

## PRIOR APPROVAL APPLICATION

# CEAL<sup>®</sup> EDUCATION STANDARDS & GUIDELINES



## CEAL<sup>®</sup> Prior Approval

### About CEAL<sup>®</sup> Prior Approval

The purpose of the CEAL<sup>®</sup> Prior Approval Program is to recognize continuing education (CE) providers that have met the CEAL<sup>®</sup> education standards and guidelines. The CEAL<sup>®</sup> prior approval process is completely voluntary and is initiated by the program sponsor/coordinator requesting approval and is intended for organizations interested in providing continuing education (CE) hours to CEAL<sup>®</sup> credential holders.

### Benefits of Prior Approval Program Recognition

Prior approved programs are recognized by assisted living providers as meeting CEAL<sup>®</sup> standards and requirements for continuing education. As a result, prior approved programs are viewed with high regard and respect in the profession. Participants will recognize a high quality program that is rich in content and delivers the objective of learning to enhance and improve their careers and professional development.

### Marketing Opportunities

- Use the CEAL<sup>®</sup> approval in your marketing and other activities promoting your approved program
- Confirmed number of CE hours
- Ease of submission of CE hours for attendees

## POLICIES

### Requirements

1. The application fee is \$50 per program.
2. To be eligible for pre-approval, an activity must be open to the public.
3. To be eligible for prior approval, your submission must include learning objectives and the speaker's biography.
4. To be eligible for prior approval, an activity that is longer than three (3) hours must include a detailed agenda.
5. To be eligible for prior approval, an activity must contribute to an attendee's assisted living management knowledge. We do not approve an activity that is not applicable to the assisted living setting. The application must include a statement detailing how the program is appropriate the assisted living setting.
6. For distance learning programs, the submission must include your organization's process for recording and monitoring an attendee's participation. Programs are valid for up to a calendar year. CEAL<sup>®</sup> credential holders may obtain an unlimited number of distance learning credits for their renewal.

## TEACHING METHODS

The program must meet one or more of the teaching methodologies indicated below:

- Live meeting — face-to-face seminar, meeting, or workshop
- Audio seminar/webinar—seminar or webinar administered via phone and/or Internet
- Web-based education
- Online courses that are self-paced or live

## MARKETING

Before we approve the program, you must limit the language on marketing materials to the following:

"This program has been submitted for Certified Executive for Assisted Living<sup>®</sup> (CEAL<sup>®</sup>) for review".  
Should the program be approved, the following language can be used in marketing materials:

"This educational offering has been reviewed by the Certified Executive for Assisted Living (CEAL<sup>®</sup>).  
CEAL<sup>®</sup> s can utilize up to \_\_\_ hours of continuing education credit for their renewal."



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# INSTRUCTIONS & GUIDELINES

### INSTRUCTIONS FOR COMPLETING THE PRIOR APPROVAL APPLICATION

1. Fill out the Prior Approval Application.  
Submit via e-mail, fax, or mail (*MUST include supporting documentation*).
2. Prior Approval Application must be submitted 30 days prior to event.

### PRIOR APPROVAL APPLICATION GUIDELINES

Program Start Date/EndDate	Fill in the month and year for both first and last day of the program.
Program Title	Indicate the exact title of the program that will be recorded on all permanent re-cord forms, advance publicity notices, printed program schedule, and certificate of attendance. ( <i>attach a list for additional dates/location</i> )
Program Location	Provide city and state where the meeting will take place.
Number of CE Hours Requested	Continuing education hours are those hours spent participating in a continuing education session. A minimum of 30 minutes of attendance/participation is required for CE credit.  <i>* Do not count time for introductions, breaks, lunch, etc.</i>
Program Evaluation Type	A program evaluation provides attendees the opportunity to evaluate the content and education of the program. Please indicate what type of evaluation is offered to attendees, whether it is oral or printed ( <i>be sure to provide a copy with supporting documents</i> ).
Program Chair/Coordinator	The main point of contact in charge of organizing the event. This individual will be contacted for any missing information and/or follow-up to the program.
Registration Contact Info for Program	Indicate registration contact information to publicize and provide clear guidance on where to register for the program. Be sure to include contact name, phone number, e-mail, and/or website address.
Prior Approval Program Fees	A program such as a live meeting that is offered on specific dates. It can have multiple dates and locations throughout the year as long as speaker and content of program are the same. A one-time program is offered for \$50 for initial approval and \$50 for each additional offering.



