

**AGENDA  
MEDICAL QUALITY ASSURANCE  
FLORIDA BOARD OF ACUPUNCTURE  
ACUPUNCTURE CONTINUING EDUCATION COMMITTEE MEETING  
January 18, 2013**

**Telephone Conference Call @ 9:00A.M. E.S.T.**

**Dial – In-Number: (888) 670-3525  
Participant Pass Code: 6150683063**

**Meeting Convenes at 9:00 a.m.**

**Call to Order** Melody Clancy, Chair

**Discussion Regarding Education Requirements**

1. Email from Barbara Thurman - Re: Continuing Education Credit and Regulation
  - California Continuing Education Requirements
  - CEU Correspondence Comparison
  - ADHD Primary Care
  - Association of Surgical Technologists (AST) Continuing Education Policies
  - American Council on Exercise (ACE)
2. Email from Barbara Thurman – Re: Additional Information
  - American Psychological Association Continuing Education
  - American Speech Language Hearing Association
  - Association of Surgical Technologists (AST) Continuing Education Policies
  - Independent Study Standards
  - Oklahoma Department of Insurance Continuing Education Guidelines
  - NCCAOM Professional Development Activity (PDA) Program Review Application
  - National Board for Certified Counselors (NBCC) Continuing Education Policies and Procedures
3. Comments from Min Tian, PhD – Re: Standards for Approval of Continuing Education Credit
4. Chart for Current Presenter or Teacher Qualifications (Rule 64B1-6.005(2), F.A.C.)
5. Comments from Dr. Herman Vega – Proposed Recommendations on Approval Criteria for Continuing Education Training

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**From:** barbthurn [mailto:barbthurn@bellsouth.net]  
**Sent:** Friday, December 14, 2012 2:03 PM  
**To:** Jusevitch, Anthony  
**Cc:** Mask, Paula; Clahar, Jacqueline  
**Subject:** My research on CEU education credits and regulations

Here's some of the research I've done. Sorry, but my computer with a lot of the information on it is in the office. I am sending what I have here so that committee members can start to review. I have too many attachments to send in one email, so at least one more email will follow today.

December 14, 2012

From: Barbara Thurman, AP (Continuing Education Liaison)

I presented this information to the Board two or three years ago. I'm sending this as preliminary work for others to think about as they formulate their ideas, questions, and concerns about handling CEU issues and credits.

#### CEU Recommendations:

Due to the phenomenal increase in distance learning CEU course offerings, some general standards should be developed.

1. Continuing education should actually offer a benefit to the practitioner in professional development, and therefore benefit the public. Licensees should not pay for a 15 hour course and get a four hour course.
2. Hours should be allotted with some integrity....a four hour course from one provider should not be the same as a fifteen hour course from another.
3. Some general guidelines will assist the Providers with determining what is expected prior to submission and speed the approval process.

#### Suggestions:

Review general standards for professions issuing Distance Learning CEU credits from other professions and develop a guideline for Providers and licensees for determining hours.

Other professions have Providers renew their courses after a certain time period, and may be audited or re-audited at that time.

Distance learning material applications should include:

- \*a workbook or text in Word format, or at minimum a word count per hour

- \*an assessment of the difficulty of the material

- \*a follow up quiz consistent with the amount of material covered.

Therefore, a fifteen or eighteen hour course should not have a seven question quiz.

Once developed, these recommendations should be sent on to NCCAOM and other approval agencies to try to establish some consistency.

Some documents from other states or professions as well as a spreadsheet are attached

## Continuing Education Requirements

The Board believes that careful oversight of its continuing education requirements is important in implementing its mission and goals. Continuing education is a means for practitioners to stay abreast of current knowledge, practices and regulations -- thereby providing better services to consumers.

In order to renew an active license, licensees must complete continuing education units (CEUs). These CEUs must be submitted with the renewal fee before the expiration date. **It is illegal to practice with an expired license.** Licensees found to be practicing with an expired license are subject to disciplinary action.

When renewing an initial license that has been issued for less than two (2) years, below is the number of board-approved continuing education hours that must be completed based on the number of months the license was issued:

Period of Initial Licensure	Required CE Hours
13 to 16 months	35
17 to 20 months	40
21 to 23 months	45

Thereafter, all acupuncturists renewing their license are required to complete and list 50 hours of board-approved continuing education courses on their renewal application and sign under penalty of perjury.

Up to 50% of the continuing education requirement may be completed through distance education (online courses, correspondence courses, etc.) In addition, no more than five (5) hours of continuing education may be earned from courses in Category 2. Please note that although CE courses in Category 2 may be approved for more than 5 hours of credit, only 5 hours of credit may be reported for each renewal period. Each acupuncturist is required to retain records of all continuing education courses attended for a minimum of four (4) years..

If a licensee is not currently practicing in California and wishes to place his or her license on "Inactive Status," he or she must contact the Board. Inactive licensees are required to submit the same renewal fee amount as 'active' licensees (\$325 for a 2-year renewal period); however 'inactive' licensees are not required to complete the CE requirement ([C.C.R. Title 16, section 1399.489.1](#)). If the licensee would like to reactivate the license, he or she must contact the Board in order to determine the number of CE Unit hours and the fee required to be submitted before the license can become active.

**Category 1** - Courses related to clinical matters or the actual provision of health care to patients. Examples of Category 1 courses include, but are not limited to:

- Acupuncture and Asian Medicine

- Western biomedicine and biological sciences
- Scientific or clinical content with a direct bearing on the quality of patient care, community or public health, or preventive medicine
- Courses concerning law and ethics and health facility standards
- Courses designed to develop a licensee's patient education skills, including, but not limited to, patient education in therapeutic exercise techniques, nutritional counseling, and biomechanical education
- Courses designed to enhance a licensee's ability to communicate effectively with other medical practitioners
- Courses in acupuncture's role in individual and public health, such as emergencies and disasters
- Courses in the behavioral sciences, patient counseling, and patient management and motivation when such courses are specifically oriented to the improvement of patient health
- Research and evidence-based medicine as related to acupuncture and Asian medicine

**Category 2** - Courses unrelated to clinical matters or the actual provision of health care to patients. Examples of Category 2 courses include, but are not limited to:

- Practice management courses unrelated to clinical matters and direct patient care, including administrative record keeping, laws and regulations unrelated to clinical medicine, insurance billing and coding, and general business organization and management.
- Breathing and other exercises, i.e. qi gong and taiji quan that are for the benefit of the licensee and not the patient.

While Category 2 courses may be approved for any number of hours, licensees may only report 5 hours of CE credit earned in Category 2 courses within a licensing period (every 2 years). Therefore, CE Providers may wish to limit the number of hours offered in this category.

It will be the responsibility of the provider to identify the category for each course, and to state the course description, outline, and statement of objectives that clearly shows how the course pertains to that category.

### **Distance Education**

- Licensees may complete up to 50% of their CE requirements through distance education courses (courses completed on an independent or home study basis). For a standard, 2-year renewal period, a licensee would be eligible to receive up to 25 hours of credit through distance education.
- Courses that require practical or hands on techniques may not be approved for distance education.
- Courses approved for distance education must include a self-assessment by the licensee upon completion of the course that tests the participant's mastery of the course material.

HRs	Name of Course	Req.	Provider	Characters	Words	wrds/hr.	Additional Materials
5	Lab Tests (Bloodwork)	Yes	Options for Wellness	50,130	9,820	1964	no
2	Medical Errors	Yes	Options for Wellness	21,548	3,961	1980	no
3	Infection Control	No	CEUonline.org	36,049	6,554	2184	no
3	Heart Anatomy & Illnesses	No	CEUonline.org	49,369	9,185	3061	no
2	Laws Review	Yes	Options for Wellness	no est.	est 19118	9500	est./acrobat kb
3	The Reservoirs- extra chan.	No	Ethan Borg	22,422	4,555	1518	
10	Medical Imaging	Yes	The Healing Center	332,646	63,740	6374	yes addendum 18, 361 words
						8210	Total words
18	Treating Chronic Constipat.	No	Vera Kaikobad	54,282	10,830	601	no
18	Treating Depression	No	Vera Kaikobad	64,528	12,452	691	no
18	Treating Insomnia	No	Vera Kaikobad	75,881	15,183	843	no
18	Treating Anxiety	No	Vera Kaikobad	60,785	11,884	660	no
18	Arthritis of the Hands	No	Vera Kaikobad	76,432	14,651	813	no
18	Treating Restless Leg Syn.	No	Vera Kaikobad	51,734	10,057	558	no
2	ADHD Attention Disorders	No	Nat. Assoc. for Cont. Ed	49770	8400	4200	no Primary Care CEU

