

APPLICATION FOR PRE-APPROVAL OF ACHE QUALIFYING EDUCATION CREDIT FOR NONPROFIT ORGANIZATIONS

Organization Name:

Under U.S. Tax Law this organization is considered a:

501(c)(3) 501(c)(4) 501(c)(8) other: _____

Please note the name(s) of any subsidiaries, departments or divisions of the organization that will also offer credit under this pre-approval:

Organization Mission (please describe below or attach a separate document):

Please describe the target audience that you aim to reach by providing ACHE Qualifying Education credit:

Primary Point of Contact:

Name:
Title:
Organization:
Address:
Phone:
Email Address:

Secondary Point of Contact:

Name:
Title:
Organization:
Address:
Phone:
Email Address:

In order to gain pre-approval, the organization must offer three separate events for Qualifying Education credit per calendar year.

Please provide details about the events the organization offered/plans to offer in this calendar year. An Event Reporting Form is required for each program:

	# of programs	Approx. # of CEUs	Approx. # of Attendees
Individual Programs			
Joint Programs*			

* If approved, your organization may offer Qualifying Education Credit for joint programming provided that your organization is substantively involved in the development, delivery and evaluation of the program. If the partner organization is primarily involved in the development, delivery and evaluation of the program they must apply separately for approval.

Fee: The \$1,500 application fee may be paid via check made out to *American College of Healthcare Executives*.

I hereby acknowledge that all the information contained in this application is true.

Signature

Date

*Mail Check and Enclosures to:
American College of Healthcare Executives
Attn: Molly J. Lowe, FACHE
300 S. Riverside Plaza, Suite 1900 Chicago, IL
60606*

*Enclosures:
▶ Application for Pre-Approval
▶ Event Reporting Forms (minimum 3 events)*

EVENT REPORTING FORM

Event brochures may be submitted in lieu of this form as long as all information requested below is included.

Program Title:

Program Date:

Delivery Method:

Seminar

Symposium/Conference

Forum

Workshop

Institute

Panel

Program Learning Objectives (What will participants learn from program?):

Program Agenda (Outline here or attach with this form):

Presenter/Panelist:

Name:

Title:

Organization:

Presenter/Panelist:

Name:
Title:
Organization:

Presenter/Panelist:

Name:
Title:
Organization:

Evaluation Methods

Attach an example of the evaluation form that will be used for this event.

Please describe how this evaluation is administered to attendees and how the feedback is used:

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