



Cosponsorship Application for ACEPs Partnering With Another ACEP

This application allows NBCC Approved Continuing Education Providers (ACEPs) to partner on a program, using both organizations' ACEP numbers to offer NBCC credit.

First ACEP Information

ACEP Name: _____ ACEP Number: _____

ACEP Administrator Name: _____

ACEP Administrator Email: _____

Second ACEP Information

ACEP Name: _____ ACEP Number: _____

ACEP Administrator Name: _____

ACEP Administrator Email: _____

Incomplete applications will not be accepted. Submission of a completed application does not guarantee approval.
Application fees are nonrefundable and nontransferable.

Program Information

Program Title: _____

Scheduled or planned date(s) for the live program: _____

The following approval statement is required on all promotional materials, program websites, and the certificate of completion:

*[FIRST ACEP NAME], ACEP No. , and [SECOND ACEP NAME], ACEP No. , are cosponsors of this program.
This cosponsorship has been approved by NBCC. Both ACEPs are responsible for this program, including the awarding of NBCC credit.*

- Attach the completed Cosponsor Relationship Form outlining the roles and responsibilities of each ACEP and the identities of the individuals and organizations involved in developing, planning, and implementing the program.
- Attach a sample of the certificate of completion to be distributed to program participants.

Cosponsorship Fees

For cosponsorship between ACEPs, the application fee is waived.

Rush Fee: Applications submitted less than 90 days before the event date are subject to a "rush" fee. (Applications must be received at least 30 days prior to the event.)

\$100 Rush Fee

Applications are reviewed in the order received. Applications received less than 30 days before the event will not be reviewed.

Send application, required materials, and payment form (if applicable) to:

NBCC CE Department
3 Terrace Way
Greensboro, NC 27403-3660.

You may also fax to 336-547-0017 (Attention: CE Department).



Cosponsor Relationship Form

Indicate the parties responsible for the roles and tasks of the ACEP and the cosponsoring organization, including the identities of the individuals involved in developing, planning, and implementing the specific program described in this Cosponsorship Application. All proposed cosponsorship relationships must be reviewed and approved by NBCC prior to the presentation of a qualifying cosponsored program for NBCC credit.

Task	First ACEP	Second ACEP	Name of Person Responsible for Task
Program design and development	<input type="checkbox"/>	<input type="checkbox"/>	
Review of program content and learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	
Review of presenter qualifications relative to the program content	<input type="checkbox"/>	<input type="checkbox"/>	
Presenter contract(s) and/or hiring of presenter(s) (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
Development of promotional materials	<input type="checkbox"/>	<input type="checkbox"/>	
Location selection	<input type="checkbox"/>	<input type="checkbox"/>	
Certificate of completion development	<input type="checkbox"/>	<input type="checkbox"/>	
Final selection of program	<input type="checkbox"/>	<input type="checkbox"/>	
Distribution of promotional materials	<input type="checkbox"/>	<input type="checkbox"/>	
Registration management	<input type="checkbox"/>	<input type="checkbox"/>	
Attendance verification	<input type="checkbox"/>	<input type="checkbox"/>	
Authorized representative who will sign certificate of completion	<input type="checkbox"/>	<input type="checkbox"/>	
Distribution of certificates of completion	<input type="checkbox"/>	<input type="checkbox"/>	
Compilation of participant evaluation summary	<input type="checkbox"/>	<input type="checkbox"/>	
Maintenance of attendance roster and evaluations for five years	<input type="checkbox"/>	<input type="checkbox"/>	
Maintenance of brochures and program agendas for five years	<input type="checkbox"/>	<input type="checkbox"/>	
Adherence to all policies not otherwise specified above	<input type="checkbox"/>	<input type="checkbox"/>	

I attest that I have read and understand this application and the NBCC *Continuing Education Provider Policy* and that the information provided in this application and the attachments is complete. Both ACEPs are responsible for policy compliance and resolution of issues that may arise relevant to the program.

Name of First ACEP Administrator: _____

Signature: _____ Date: _____

Name of Second ACEP Administrator: _____

Signature: _____ Date: _____

Instructions for Application Submission and Payment

Applications will not be placed in line for review until payment is successfully processed. Submission of an application and payment does not guarantee approval. Application fees are nonrefundable and nontransferable. Email continuinged@nbcc.org with questions.

Name of First ACEP: _____ ACEP #: _____

Name of Second ACEP: _____ ACEP #: _____

Instructions for submitting application materials:

Email the completed application and required materials to the email address below. The most efficient way to submit the application and required materials is by email. If the application attachments exceed 20MB, please send multiple emails.

continuinged@nbcc.org

OR

Mail the completed application and required materials to the mailing address below.

NBCC
Attn: Continuing Education Provider
Services Department
3 Terrace Way
Greensboro, NC 27403-3660

Instructions for submitting payment:

NBCC accepts payment by credit card, and check or money order payable to NBCC.

The ACEP must submit a separate application for each distinct program pertaining to this cosponsor relationship. Payment is required only if a rush fee applies.

Cosponsorship Fees	
For cosponsorship between ACEPs, the application fee is waived.	
Rush Fee: Applications submitted more than 30 days but less than 90 days before the event date will be subject to a “rush” fee.	\$100 Rush Fee

Select a Payment Method:

- I would like NBCC to email instructions to the designated ACEP administrator allowing the ACEP to pay by credit card.
- I will mail a check or money order to NBCC for the correct amount. (Write “Cosponsorship Application” and include the ACEP number on the memo line.)
- I have enclosed a check or money order for the correct amount in the mailed application. (Write “Cosponsorship Application” and include the ACEP number on the memo line.)