# Journal of Attention Disorders

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## **ADHD, Substance Use Disorders, and Psychostimulant Treatment: Current Literature and Treatment Guidelines**

Scott H. Kollins

*J Atten Disord* 2008; 12; 115 originally published online Jan 11, 2008;  
DOI: 10.1177/1087054707311654

The online version of this article can be found at:  
<http://jad.sagepub.com/cgi/content/abstract/12/2/115>

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# ADHD, Substance Use Disorders, and Psychostimulant Treatment

## Current Literature and Treatment Guidelines

Scott H. Kollins

Duke University Medical Center

**Objective:** This review explores the relationship between ADHD and substance use disorder (SUD), factors that determine the abuse potential of psychostimulants, and strategies for identifying and treating at-risk ADHD patients. **Method:** This study uses a Medline review of literature. **Results:** Psychostimulants, such as methylphenidate and amphetamines, are effective first-line pharmacotherapy for ADHD and when used appropriately in individuals with ADHD do not appear to be frequently abused by patients. Diversion and misuse of prescription stimulants are growing concerns, especially among young adults and college students. Short-acting psychostimulant formulations may have higher potential for abuse, misuse, and diversion, but more data are needed to substantiate this observation. Nonstimulant treatments for ADHD may be considered for patients at particularly high risk for substance use, misuse, or diversion of stimulants. **Conclusion:** In treating patients with ADHD and comorbid substance use, psychostimulants may be a useful pharmacologic alternative. However, the risks of such treatment with high-risk populations must be considered alongside potential benefits. (*J. of Att. Dis.* 2008; 12(2) 115-125)

**Keywords:** ADHD; substance-related disorders; central nervous system stimulants; psychopharmacology

ADHD is among the most common of the neurobehavioral disorders, affecting an estimated 7.8% of children aged 4 to 17 years and 4.4% of adults in the United States (Faraone & Biederman, 2004; Kessler et al., 2006). ADHD often warrants continuous treatment, given that it is linked to significant functional impairments in school and work settings and in personal life (Barkley, 2004; Biederman, Faraone, et al., 2006). Psychostimulants such as methylphenidate (MPH) and mixed amphetamine salts (MAS) are the recommended first-line pharmacotherapy for children, adolescents, and adults (Greenhill et al., 2002); lisdexamfetamine dimesylate, a recently approved long-acting formulation for children with ADHD, is a prodrug of *d*-amphetamine that is comparable in efficacy to extended-release MAS (Biederman, Boellner, Childress, Lopez, & Krishnan, 2006). However, despite its proven efficacy, psychostimulant use for ADHD has been controversial, particularly with respect to the risk of misuse and abuse of prescribed stimulants and the extent to which stimulant treatment may be associated with subsequent substance-use problems (Greenhill et al., 2002; Wilens, Gignac, Swezey, Monuteaux, & Biederman, 2006).

Psychostimulants used for the treatment of ADHD (e.g., MPH, amphetamine) have a clearly established potential for abuse, with animal and human studies consistently demonstrating that MPH and amphetamine produce reinforcing effects that are similar to each other and to those of drugs of abuse, such as cocaine (Kollins, 2003; Kollins, MacDonald, & Rush, 2001). Moreover, it has been established that the risk of substance use disorder (SUD) among patients with ADHD is high (Biederman et al., 1995; Flory, Milich, Lynam, Leukefeld, & Clayton, 2003; McGough et al., 2005) and that SUDs in patients with ADHD tend to emerge at an earlier age and to follow a more aggressive course (Schubiner et al., 2000; Wilens, Biederman, Mick, Faraone, & Spencer, 1997).

Given these facts, clinicians who treat patients with ADHD are faced with several important questions when

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**Author's Note:** The author would like to acknowledge Karen Dougherty for her assistance in the preparation of this article. The preparation of this article was supported by funding from Shire. Address correspondence to Scott H. Kollins, Duke University Medical Center, 718 Rutherford St., Durham, NC 27705; phone: (919) 416-2098; e-mail: kolli001@mc.duke.edu.



**Table 1**  
**Cumulative Lifetime Morbidity Risks and Hazard Ratios for Psychiatric Disorders in ADHD Patients Versus Controls**

Psychiatric Disorder	Morbidity Risks (95% Confidence Interval)		Hazard Ratio	<i>p</i> Value
	Control Probands ( <i>n</i> = 120)	ADHD Probands ( <i>n</i> = 140)		
Substance dependence disorders				
Nicotine dependence	.21 (.14, .30)	.43 (.35, .53)	2.7	< .001
Alcohol dependence	.16 (.10, .25)	.29 (.21, .39)	2.3	.009
Drug dependence	.10 (.05, .17)	.21 (.14, .30)	2.2	.036
Antisocial disorders				
Oppositional defiant disorder	.20 (.14, .28)	.78 (.71, .85)	7.2	< .001
Conduct disorder	.16 (.10, .24)	.46 (.38, .55)	3.6	< .001
Major psychiatric disorders				
Bipolar disorder <sup>a</sup>	.03 (.01, .08)	.29 (.22, .38)	7.9	< .001
Major depressive disorder <sup>b</sup>	.07 (.04, .15)	.46 (.39, .56)	7.2	< .001
Psychosis	.02 (.00, .07)	.08 (.04, .14)	4.4	.057

Source: Biederman, Monuteaux, et al. (2006). Adapted with the permission of Cambridge University Press.

Note: All analyses adjusted for baseline socioeconomic status and baseline age.

a. Bipolar disorder with at least moderate impairment.

b. Major depression with severe impairment.

choosing a treatment strategy. Does stimulant treatment increase the risk of SUD? Which patients are at risk for comorbid SUD? Do all psychostimulants have similar abuse potential? Furthermore, the relationship between ADHD and SUD, the factors that determine the abuse potential of psychostimulants, and the strategies for identifying and treating at-risk ADHD patients are important concerns for clinicians in the management of this patient population.

## The Relationship Between ADHD and SUD

Prospective longitudinal studies suggest that a diagnosis of ADHD in childhood or adolescence increases the risk for SUD later in life (Biederman, Monuteaux, et al., 2006; Mannuzza et al., 1991). In a cohort of 94 boys with ADHD followed for 8 to 14 years, Mannuzza and colleagues (1991) found that, at follow-up, a significantly greater proportion of the boys with ADHD had a diagnosed SUD (14%) compared to the normal controls (8%). Similarly, Biederman, Monuteaux, et al. (2006) showed that individuals diagnosed with ADHD during childhood were twice as likely as non-ADHD controls to have an SUD at a 10-year follow-up, as measured by hazard ratios, an estimate of overall relative risk (see Table 1).

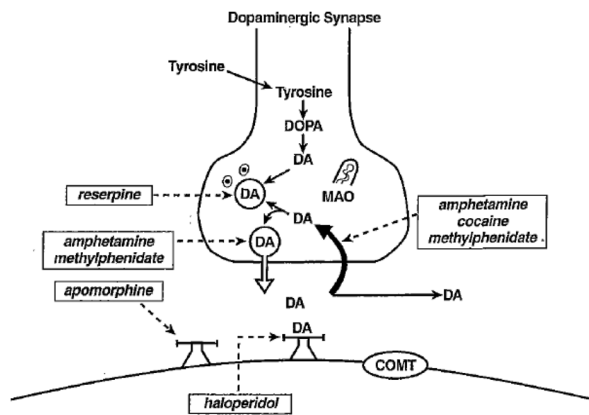
Adolescents and adults with ADHD are more likely than those without ADHD to be diagnosed with a SUD (Biederman et al., 1995; Flory et al., 2003; Katusic et al., 2005; McGough et al., 2005). In a study of adolescents, those with ADHD were 6.2 times more likely to have

SUD (21.9%) than were the matched controls (4.4%,  $p < .001$ ; Katusic et al., 2005). In adults with persistent ADHD, the 47.0% rate of a comorbid SUD is significantly higher than the 38.0% rate in the matched controls (McGough et al., 2005).

Studies show that adolescents and adults who present for treatment of ongoing SUD are more likely to be diagnosed with ADHD than would be expected in community samples (Carroll & Rounsaville, 1993; Gordon, Tulak, & Troncale, 2004). In one recent report, 34.0% of adolescents who were being treated for SUD had a lifetime diagnosis of ADHD (Gordon et al., 2004). This finding is similar to that of an earlier study of adults presenting for treatment of cocaine addiction, in which 35.0% met the criteria for a diagnosis of ADHD (Carroll & Rounsaville, 1993). These ADHD rates are substantially higher than the 4.4% incidence rate of ADHD reported in the adult U.S. population (Kessler et al., 2006).

