

Download APPLICATION here.

INSTRUCTIONS: If the program is comprised of several courses, complete one application for the entire program (not one for each course). If applying for multiple programs, complete one application for each program.

PROVIDER INFORMATION Classroom Live Stream Distance Learning

Host Organization: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____ Country: _____

Contact Person: _____

Daytime Telephone: _____ E-mail: _____

PROGRAM INFORMATION

Program Title: _____ Begin Date: _____ End Date: _____

Location: (Name of facility where program will be held) _____

City: _____ State: _____ Zip/Postal Code: _____ Country: _____

Do you want this program (Classroom) published on IJCAHPO's website? Yes No

SPONSOR INFORMATION Financial support from: **Sponsor?** Yes No **Educational Grant?** Yes No

Sponsor/Grantor Name: _____ Amount: \$ _____

	CLASSROOM	LIVE STREAM	DISTANCE LEARNING	
IN-SERVICE TRAINING				\$ AMOUNT
Per CE hour fee	\$45 per hour	\$75 flat fee + \$45 per hour	\$75 flat fee + \$45 per hour	\$
CLINIC/HOSPITAL/ACADEMIC/ASSOCIATION/SOCIETY				
Per CE hour fee	\$75 per hour	\$100 flat fee + \$75 per hour	\$750 flat fee + \$75 per hour	\$
Repeat fee	\$75 first hour + \$20 per additional hour	No repeats	No repeats, Valid for 2 years	\$
CONSULTANTS/BUSINESS/INDUSTRY				
Per CE hour fee	\$100 per hour	\$350 flat fee + \$100 per hour	\$1200 flat fee + \$100 per hour	\$
Repeat fee	\$100 first hour + \$20 per additional hour	No repeats	No repeats, Valid for 2 years	\$
OTHER FEES				
Late	\$150	\$250	\$250	\$
Rush	\$250	\$400	\$400	\$
Reconsideration	Per CE hour reviewed	Per CE hour reviewed	Per CE hour reviewed	\$
Appeal	\$100	\$100	\$100	\$
TOTAL				\$

Will this Classroom program be repeated within one year? Yes No

PAYMENT INFORMATION (payable to IJCAHPO in U.S. dollars)

Check or Money Order enclosed VISA MasterCard Discover American Express Amount: \$ _____

Credit Card Number _____ Security Code _____ Expiration Date _____

Cardholder's Address _____ Cardholder's Zip Code _____

Name as it appears on credit card (please print) _____

SIGNATURE: By mail or fax X

Date: _____

SIGNATURE: By email This serves as an official signature of authentication for all claims and information included in this form. By checking this box, I verify that the content within this document is valid and factual. Date: _____

FOR IN-OFFICE USE ONLY: #CE Credits	Awarded: _____ A	Max. Per Person: _____	Pending: _____	Denied: _____
Reviewer Signature _____	Date: _____			