



Application for Program Accreditation NEMSMA FORM: AA-3	OFFICE USE ONLY	
	Form Received	
	Payment Received	\$
	<input type="checkbox"/> Fee Waiver	<input type="checkbox"/> Strategic Partner/Sponsor
	Payment: <input type="checkbox"/> CC <input type="checkbox"/> PO <input type="checkbox"/> Ck#	
Certificate Sent		

Application Date			
Application Type		<input type="checkbox"/> New <input type="checkbox"/> Renewal : Program Registration #	
Registered Leadership Education Provider Information			
Organization Name			RLEP ID #
Trade Name (if different)			
Primary Physical Address			
City	State	Zip	
Administrative Phone	Fax	E-Mail	
Organization Website			
Mailing Address	<input type="checkbox"/> Check if same as Physical Address		
Address			
City	State	Zip	
Is the organization a NEMSMA Strategic Partner, Sponsor or Development / Educational Partner? YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> Strategic Partner <input type="checkbox"/> Platinum <input type="checkbox"/> Gold <input type="checkbox"/> Silver <input type="checkbox"/> Development / Education Partner			
Has the organization name and/or addresses on record changed since initial registration or most recent renewal? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, provide the previously used name and/or address:			
Contact Information			
Primary Contact	Title		
Address	Email		
City	Phone		
State	Zip	Mobile	
Secondary Contact	Title		
Address	Email		
City	Phone		
State	Zip	Mobile	
Application History			
Has the RLEP previously applied for NEMSMA program accreditation? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, list all previous applications (program, year):			
Has the RLEP ever been denied program accreditation by NEMSMA? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>(Examples of denials include: Failure to submit all required documentation, failure to use required forms, failure to submit lesson descriptions and/or learning objectives, or failure to submit required fees.)</i> If yes, please explain:			
Program Information			
Program Title:			
Program Description/Abstract <i>(attach additional page(s) as necessary):</i>			



Program Date(s)		To		Pre-existing Program? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Program Delivery Model					
<input type="checkbox"/>	Fixed Location	<input type="checkbox"/>	Distributed Education (Online)	<input type="checkbox"/> Other (Please Describe):	
<input type="checkbox"/>	Remote Location(s)	<input type="checkbox"/>	Distributed Education (Video)		
<input type="checkbox"/>	Live Program	<input type="checkbox"/>	Distributed Education (Periodical(s))		
<input type="checkbox"/>	Recorded Program	<input type="checkbox"/>	Hybrid Program		
Program Faculty					
Will the Program be conducted exclusively by RLEP faculty or through an RLEP-authorized training center? YES <input type="checkbox"/> NO <input type="checkbox"/>					
If NO, describe who will deliver the educational content and how the RLEP plans to ensure that the accredited Program will be delivered consistent with NEMSMA Accreditation standards:					
Program Location					
Name of Venue				<input type="checkbox"/> Online Program	
Address					
City		State		Zip	
Venue website					
Expected Attendance					
Learning Environment					
Description of Learning Environment and How Program will be Conducted:					
Repeat Program					
Will the Program be conducted more than one (1) time in a 12-month period? YES <input type="checkbox"/> NO <input type="checkbox"/>					
If Yes, additional dates are: KNOWN AT THIS TIME <input type="checkbox"/> UNKNOWN AT THIS TIME <input type="checkbox"/>					
If known, list additional Program date(s) and location(s):					
If No, will the Program be conducted at least one more time during the accreditation cycle? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Program Prerequisites					
Are there any restrictions or prerequisites for students to attend the Program? YES <input type="checkbox"/> NO <input type="checkbox"/>					
If yes, describe the knowledge, experience, level of training or prerequisites necessary for attendance:					
Distributed Learning					
Will the Program be conducted in whole or in part using distributed learning methodologies? YES <input type="checkbox"/> NO <input type="checkbox"/>					
If yes, will the Program be offered live or recorded in advance? Live <input type="checkbox"/> Recorded in advance <input type="checkbox"/> Combination of both <input type="checkbox"/>					
If delivered live:					
Will the Program record live lessons (either by audio or video) for later viewing? YES <input type="checkbox"/> NO <input type="checkbox"/>					
If yes, how much of the Program will be recorded? <input type="checkbox"/> All <input type="checkbox"/> Only Specific Portions/Lessons					
<input type="checkbox"/> Other (please describe):					



If the Program includes recorded lessons, will those recordings be available on-demand or only at designated viewing times?
On-demand Designated Viewing Times
If during designated viewing times, will students who missed the lesson be able to access the recordings? YES NO
If yes, describe how access by students after the designated lesson date will be accomplished:

Will the Program offer live-streaming of lessons? YES NO
If yes, how much of the Program will be live-streamed? All Only Specific Portions/Lessons
 Other (please describe):

Verification of Attendance

Does the RLEP have a written attendance policy? YES NO (If yes, attach a copy of the attendance policy)

Does the RLEP require attendance for a minimum percentage of the Program? YES NO

If yes, what is the minimum percentage? _____ % of each lesson of the total Program

Describe your plan for verifying and documenting attendance at the Program (include verification for distributed learning participants, if applicable):

Program Completion

Describe the instrument used to identify successful Program completion:

Certificate Letter Other (please describe):

A copy of the Program completion instrument must be attached to this application.