Although the relationship between ADHD and SUD is not fully understood, it is clear that ADHD serves as an independent risk factor for SUD, even in the absence of other comorbidity (Biederman et al., 1995; Milberger, Biederman, Faraone, Wilens, & Chu, 1997). Evidence also suggests that other factors may further increase the risk of SUD in patients with ADHD. These factors include the presence of comorbid disruptive behavior disorders (e.g., oppositional defiant disorder and conduct disorder [CD]; August et al., 2006; Barkley, Fischer, Edelbrock, & Smallish, 1990; Biederman et al., 1997; Katusic et al., 2005; Mannuzza et al., 1991; McGough

**Figure 1**  
**Hypothetical Dopaminergic Synapse, Illustrating That Amphetamine Enhances the Release of Dopamine**



COMT = catechol-O-methyltransferase; DA = dopamine; DOPA = 3,4-dihydroxyphenylalanine; MAO = monoamine oxidase.

Source: Koob (2000).

Note: COMT = catechol-O-methyltransferase; DA = dopamine; DOPA = 3,4-dihydroxyphenylalanine; MAO = monoamine oxidase. Schematic drawing of a dopaminergic synapse illustrating sites for sympathomimetic drug action. Amphetamine blocks dopamine reuptake and enhances dopamine release, cocaine predominantly blocks dopamine reuptake, and reserpine blocks reuptake of amine into the storage vesicles, depleting amine stores. Schematic also illustrates examples of agents that can directly access the receptor as agonists (apomorphine) or antagonists (haloperidol).

et al., 2005) and comorbid bipolar disorder (Biederman et al., 1997; Wilens et al., 1999). Among these factors, the most consistently observed predictive factor has been comorbid CD, which in some studies completely accounted for the increased prevalence of SUD in individuals with ADHD (Barkley et al., 1990; McGough et al., 2005).

Flory and colleagues (2003) reported how comorbid ADHD and CD uniquely contribute to a virulent form of SUD, marked by an increased risk for dependence on "hard drugs" and marijuana. Certain characteristics common to most individuals with ADHD and/or CD—including impaired executive functions and behavioral control, impulsivity, and peer rejection—may place patients with ADHD and CD at greater risk of developing SUD (Wilens, 2004). Such heightened vulnerability may reach the tipping point as development progresses; risk-taking behavior tends to increase in adolescence and early adulthood (Kelley, Schochet, & Landry, 2004; Spear, 2004), and reduced parental supervision can lead to more opportunities for substance misuse and the development of abuse (DeVore & Ginsburg, 2005).

## Differential Abuse Potential of Psychostimulants

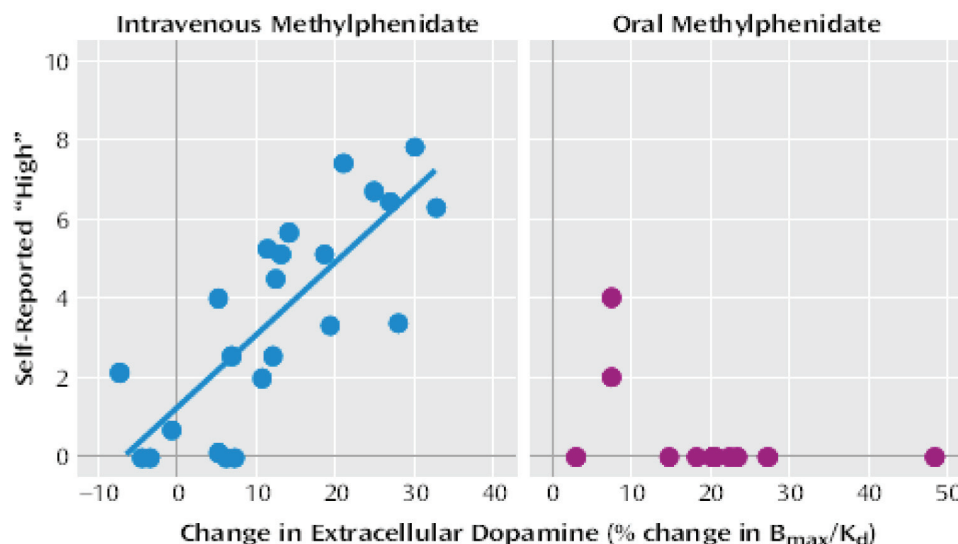
ADHD is believed to be the result, in part, of aberrant dopamine function. In line with this theory, psychostimulants may be effective in treating ADHD because they increase extracellular dopamine concentration (Schiffer et al., 2006). MPH binds with the dopamine transporter, whereas amphetamine compounds trigger presynaptic dopamine release (see Figure 1). These increases in extracellular dopamine presumably contribute to the alerting effects associated with stimulant use in patients with ADHD and in individuals without ADHD (Rapoport et al., 1980; Volkow, Fowler, Wang, Ding, & Gatley, 2002). In addition, these drugs also increase central activation of mesolimbic dopamine "reward" pathways in the nucleus accumbens, an important common substrate of psychostimulants with abuse potential in humans (Di Chiara & Imperato, 1988; Koob & Nestler, 1997). Consequently, products containing MPH and amphetamine are classified as Schedule II controlled substances by the Drug Enforcement Administration.

Although the foregoing review highlights the effects of acute psychostimulant treatment on dopamine function, there may be important differences in how these drugs affect dopamine levels and other brain functions following chronic administration. A recent review of the effects of chronic amphetamine administration provides evidence that chronic amphetamine exposure, even at clinically relevant doses, may result in considerable changes in brain morphology and function (Advokat, 2007).

Although psychostimulants such as MPH and amphetamine share a mechanism of action that is common to abused drugs, questions remain as to the neuropharmacologic mechanisms that contribute to the observed differences in abuse rates between oral stimulants used in the treatment of ADHD and drugs of abuse, such as cocaine. A key factor in determining abuse potential is the ability of a compound to yield rapid absorption and increases in central drug concentrations followed by rapid clearance; such effects are most likely achieved via intravenous, intranasal, and inhaled routes of administration (Balster & Schuster, 1973; Resnick, Kestenbaum, & Schwartz, 1977; Volkow et al., 1995). For example, participants have reported that drugs such as cocaine produce euphoric effects when administered under conditions that enable quick absorption and rapid increases in central synaptic dopamine concentrations (Resnick et al., 1977; Volkow & Swanson, 2003).

Whether a given psychostimulant yields a rapid on-off effect, however, is modulated by several factors, including its route of administration, pharmacokinetic

**Figure 2**  
**Euphoria Following Intravenous Versus Oral Methylphenidate**



Source: Volkow and Swanson (2003). Reprinted with the permission of *American Journal of Psychiatry* (Copyright 2003, American Psychiatric Association).

Note: Data represent self-reports from healthy adult volunteers obtained 5 minutes after intravenous administration and 60 minutes after oral administration of methylphenidate. Although oral and intravenous methylphenidate induced equivalent changes in dopamine, oral methylphenidate did not induce a "high." However, for intravenous methylphenidate, the magnitude of the dopamine increases was associated with the intensity of the "high."

profile, and dose. Route of administration is perhaps the most important factor in modulating the timing and rate of central dopaminergic increases; intravenous and intranasal administrations produce more rapid increases in central dopamine concentrations than does oral administration. In a series of experiments, Volkow demonstrated that although oral and intravenous MPH produced comparable changes in striatal dopamine concentration, oral MPH did not induce "a high," whereas intravenous MPH yielded a significant high (see Figure 2). This appears directly related to differences in the *rate* of dopamine changes, which were much faster with intravenous administration (peak after 6 to 10 minutes) of MPH compared with oral administration (peak after 60 to 90 minutes; Volkow & Swanson, 2003). These studies further show that the absolute level of dopamine does not appear relevant to producing a high, although it may affect the intensity of the high (Volkow et al., 1995; Volkow & Swanson, 2003).

It should be noted, however, that a number of studies have shown that—even when administered orally—both MPH and amphetamine produce subjective and reinforcing effects suggestive of abuse potential (Kollins et al., 2001; Rush, Kollins, & Pazzaglia, 1998). It is therefore

important to keep in mind that although other routes of administration are likely to produce more pronounced effects, oral administration of these stimulants is not benign with respect to abuse potential.

Pharmacokinetic differences among stimulants may also play a role in the differential abuse potential of these drugs. For example, although cocaine and MPH are absorbed at comparable rates, MPH is cleared much more slowly (Volkow et al., 1995), which may limit the frequency of self-administration because of the persistence of aversive side effects during the prolonged clearance interval (Volkow et al., 1995). Finally, the rate and timing of peak concentration achieved with administration of a drug also depends on its dose; a higher dose will deliver more drug centrally per unit of time than will a lower dose, yielding a more rapid peak concentration and producing the euphoria sought by abusers (Coetzee, Kaminer, & Morales, 2002; Volkow & Swanson, 2003).