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PROGRAM INFORMATION	PRIOR APPROVAL PROGRAM FEE
<p><b>Program Type:</b></p> <p><input type="checkbox"/> In Person                      Dates: _____</p> <p><input type="checkbox"/> Audio seminar/webinar    Dates: _____</p> <p><input type="checkbox"/> Web-based education/online courses</p> <p><b>Program Title:</b> _____</p>	<p><b>One-Time Program</b></p> <p><input type="checkbox"/> \$50** Live meeting</p> <p><input type="checkbox"/> \$50** Audio seminar/webinar</p> <p><input type="checkbox"/> \$75 Web-based education/on line courses</p> <p>Above fees are based on January calendar year. Prior approval fees are non-refundable.</p> <p><i>** (\$50 for initial approval; add \$25 for each additional offering).</i></p>
PAYMENT LOCATION	PAYMENT METHOD
<p>City: _____</p> <p>State: _____</p> <p>Number of CE Hours Requested:</p> <p><b>Total Hours:</b> _____</p> <p><i>Do not count time for introductions, breaks, or lunch</i></p> <p><b>Program Evaluation Type:</b> Indicate type of evaluation method being used</p> <p><input type="checkbox"/> Oral question &amp; answer period/physical demo</p> <p><input type="checkbox"/> Printed or electronic evaluation</p>	<p><input type="checkbox"/> Money Order or Check payable to OHCA</p> <p><b>Credit Card</b></p> <p><input type="checkbox"/> Visa    <input type="checkbox"/> MasterCard    <input type="checkbox"/> Discover    <input type="checkbox"/> AMEX</p> <p>Name on Card: _____</p> <p>Credit Card #: _____</p> <p>CVV#: _____ Exp.: _____</p> <p>Billing Address: _____</p> <p>_____</p> <p>Signature: _____</p> <p>Amount: _____</p> <p><small>*CVV code is the 3 or 4 digit code located on the front or back of the credit card.</small></p>
PROGRAM CHAIR/COORDINATOR INFO	PROGRAM COORDINATOR CHECKLIST
<p>Company Name: _____</p> <p>Company Address: _____</p> <p>City: _____ State: _____</p> <p>Zip: _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>E-mail Address: _____</p>	<p>Please include the following with this application:</p> <p><input type="checkbox"/> Printed Program</p> <p><input type="checkbox"/> Learning Objectives for each education session</p> <p><input type="checkbox"/> Speaker Information (<i>bio, resume, and credentials</i>)</p> <p><input type="checkbox"/> Sample Program Evaluation</p> <p><input type="checkbox"/> Sample Certificate of Attendance</p> <p><small>(with space for CEAL Approval Number and CE hours earned)</small></p> <p><input type="checkbox"/> Prior Approval Application Form</p> <p><b>* Incomplete applications will not be processed.</b></p>
REGISTRATION CONTACT INFO	APPLICATION SUBMISSION
<p>Contact Name: _____</p> <p>Phone Number: _____</p> <p>E-mail Address: _____</p> <p>URL: _____</p>	<p>Submit this application in one of the following ways:</p> <p>Email: <a href="mailto:kchapman@ohca.org">kchapman@ohca.org</a></p> <p>Fax: 614.436.0939</p> <p>Mail: OHCA 9200 Worthington Road, Suite 110 Westerville, OH 43082</p> <p><i>Contact us with any questions or concerns via phone at 614.436.4154 or e-mail at kchapman@ohca.org.</i></p>