Cocasset Street, Foxboro, MA 02035

### **▶ Please Note:**

**MaMHCA will accept payment by check or credit card with paper applications until December 31, 2022**

Check # \_\_\_\_\_ enclosed for \$ \_\_\_\_\_

Charge my credit card in the Amount of \$ \_\_\_\_\_

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

Security Code on the back of the card \_\_\_\_\_

Signature: \_\_\_\_\_

Print name here: \_\_\_\_\_