Drug formulation may also have an effect on abuse potential. To reduce the need for multiple daily doses, a number of extended-release formulations of MPH and amphetamine have been developed. These formulations typically are characterized by a slower rise in plasma concentrations over a longer duration and should, theoretically,

have a lower potential for abuse (Swanson et al., 2003). Two studies evaluated this hypothesis. In a comparison of the subjective effects of immediate-release (40 mg) MPH versus osmotic-release (90 mg) MPH in healthy volunteers, Spencer and colleagues (2006) found that average peak drug concentrations and dopamine transporter blockade were comparable for the two formulations but that both were reached several hours earlier with the immediate-release formulation. Furthermore, significantly greater drug likeability ratings were obtained with the immediate-release compared with the osmotic-release formulation. Similar findings were described in a study by Kollins, Rush, Pazzaglia, and Ali (1998), in which the behavioral effects of immediate- versus sustained-release MPH were compared in healthy adults. The immediate-release formulation produced subjective effects consistent with abuse potential (e.g., self-reported ratings of "like drug," "drug effects," "high," "good effects"), whereas the sustained-release formulation produced only transient increases in such subjective effects and ratings. Reports of this nature support the notion that both the overall dose and the rapidity of central dopamine changes are critical in determining the abuse potential of a given drug.

Most studies evaluating the abuse potential of MPH and amphetamine have been conducted in non-ADHD populations; however, there is some empirical evidence that stimulants act somewhat differently with respect to abuse potential in patients with ADHD. In two separate studies of adults and children diagnosed with ADHD, orally administered MPH failed to produce the characteristic increases in subjective ratings of abuse potential (e.g., "feel like talking," "energetic," "heart beating fast"), despite patients' preferences for oral MPH over placebo (Fredericks & Kollins, 2004; MacDonald & Kollins, 2005). These studies suggest that patient preferences for MPH may be related more to ADHD symptom relief than to euphoria or other markers of abuse potential.

Based on these investigations, it may be concluded that the conditions under which stimulants are used clinically—given to patients with ADHD in small oral doses—make them potentially less subject to abuse than cocaine or methamphetamine, which typically are administered via other routes (Volkow, 2006; Volkow & Swanson, 2003). Clinicians should be mindful, however, that even with proper use in appropriate patients, the risk of abuse is not eliminated (Babcock & Byrne, 2000; Johnston, O'Malley, Bachman, & Schulenberg, 2004; Klein-Schwartz & McGrath, 2003; McCabe, Knight, Teter, & Wechsler, 2005; Wilens et al., 2006; Williams, Goodale, Shay-Fiddler, Gloster, & Chang, 2004).

## **Patterns of Prescription Psychostimulant Abuse, Misuse, and Diversion**

Concerns about prescription psychostimulant abuse have increased during the past 15 years, with reports from poison control centers indicating that the number of cases involving intentional prescription stimulant misuse or abuse increased throughout the 1990s (Klein-Schwartz & McGrath, 2003). According to Toxic Exposure Surveillance System data, in 1993 the number of preteen and adolescent cases reported to an average of 64 evaluated U.S. poison control centers for acute care resulting from intentional misuse or abuse of MPH was less than 20; in 1999, there were more than 150 such cases (Klein-Schwartz & McGrath, 2003). However, some evidence from the 2005 National Survey on Drug Use and Health (Substance Abuse and Mental Health Services Administration, Office of Applied Studies, 2006) suggests that prescription stimulant misuse or abuse may be leveling off; from 2003 through 2005, the number of individuals reporting nonmedical use of prescription stimulants (excluding methamphetamine) ranged between 1,436 and 1,474.

Although the problem is clearly recognized, it is not fully understood; we still are only beginning to gain an understanding of how prescription stimulants are misused and abused. Recent research indicates that the patterns of diversion, misuse, and abuse of prescription stimulants differ from those observed with cocaine and methamphetamine. In the general population, the prevalence of nonmedical prescription stimulant misuse is somewhat lower than the rates of misuse for other illicit substances (Substance Abuse and Mental Health Services Administration, Office of Applied Studies, 2006). The 2005 estimate of 12-month prevalence of nonmedical use of a prescription stimulant (excluding methamphetamine) in the United States was approximately 0.6% of individuals aged 12 or younger years; in contrast, the 12-month prevalence of cocaine use was estimated to be 2.3%. Compared with the rates of misuse, abuse, and diversion of other prescription drugs, however, stimulants are commonly misused. For example, although the absolute rates of illicit prescription opiate use are higher than those for stimulants, the ratio of nonmedical to medical use of stimulants is considerably higher compared to the ratio for opiates (McCabe, Teter, & Boyd, 2006a).

A number of studies have identified specific demographic characteristics that are risk factors for stimulant misuse and abuse. The problem of misuse and abuse tends to be concentrated among adolescents and young adults, including college students (McCabe et al., 2005).



**Table 2**  
**Prevalence of Substance Use and Illicit Use of Prescription Stimulants,**  
**by Age of Initiating Prescription Stimulant**

	Odds Ratio				
	2-Week Binge Drinking	Monthly Alcohol Use	Annual Marijuana Use	Annual Cocaine Use	Past Year Illicit Stimulant Use
No prescribed stimulant ( $n = 8,199$ )	1.00	1.00	1.00	1.00	1.00 ( $n = 8,048$ )
Elementary school initiation ( $n = 65$ )	0.69	1.01	1.49	2.42	1.72 ( $n = 65$ )
Secondary school initiation ( $n = 105$ )	1.68*	2.59**	1.98**	4.40***	3.14*** ( $n = 99$ )
College initiation ( $n = 97$ )	1.07	3.60**	4.30***	4.46***	7.51*** ( $n = 95$ )

Source: McCabe, Teter, and Boyd (2006b). Adapted with the permission of *Journal of Psychoactive Drugs*.

Note: Odds ratios are adjusted for all other predictors in the model, and the reference group for each model is students who did not report medical use of stimulants for ADHD. All of the models also include gender, race, class year, living arrangement, fraternity or sorority membership, family income, religious affiliation, and grade point average.

\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .

In a large survey of U.S. college students ( $N = 10,904$ ), 4.1% reported nonmedical use of a prescription stimulant during the previous year (McCabe et al., 2005). In more recent Web-based surveys conducted by McCabe, Teter, and Boyd (2006b) and Teter, McCabe, LaGrange, Cranford, and Boyd (2006), 5.4% to 5.9% of respondents reported nonmedical stimulant use during the previous year. College students who engage in illicit prescription stimulant use predominantly are male, are Caucasian, have a grade point average less than 3.5, belong to social fraternities or sororities, and reside off campus (apartment or fraternity or sorority house; McCabe et al., 2006b). In addition, unlike the mechanism for obtaining cocaine, obtaining nonmedical prescription stimulants does not usually involve the exchange of money for drug; rather, users report frequently obtaining illicit prescription stimulants from friends and peers who had been prescribed the medication (McCabe et al., 2006b).

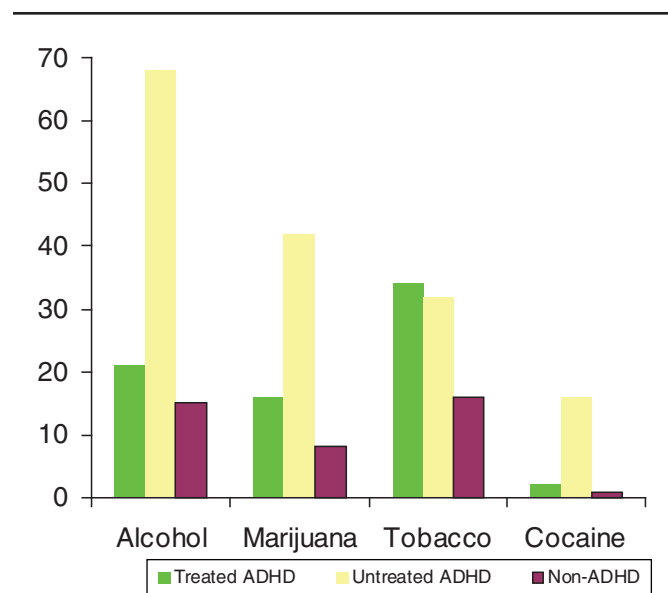
In the McCabe et al. (2006b) survey, more than half (54%) of college student respondents with a prescription for a psychostimulant drug were approached to divert their medication. Which stimulants are used nonmedically most often in the college population is unclear. One recent report indicated that immediate-release MAS was the stimulant used by the overwhelming majority (75%) of students who reported nonmedical stimulant use (Teter et al., 2006); earlier studies, however, indicated that immediate-release MPH was used most frequently (Wilens et al., 2006; Williams et al., 2004). However, despite the theory that extended-release stimulant formulations should have a lower potential for abuse, no published studies have conclusively confirmed this finding in community samples.

