

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. [Download APPLICATION here.](#)

PROVIDER INFORMATION Classroom Live Stream On-Demand Event Distance Learning **Total Hours:** _____

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 (\$50 Advertising Fee applies) No

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

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

Sponsor/Grantor Name: _____ Amount: \$ _____

	<input type="checkbox"/> CLASSROOM	<input type="checkbox"/> LIVE STREAM	<input type="checkbox"/> ON-DEMAND EVENT	<input type="checkbox"/> DISTANCE LEARNING	Processing Fee:
IN-SERVICE TRAINING					
Program Fee	\$45 per hour	\$75 flat fee + \$45 per hour	\$75 flat fee + \$45 per hour	\$75 flat fee + \$45 per hour	\$0
CLINIC/HOSPITAL/ACADEMIC					
Program Fee	\$75 per hour	\$100 flat fee + \$75 per hour	\$200 flat fee + \$75 per hour	\$750 flat fee + \$75 per hour	\$250
Repeat fee	\$75 first hour + \$20 per add'l hour	No repeats	No repeats	No repeats, Valid for 2 years	
ASSOCIATION/SOCIETY					
Program Fee	\$115 per hour	\$150 flat fee + \$100 per hour	\$300 flat fee + \$100 per hour	\$1000 flat fee + \$100 per hour	\$250
Repeat fee	\$115 first hour + \$20 per add'l hour	No repeats	No repeats	No repeats, Valid for 2 years	
CONSULTANTS/BUSINESS/INDUSTRY					
Program Fee	\$150 per hour	\$350 flat fee + \$150 per hour	\$450 flat fee + \$150 per hour	\$1200 flat fee + \$150 per hour	\$250
Repeat fee	\$150 first hour + \$20 per add'l hour	No repeats	No repeats	No repeats, Valid for 2 years	
OTHER FEES					
Late	\$150	\$250	\$250	\$250	
Rush	\$250	\$400	\$400	\$400	
Reconsideration	Per CE hour reviewed	Per CE hour reviewed	Per CE hour reviewed	Per CE hour reviewed	
Appeal	\$100	\$100	\$100	\$100	
Change	\$50	\$50	\$50	\$50	
Advertising	\$50	N/A	N/A	N/A	
TOTAL:	\$	\$	\$	\$	\$

GRAND TOTAL: \$

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: _____	Max. Per Person: _____	Pending: _____	Denied: _____
Reviewer Signature				Date: _____