Program Evaluation Process

Describe the evaluation instrument(s) you will use to assess student and presenter evaluation of the Program:

A copy of your evaluation instrument must be attached to this application.

Describe how information gained from student and presenter evaluations will be used to improve future Accredited Leadership Education (ALE) activities:

Program Marketing Information

Describe below how the Program will be marketed:

Describe how the RLEP intends to promote NEMSMA Accreditation:

Other Program Accreditation Information

Does this Program currently or intend to carry accreditation or recommended credit from the Commission on Accreditation for Pre-Hospital Continuing Education (CAPCE), American College of Healthcare Executives (ACHE), American Council on Education (ACE) or similar organizations? YES NO

If yes, identify which organization(s):



Competencies Mapping

Has Competencies Mapping been performed by the RLEP? YES NO *(Competencies Mapping is required for Accreditation)*

If yes, provide the name of the individual or group which performed the Competencies Mapping:

Fee Calculation Worksheet

If the RLEP is a NEMSMA Strategic Partner or Platinum Sponsor, the Application Processing, and Accreditation Review Fees are waived one time annually. Rush Processing Fees, if applicable, still apply.

Accreditation Review Fees (per contact hour):

Total ALE Requested = 1 – 10 Hours = \$40/hour

Total ALE Requested = 11 – 74 Hours = \$25/hour

Maximum Total ALE Requested = ≥75 Hours = \$2,000 flat fee

Credit may be applied for in increments of 0.25 ALE

Fill in the information below to compute the fee:

1) Accreditation Application Processing Fee: **\$100.00**
(Required; Non-refundable)

2) ALE Accreditation Review Fee:

Total # ALE requested = _____

Total # ALE Hours requested = 1-10 hours x \$40 per Hour = \$ _____

OR

Total # ALE Hours requested = 11-74 hours x \$25 per Hour = \$ _____

OR

Total # ALE Hours requested ≥75 Hours = **\$2,000.00**

Total Accreditation Review Fee = \$ _____

3) Repeat Program Fee: **\$300.00**
(Required; Refundable if accreditation is denied)

4) Rush Processing Fee: (if applicable) : **\$250.00**
NOTE: Rush accreditation processing is strongly discouraged

<30 day turn-around, or

Inside of 45 days from the Program start date

Total Rush Processing Fee = \$ _____

TOTAL ACCREDITATION REVIEW FEES: \$ _____



Payment is: included with this application will follow under separate cover
(RLEP ID # must be included on all payments submitted separately)

Form of Payment: Check Credit Card Purchase Order
(for payment by check or purchase order, see "Completed Form" section of attached instructions)

Applications will **NOT** be processed until payment is received! Please plan accordingly.

To Pay by Credit Card

Please charge my: VISA MasterCard American Express

Name of Organization: _____

RLEP ID #: _____

Card Number: _____

Card Holder's Name: _____

Billing Zip Code: _____ Expiration Date: _____

Amount to Charge: \$_____

I authorize NEMSMA to charge the above amount.

Authorized Signature: _____ Date: _____

Contact Phone Number: _____

[Application continues on next page]



Signature & Attestation

The undersigned, authorized representative of this organization hereby attests to the following statements:

I have read our Application for Program Accreditation, and affirm that all statements made herein or in any document attached hereto are accurate, complete, true and correct in every aspect.

During the application process and upon and following accreditation, the organization will abide by and support the following:

- The NEMSMA EMS Officer Competencies License;
- The NEMSMA Registered Leadership Education Provider Eligibility Requirements;
- The NEMSMA Standards for Accreditation; and
- The NEMSMA Accreditation policies, procedures and practices

By submitting this application, the organization gives NEMSMA and its Committee on Accreditation express permission to access and share this application, attachments, and related accreditation forms and documentation, including but not limited to the organization's own intellectual property or the intellectual property of third parties, submitted in connection with this application with NEMSMA's accreditation reviewers and support staff for the purpose of evaluating, determining and maintaining NEMSMA accreditation.

I understand that submission of this application and related accreditation forms, documentation, and fees does not, by itself, guarantee NEMSMA accreditation in whole or in part.

Following successful accreditation, the organization agrees it will notify NEMSMA in a timely manner of email and physical address changes, changes in organizational status, adverse actions by any state or federal agency or accreditation or licensure body, and that it will frequently check the NEMSMA website at <https://www.nemsma.org> to obtain any modifications to the items listed in the paragraph above.

NAME OF REGISTERED LEADERSHIP EDUCATION PROVIDER

RLEP ID #

By: _____
signature

Name: _____
printed

Title: _____

Date: _____