Among individuals with a diagnosis of ADHD, the age at which psychostimulant treatment is initiated

appears to play a major predictive role in determining whether these patients will engage in nonmedical stimulant use. In the McCabe et al. (2006b) report on college student respondents who had been prescribed stimulants for the treatment of ADHD ( $n = 287$  of 9,161; 3.1%), the rates of nonmedical use diverged sharply between those students who had begun ADHD treatment in elementary school and those who had begun ADHD treatment in high school or college. Those who had been prescribed stimulant medication for ADHD during elementary school ( $n = 65$ ) were not more likely to misuse or abuse a stimulant compared to the general population of students who never had been prescribed a stimulant. In contrast, students who had initiated prescription stimulant treatment for ADHD in high school or college were 4 to 8 times more likely to report stimulant misuse or abuse compared to the overall population of college students who never had been prescribed a stimulant (see Table 2). The latter two subgroups ( $n = 202$ ) were also more likely to report binge drinking and the use of other illicit drugs, including cocaine and ecstasy (McCabe et al., 2006b). Such findings highlight the problem in a subpopulation of adolescents and young adults with ADHD who engage in polydrug use.

Several studies have attempted to identify the motives for prescription stimulant misuse and abuse. Results from a survey by Teter et al. (2006) indicate that among the 8.3% of college students who reported nonprescribed stimulant use, 31.0% reported using these stimulants to "get high." In contrast, the misuse of stimulant drugs among college students for "performance enhancement" appears to be more common than their misuse to "get high." In this study, 65.2% of students reported the use of a stimulant to help them concentrate, 59.8% to help them study, and 47.5% to increase their alertness (Teter et al.,

**Figure 3**  
**Prevalence of Substance Use Disorder (SUD)**  
**Subtypes at 4-Year Follow-up, by ADHD**  
**Medication Status**



Source: Biederman, Wilens, Mick, Spencer, and Faraone (1999).

Note: Multiple logistic regression analysis showed that untreated ADHD participants were at significantly increased risk for any SUD subtype at follow-up compared to non-ADHD control participants.

2006). Participants who reported the use of stimulants for performance enhancement rather than to “get high” or “experimentation” were predominantly female African Americans. Moreover, most had begun nonmedical use during their college years.

Another concerning trend in college students is the misuse of stimulants concurrent with other drugs of abuse. In a study examining patterns of polydrug use, McCabe, Cranford, Morales, and Young (2006) found that more than half of individuals (56.8%) who illicitly used prescription medications, including stimulants, reported doing so simultaneously with alcohol. These findings are consistent with those of another study that found that a large proportion of college students who reported illicit prescription stimulant use did so while simultaneously using alcohol (41.5%) or marijuana (44.9%; Barrett, Darredeau, & Pihl, 2006).

### Minimizing the Risks of SUD in Patients With ADHD

Given that individuals with ADHD are at heightened risk for the development of SUD and that rates of psychostimulant prescribing have increased dramatically

since 1990, concerns have been raised that stimulant treatment somehow increases the risk of SUD (Huss & Lehmkuhl, 2002; Lambert & Hartsough, 1998). The potential for development of SUD among patients on psychostimulant treatment for ADHD is grounded, at least in part, by findings from a large body of literature showing that animals exposed to stimulants—including MPH, amphetamine, and cocaine—become “sensitized,” such that subsequent administration results in more robust behavioral responses (Piazza, Deminiere, le Moal, & Simon, 1989, 1990; Robinson & Becker, 1986; Woolverton, Cervo, & Johanson, 1984). Furthermore, the mechanism of this sensitization has been invoked to explain other findings—for example, that animals exposed to stimulant drugs are more prone to self-administer drugs of abuse later in life (Schenk & Partridge, 1997).

The data in support of the contention that stimulant treatment may increase the risk for development of SUD in patients with ADHD are inconclusive; however, some reports show increased risk (Lambert & Hartsough, 1998), some show decreased risk (Biederman, Wilens, Mick, Spencer, & Faraone, 1999; Mannuzza, Klein, & Moulton, 2003; Wilens, Faraone, Biederman, & Gunawardene, 2003), and some show neither increased nor decreased risk (Faraone, Biederman, Wilens, & Adamson, 2007). Biederman et al. (1999) found that treatment status influenced the likelihood of future SUDs in ADHD youth. They evaluated the incidence of SUDs in adolescent males with ADHD during a 4-year period and found that participants who were unmedicated had a significantly higher risk of subsequent SUD versus participants without ADHD or those who had received pharmacotherapy for the disorder (see Figure 3).

One factor that may account for the discrepancy in these findings, and which has not been systematically reported in clinical studies, is the timing of stimulant exposure. Data from studies in both animals and humans suggest that the timing of initiation of stimulant treatment may play a role in mitigating the likelihood of a future substance use problem. For instance, studies in rats showed that preadolescent treatment with MPH resulted in a decrease in the rewarding effects of cocaine during adulthood (Andersen, Arvanitogiannis, Pliakas, LeBlanc, & Carlezon, 2002; Mague, Andersen, & Carlezon, 2005). In contrast, a study in which animals were exposed to stimulant drugs during adolescence or adulthood showed increases in end points associated with drug abuse (Brandon, Marinelli, & White, 2003).

Some clinical data suggest that a similar relationship between the timing of stimulant exposure and the development of SUD may exist in humans (McCabe et al., 2006b). As noted above, McCabe and colleagues (2006b)

found that college students who had initiated prescription stimulant treatment for ADHD in high school or college were more likely to report misuse or abuse of a stimulant compared to those who never had been prescribed a stimulant. In contrast, students who had initiated stimulant treatment in elementary school exhibited rates of nonmedical stimulant use, and use of other substances, that were similar to those seen in their counterparts who never had been prescribed a stimulant (McCabe et al., 2006b).

Related to this issue is the question of the impact of stimulant drug treatment in patients diagnosed with comorbid ADHD and SUD. Several studies have shown that ADHD can be successfully treated with stimulants in ADHD patients with concurrent SUD without concomitantly affecting patterns of drug use (Castaneda, Levy, Hardy, & Trujillo, 2000; Levin, Evans, McDowell, & Kleber, 1998; Schubiner et al., 2002). In uncontrolled studies, some patients with ADHD given stimulant treatment not only experienced improved ADHD symptoms but also exhibited diminished substance abuse (Castaneda et al., 2000; Levin et al., 1998). In one such study, an algorithmic approach—which employed fluoxetine first, then bupropion, pemoline, and long-acting stimulants, and finally methamphetamine—was used in patients with ADHD and comorbid cocaine addiction in partial or full remission (Castaneda et al., 2000). The authors of this study found that during a 1-year course of treatment, long-acting stimulants were the most effective for managing ADHD symptoms in cocaine-addicted adults; however, the researchers cautioned that treatment with a stimulant before obtaining at least partial remission of cocaine dependence may lead to a misdiagnosis of ADHD or exacerbation of ADHD symptoms. More recently, a double-blind, placebo-controlled study of MPH in cocaine-abusing adults with ADHD showed that—with up to 12 weeks of treatment—MPH significantly improved ADHD symptoms (Schubiner et al., 2002). Although most participants in both groups continued to use cocaine throughout the study, participants in the MPH group showed no evidence of poor treatment compliance, increased cocaine use, or drug craving (Schubiner et al., 2002). In a similar controlled study of low-dose MPH treatment of inpatients with ADHD and a comorbid SUD, MPH yielded only marginal improvements in ADHD symptoms that did not reach statistical significance compared with placebo (Carpentier, de Jong, Dijkstra, Verbrugge, & Krabbe, 2005). These studies suggest that stimulants may be safely used in this high-risk population—and in some cases with success.

When undertaking stimulant treatment in patients with a high risk or history of substance abuse, several

elements are key to ensuring their safety and to minimizing the risk of re-emerging abuse or an otherwise poor outcome. An important adjunct to treatment in each of the studies discussed above in patients with ADHD and comorbid SUD was the addition of concomitant behavioral therapy or psychotherapy (Castaneda et al., 2000; Schubiner et al., 2002). In the Schubiner et al. (2002) study, all participants had twice-weekly group and once-weekly individual cognitive behavioral therapy sessions. Those undergoing behavioral therapy plus placebo showed significant improvements in ADHD symptoms. Close monitoring is also essential (Castaneda et al., 2000; Wilens et al., 2006); it is imperative to watch for signs of possible abuse, such as missed appointments, and signs of possible diversion, such as repeated requests for higher doses and a pattern of “lost” prescriptions. Family members and close friends should be called on to help in monitoring possible abuse.

Nonstimulant choices are also available. Atomoxetine is effective for ADHD, has been studied in adolescents and adults (Michelson et al., 2002; Michelson et al., 2003), and has low abuse potential compared to stimulants (Heil et al., 2002; Lile, Stoops, Durell, Glaser, & Rush, 2006). Other nonstimulant options include antidepressants such as desipramine (Wilens et al., 1996), venlafaxine (Adler, Resnick, Kunz, & Devinsky, 1995), and bupropion (Wilens et al., 2005), although none of these agents are currently approved for the treatment of ADHD by the Food and Drug Administration.

## Conclusion

Clinicians who treat patients with ADHD are faced with the challenge of treating the core symptoms of ADHD while addressing the significant risk of SUD in this patient population. Psychostimulants are highly effective first-line pharmacotherapies for ADHD, but they pose a risk of abuse and are Schedule II controlled substances.

When appropriately used (e.g., taken orally at the prescribed dose and frequency) in individuals with ADHD, however, psychostimulants do not appear likely to lead to abuse. Some evidence even suggests that when psychostimulant treatment is initiated during childhood, it may help reduce the risk of future SUD. Such treatment may help patients better manage their symptoms throughout critical early developmental periods and develop adaptive skills that prepare them to successfully face the more rigorous intellectual and social demands of adolescence and adulthood. When choosing and initiating ADHD treatment in adolescent and adult patients, however, it is imperative to consider certain patient variables, including age, the presence of SUD risk factors—such as



comorbid CD and bipolar disorder—and any previous or current SUD. For certain high-risk patients, nonstimulants should be considered.

The avoidance of short-acting psychostimulant formulations, particularly in adolescent and adult patients with ADHD, is also recommended because euphoria can be achieved even when these are taken orally; stimulants can also be manipulated to enable intranasal or intravenous administration. Long-acting psychostimulants do not consistently produce euphoria when used as prescribed, and they are not as easily manipulated for intranasal or intravenous administration as are short-acting agents. As such, long-acting psychostimulant formulations may play an important role in helping manage ADHD in adolescents and adults while helping minimize the risk of SUD. The extent to which the use of long-acting stimulants lowers the risk of diversion and misuse remains to be determined.

When choosing therapeutic strategies and coordinating ongoing care, clinicians need to remain mindful of the unique treatment challenges posed by patients with ADHD, particularly as they mature into adulthood. Efforts to optimize patient outcomes during adulthood may need to include pharmacotherapy; close monitoring for, and frank discussion of, diversion and misuse or abuse; behavioral therapy or psychotherapy; and educational efforts aimed at helping patients cope with ADHD symptoms in adulthood.

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**AST CONTINUING EDUCATION  
POLICIES FOR THE CST® AND CFA®**

**EFFECTIVE JANUARY 1, 2010**

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## INTRODUCTION

The *AST Continuing Education Policies for the CST and CFA* are provided for CSTs® and CFAs® participating in continuing education (CE). CSTs, CFAs and providers must adhere to these high standards, established by the profession to ensure the ongoing educational development of individual practitioners and to demonstrate to the public the profession's commitment to providing the highest level of quality surgical patient care.

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## **ORGANIZATIONAL CONTINUING EDUCATION MISSION & GOALS**

### **AST Continuing Education Mission**

AST supports quality surgical patient care by promoting the completion of continuing education to assure the public, certifying bodies and other health professionals that CSTs and CFAs are maintaining current standards in the field of surgical technology and surgical assisting.

### **Continuing Education Definition**

CE is formal and structured learning to enhance the competency of the CST and CFA in order to foster the development of the surgical technology and surgical assisting professions.

### **AST Continuing Education Goals**

AST will:

1. Analyze and up-date the CE policies on a periodic basis to reflect policy changes and current trends.

2. Develop and deliver continuing education that improves the knowledge and skills of the CST and CFA.
3. Evaluate the effectiveness of the CE offerings in meeting the needs of the CSTs and CFAs.
4. Evaluate the CE offerings of other organizations and businesses to determine their meeting the AST CE policies.

### **Role and Responsibility of AST**

AST recognizes and establishes the CE credit as the standard for all CE programs and products that are completed by the CST and CFA. The AST CE Department is assigned the responsibility for reviewing CE programs and enduring materials for adherence to the AST CE policies. Only those CE programs and enduring materials approved by AST will be allowed to award CE credits to the CST and CFA.

### **Definitions of Program and Enduring Material**

#### **Program**

A CE program is defined as a live program including but not limited to health care facility/employer sponsored in-service, conference, seminar, symposium or workshop in which the CST and CFA attend CE lectures.

#### **Enduring Material**

Enduring material is defined as a non-live offering including but not limited to CE article delivered hard-copy or electronically that has a post-article CE exam; viewing a recorded CE lecture on-line, CD, or other electronic means that has a post-article CE exam.

### Responsibility of CST and CFA

It is the responsibility of the CST and CFA to know if a CE program or enduring material offered by a business or organization is AST approved for CE credits. Only CE credits earned by attending AST approved programs or completing an enduring material activity will be applied towards re-certification.

### **SUBMITTING YOUR CE CREDITS TO AST**

#### **Member**

1. Submit the AST Continuing Education Reporting Form. Include verifying documentation of all CE credits reported (e.g., certificate of completion, attendance verification form). The CE Reporting Form and documentation can be mailed, sent by FAX, or scanned and sent as an E-mail attachment to AST.
2. After your CE credits are processed, AST will send you a letter acknowledging the number of CE credits that were accepted. This is proof that your CE credits were processed and recorded by AST and this letter should be kept with your personal CE credits.
3. AST CE exams from the monthly journal *The Surgical Technologist*, independent study courses, and on-line program offerings are processed by AST independently from other CE credits and should not be submitted on the reporting form. After processing the answer sheet and recording the CE credits, AST will send you confirmation; this confirmation should be kept with your personal CE records. Visit the AST Continuing Education Resource Center at the AST web site to earn quality CE credits on-line.

4. CE credits earned at the AST National Conference and other programs will be automatically processed and recorded for the member.
5. AST will process your CE credit record at least one month prior to your recertification date.

#### **Nonmember**

1. Submit the AST CE Reporting Form two to six months prior to recertification date; include the non-member fee of \$400.
2. Include verifying documentation of all CE credits reported (e.g., certificate of completion, attendance verification form). The AST CE Reporting Form and documentation can be mailed, sent by FAX or scanned and sent as an E-mail attachment to AST.
3. After your CE credits are processed, AST will send you a CE Credit Letter acknowledging the number of CE credits that were accepted. A copy of the CE Credit Letter should be submitted with the NBSTSA Renewal Form to the NBSTSA.

#### **Fees**

##### **Member**

- Submit AST CE Reporting Form with verifying documentation.....*No Charge*

##### **Nonmember**

- Submit AST CE Reporting Form with verifying documentation one time per certification cycle, two to six months prior to recertification date.....\$400



### Important Notice

If membership lapses for more than 90 days the CE credits earned while a member are maintained and recorded by AST and can be applied towards renewal of the credential. However, CE credits earned as a non-member are subject to the non-member processing fee of \$400 when submitted to AST.

### Appeals Process

AST will review possible exceptions to the CE policies on a case-by-case basis. To appeal a decision concerning the denial of CE credit(s) a written petition for reconsideration must be sent to the AST Director of Continuing Education. If the original decision is upheld, a second appeal may be made to the AST Board of Directors who will make the final decision.

### **METHODS TO EARN CE CREDITS AND DOCUMENTATION**

CE credits can be earned through the following methods: health care facility/employer sponsored in-services; attending professional physician organization programs; writing for health-related publications; instruction of health professionals; college credit; lecture; clinical demonstration; and completion of enduring material activities.

### Important Notice

Continuing education activities in which CE credits are earned must be relevant to the medical-surgical practice of surgical technology and surgical assisting.

### AST CE Credit Values

1. One CE credit equals 50 – 60 minutes of activity when attending a program or viewing a recorded CE lecture and completing the post-lecture CE exam.

2. Partial CE credits are accepted by AST. However, the CE activity offered at the program or recorded lecture must be a minimum of 30 minutes (0.5 CE credits).  
Partial CE credits are accepted in 15 minute increments past the required minimum of 30 minutes. For example, an activity that is one hour and fifteen minutes will be awarded 1.25 CE credits.
3. When possible the lectures provided at CE programs will be combined in order to award the maximum number of CE credits as long as the lectures are subject related. For example, an orthopedic seminar offers several lectures that are 15 minutes in length; the lectures will be combined to determine the total number of CE credits that will be accepted by AST.
4. CST and CFA authors of a CE article published in a health-related magazine or journal will be awarded 1 CE credit per 2,000 type-written words.
  - a. The word count does **not** include the post-article CE exam, reference page, or bibliography.
5. CSTs and CFAs that complete an independent study CE article or course with post-article CE exam will be awarded 1 CE credit per 2,000 type-written words.
  - a. The word count does **not** include the post-article CE exam, reference page, or bibliography.

#### **Employer Sponsored In-Services**

1. Employer in-services are accepted by AST for CE credits.
2. Health care facility orientation is **not** accepted for CE credits.
3. BLS and ACLS are accepted for CE credits.

4. If the employer sponsors or provides funds for an employee(s) to attend a conference, seminar, symposium, or workshop or complete any other type of CE activity sponsored by an organization other than the employer, the program must be AST approved in order to have the CE credits count towards certification renewal.
5. Documentation requirement: A certificate of attendance signed by the employer's Clinical Educator or other individual designated by employer. The total number of CE credits to be awarded for the in-service should be printed on the certificate.

#### **Professional Physician Organization**

1. CE credits offered at programs sponsored by professional physician organizations, such as the American College of Surgeons or American Academy of Orthopaedic Surgeons, are accepted by AST. **However**, the professional physician organization must be accredited by the Accreditation Council for Continuing Medical Education (ACCME).
2. Documentation requirement: A certificate of attendance signed by the individual designated to represent the professional physician organization. The total number of CE credits to be awarded for the program should be printed on the certificate.

#### **State Assemblies of AST**

1. State assemblies who sponsor a program are required to complete the program approval process in order for participants to receive AST approved CE credits.
2. Participants should verify that a state assembly program is AST approved prior to attending the program.

3. Documentation requirement: A certificate of attendance signed by the individual designated to represent the state assembly. The total number of CE credits to be awarded for the program should be printed on the certificate.

### **Writing for Health-Related Publications**

1. When authoring a CE article to be published the magazine or journal must be a health-related publication. Additionally, the publisher must have a peer-review process in place in order to determine if the article meets the publishing standards of the magazine or journal.
2. CE credit will only be awarded for the initial publication of an article.
3. One (1) CE credit is awarded per 2,000 type written words.
4. Documentation requirement: The CE credits will be automatically entered for CSTs and CFAs that author CE articles for the AST monthly journal, *The Surgical Technologist*. CSTs and CFAs that author a CE article for other magazines and journals must submit an official, published copy of the article that has your name printed as the author, name of the magazine or journal, date of publication, and volume number.

### **Instruction of Health Professionals**

1. This method for earning CE credits does **not** apply to those CSTs and CFAs who provide lectures or lab/clinical demonstrations as part of their job duties, such as educators, preceptors and medical sales representatives. In addition, CSTs and CFAs who perform their job duties as a member of a surgical team that travels to a foreign country to perform surgery for a limited amount of time is **not** accepted for CE credits.

2. This method for earning CE credits applies to CSTs and CFAs that provide CE lectures at an AST approved CE program or employer sponsored in-service, or serve as instructors during an AST approved CE workshop, e.g. wound closure workshop at a state assembly meeting.
3. CST and CFA presenters and instructors will receive CE credits for the initial preparation and presentation of a topic. Two CE credits will be awarded for the initial preparation of the presentation. The lecture or workshop must last a minimum of 30 minutes. For example, if a lecture lasts 45 minutes the CST or CFA presenter would be awarded a total of 2.75 CE credits. However, if the lecture is repeated at a future program CE credits are only awarded for the length of the lecture.
4. Documentation requirement: For AST sponsored programs such as national conference, forums or workshops the CST and CFA presenter or instructor does not need to submit documentation as proof of providing a CE lecture or serving as a workshop instructor; AST will automatically enter the CE credits for the individual.

However, CSTs and CFAs that present a CE lecture or serve as an instructor at a non-AST sponsored program including a state assembly meeting must submit a copy of the program agenda that includes their name as presenter and title of the presentation or workshop as well as length of the activity.

### College Credit

1. College courses to be submitted for CE credits must be completed with a grade of “C” or better.
2. The courses must be completed at an institution that is accredited by an organization recognized by the U.S. Department of Education.
3. Surgical assistant college courses submitted for CE credit(s) must be completed at a CAAHEP accredited surgical assistant program.
4. General nursing and physician assistant college courses that are not specifically related to the medical surgical practice of surgical technology and surgical assisting will not be accepted for CE credits.
5. Freshman (100)/sophomore (200) level courses or equivalent will be awarded 5 CE credits for each semester hour completed. Example: 3 semester course,  $3 \times 5 = 15$  CE credits.
6. Junior (300)/senior (400) level or equivalent will be awarded 7 CE credits for each semester hour completed. Example: 3 semester course,  $3 \times 7 = 21$  CE credits.
7. Graduate level (500+) or equivalent will be awarded 10 CE credits for each semester hour completed. Example: 3 semester course,  $3 \times 10 = 30$  CE credits.
8. College courses submitted as quarter hours will be converted to an equivalent number of semester hours; quarter hour  $\times 0.75 =$  semester hour.
9. Documentation requirement: Unofficial college transcript – **no exceptions made.**

### **Enduring Material**

1. Enduring material is self-directed learning in which the CST and CFA independently completes CE activity that is approved for CE credits by AST.
2. Methods of enduring materials include but are not limited to CE articles and completing a post-article CE exam that are offered hard-copy or electronically; viewing recorded lectures and completing a post-lecture exam that are offered on-line, CD, DVD, video tape or other electronic means.
3. Participants should verify that the enduring material activity is AST approved prior to completing.
4. Documentation requirement: AST members and non-members refer to “Submitting Your CE Credits To AST” for information as related to submitting AST sponsored enduring material activities for CE credits.

Upon completion of an enduring material activity offered by another business or organization the CST and CFA must submit the certificate of completion provided by the business or organization with the AST CE Reporting Form.

### **Important Notice Concerning Training Provided by Employer & Work Experience**

CE credits are **not** awarded for on-the-job training and work experience that the CST and CFA completes as an employee of the facility providing the training. Example, CST is completing on-the-job training in learning the first scrub role to be a member of the health care facilities cardiovascular team.

This training is distinct from attending employer sponsored in-services which is described on page eight (8).

**FILLING OUT THE CONTINUING EDUCATION REPORTING FORM**

Type or use ballpoint pen. Fill in all blanks.

**Credits Earned on Month and Year**

1. Credits must be earned within the four-year certification cycle.

**Provider Name**

1. List the name of the organization or business that sponsored the CE program or provided the enduring material activity.

**Educational Activity**

1. List the specific title of the CE program or enduring material activity.

**Location**

1. List the city and state where the CE program took place.

**Number of CE Credits**

1. List the total number of CE credits earned.

**Signature**

1. Sign the form.

**Submitting AST CE Reporting Form with Verifying Documentation**

1. The CE Reporting Form and verifying documentation can be mailed, sent by FAX, or scanned and sent as an E-mail attachment to AST.
2. Mailing Address: AST; 6 West Dry Creek Circle; Suite 200; Littleton, CO 80120
3. FAX to the attention of Member Services Department: (303) 694 – 9169
4. Allow four weeks for processing.
5. **Incomplete forms will be returned.**

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# American Council on Exercise

## ACE FAQ Continuing Education Provider

### **Q: How much does it cost to have a course/event approved?**

#### **Workshops or Webinars:**

First course submitted for the year: \$250

All additional courses submitted for the year: \$50

#### **Online Courses or Text/DVD:**

First course submitted for the year: \$500

All additional courses submitted for the year: \$200

#### **Conferences:**

1-50 sessions: \$300

51-100 sessions: \$800

100+ sessions: \$1,000

**All application fees are non-refundable**

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### **Q: How are ACE continuing education credits (CECs) determined?**

CEC value corresponds to the actual amount of time (in hours) spent participating in an organized continuing education experience under qualified instruction. This does NOT include breaks or lunch associated with live programs (workshops, conferences, etc). One contact hour equals 0.1 CEC. ACE does not award partial credit.

For distance learning (involving text or video materials), CEC value will be determined according to the following:

- Validated formula for determining the educational time involved in reading print materials based on word count, adjusted for difficulty of content, and including time to answer test questions.
- Video/media run time.
- Review of the course by ACE Academy staff member.
- Course completion times reported by three external reviewers may also be considered. Additional distance learning credit will NOT be given for repeat viewing or reading of video/print materials nor repetitive practice of learned skills/drills. The fitness professional is expected to take the initiative to repeat exercises/activities or review course materials as needed so that the information and techniques can be incorporated into his/her practice. This is not considered part of the original course.

Once ACE has assigned a CEC value, it can only be modified if the course is substantially modified or augmented.

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## **Q: What course topics will ACE approve?**

All ACE-approved programs must be specific to advancing the ACE-certified professional's knowledge in the health and fitness field. We approve courses in a variety of topics including, but not limited to:

- Anatomy
- Body Composition
- Business Management
- Chronic Conditions
- Communication & Motivation
- Cueing & Choreography
- Exercise Physiology
- Exercise Programming
- Fitness Assessment
- Injury Prevention
- Instructional Techniques
- Nutrition
- Post Rehab Programming
- Specialty Class Formats
- Weight Management

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## **Q: What courses will ACE not approve?**

All ACE-approved programs must be specific to advancing the ACE-certified Professionals' knowledge in the health and fitness field. Courses not eligible for ACE continuing education credit include:

- Courses designed to prepare students to take ACE certification exams, whether short reviews or comprehensive.
- Courses that are redundant to the experience and education of the ACE-certified professional.
- Courses that prepare one for a different field (e.g., massage) or are beyond the scope of practice of an ACE-certified professional.
- Courses that are positioned or titled as core certifications (e.g., foundational and advanced personal trainer, exercise specialist and group fitness instructor).
- Any course or continuing education provider that does not meet ACE educational requirements and standards.
- Any course/session that does not demonstrate a structured learning environment, complete with learning objectives (such as master classes/workouts, panel discussions, roundtables, etc).

---

## **Q: Submitting Your Workshop or Webinar**

You should be prepared to enter the following information into the online course

application. Tip: If you have course information in a word document, you can “cut and paste” the information into the appropriate fields.

- Description (descriptions should be clear and engaging. Use 100-150 words to represent the focus, subject and intended audience)
- List of Objectives (objectives must be clear and specific to the outline submitted. Briefly list three measurable objectives the participants will be able to meet after attending your course. Start each objective with “Students will be able to ... “

For example:

- Students will be able to calculate percent fat when given a food label.
  - Students will be able to identify 10 major muscles in the lower body.
  - Students will be able to demonstrate standard technique when performing a squat.
- 
- Lesson Plan/Outline (outlines/lesson plans must contain the agenda of information that meets the objectives listed. Time allotment for each topic area must be noted on the outline in the form of an hour by hour breakdown. Be sure to include detailed descriptions of all content, especially practical drills or skill enhancement.
  - Bibliography (bibliographies document the material presented in your course. They typically include books, articles or expert lectures that students can refer to if they wish to learn more about the topic.
  - Presenter name(s) and email address(es)

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## **Q: Submitting Your Distance Learning Course**

You should be prepared to enter the following information into the online course application. Tip: If you have course information in a word document, you can “cut and paste” the information into the appropriate fields.

- Course Title
- Course Description (100-150 words)
- List of Objectives (objectives must be clear and specific to the outline submitted. Briefly list three measurable objectives the participants will be able to meet after attending your course. Start each objective with “Students will be able to ... “
- Author(s) including degrees, certifications and experience related to the topic area.
- Course Outline – Outlines must contain the agenda of information that meets the objectives listed. An estimated time allotment for each section must be noted. Include detailed descriptions of all practical drills/skill enhancement.
- Names and email addresses of three reviewers

If applicable, you will also be asked to provide:

- Run Time of DVD/CD or video materials
- Word count of print materials

- Link to access online course

You must submit to ACE a complete set of course materials. If you are submitting an online course, these should be available through the link you provide to ACE. All other course materials should be sent to ACE at the following address:

American Council on Exercise  
Academy – Continuing Education Applications  
4851 Paramount Drive  
San Diego, CA 92123

Course materials should include:

1. All manuals, text, DVDs, CDs and other materials which comprise the course.
2. Bibliography/references – Bibliographies and references demonstrate that the author has done adequate background research and also provide resources that students can refer to if they wish to learn more about the topic.
3. Post-completion test – An exam should be designed to verify participant completion of the course, reinforce important content, evaluate student comprehension and verify that the learning objectives were met. It is recommended that courses valued at 0.1-0.2 CECs have 8-10 exam questions for each contact hour. Fewer questions (5-8) are acceptable per credit hour for longer courses.
4. Clear instructions on how to complete the course
5. Material permissions - If the author is not affiliated with your organization, please explain your right to use the material.
6. Three completed review forms (3) - You must obtain reviews of your course from three reviewers using the ACE Distance Learning Course Review Form. Reviewers should be subject matter experts and/or fitness professionals who represent your intended audience. Reviewers should provide feedback as to course content, relevance, accuracy and readability as well as completion time. You are responsible for making changes to your course based on reviewer feedback prior to submission. Please send completed review forms to ACE when you are mailing in course materials.

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## **Q: Submitting Your Conference**

You should be prepared to enter the following information into the online application.

Tip: If you have event information in a word document, you can “cut and paste” the information into the appropriate fields.

- Conference Title
- Conference Description
- Conference Start Date
- Conference Length in Days
- Conference Location (city, state and zip code)
- Number of Conference Sessions

For each conference session you will be required to provide the following information:

- Session Title
- Session Description
- Session Date
- Session Start Time
- Session End Time
- Presenter Name and Email Address

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### **Q: What is the expected timeline for ACE to review my application package?**

ACE will review your application package within 60 days of receipt. Please keep this timeframe in mind when submitting an application for a live course (workshop or conference).

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### **Q: My course/event is taking place in less than 60 days, is there a way to expedite the application process?**

ACE does offer a "rush" option for individuals who require course/event approval in an expedited fashion. This option is available for workshops, webinars and conferences only. Rush applications must be received **at least 15 days in advance of the proposed program date**. Applications received after this timeframe cannot be guaranteed review or approval prior to the start of the program. The rush fees are as follows:

CEC course (workshop or webinar): \$100  
Conference: \$250

**Please note that all rush fees are in addition to the standard course/event application fees and are non-refundable.**

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### **Q: I have a course that was ACE-approved several years ago that I would like to once again offer for ACE credits. Can I simply renew this course?**

Courses that are eligible for renewal are those which have been ACE-approved within the last two years. Courses that have been inactive for more than two years must be resubmitted as new courses.

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### **Q: How do I post my approved course/event dates on the ACE website?**

To post your approved course/event dates, simply follow these steps:

- Once logged into your account, click on the course approval number for your approved course
- You can then add any pertinent information about your course/event to the

“Course Detail box”

- If you have added any details, click the “Update Course” button to save your information
- To then add the exact date(s) and locations, scroll down the page and click on “Add a New Course Date”
- Fill out the required fields & click “Create”

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## **Q: What are the ACE application and education standards?**

The continuing education provider practices and disciplinary procedures of the American Council on Exercise® (ACE) are intended to assist and inform continuing education providers and the public of the ACE Application and Education Standards relative to professional conduct and disciplinary procedures. ACE may revoke or otherwise take action with regard to the continuing education provider in the case of:

1. Failure to meet the requirements for continuing education credit (CEC) approval (e.g., course titled/positioned as a core certification (e.g., foundational or advanced personal trainer, exercise specialist and group fitness instructor), instructor/author does not meet mandatory presenter criteria, content is not within the scope of practice of an ACE-certified professional, etc).
2. Irregularity in connection with successfully conducting ACE-approved continuing education courses/events, including but not limited to negative feedback from course participants and unsatisfactory course ratings.
3. Unauthorized possession, use, access, or distribution of trademarks, logos, written materials, or other confidential or proprietary ACE documents or materials (registered or otherwise).
4. Material misrepresentation or fraud in any statement to ACE or to the public, including but not limited to statements made to assist the applicant to apply for, obtain, or retain continuing education credit (CEC) approval for courses/events.
5. Any physical, mental, or emotional condition of either temporary or permanent nature, including, but not limited to, substance abuse, which impairs or has the potential to impair competent and objective professional performance.
6. Negligent and/or intentional misconduct in professional work, including, but not limited to, physical or emotional abuse, disregard for safety, or the unauthorized release of confidential information.
7. The timely conviction, plea of guilty, or plea of nolo contendere in connection with a felony or misdemeanor, which is directly related to public health and/or fitness instruction or education, which impairs competent and objective professional performance. These include, but are not limited to, rape, sexual abuse of a student, actual or threatened use of a weapon of violence, the prohibited sale, distribution, or possession with intent to distribute, of a controlled substance.

ACE has developed a three-tiered disciplinary process of review, hearing and appeals to ensure fair and unbiased examination of alleged violation(s) of the Application and Education Standards in order to (1) determine the merit of allegations; and (2) impose appropriate sanctions as necessary to protect the public, ACE-certified professionals, and the integrity of the application process to become a continuing education provider.

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## **Q: What do I give my participants upon completion of my ACE-approved course/event?**

Providers must issue each attendee an accurate certificate of completion at the conclusion of every ACE-approved course. An accurate certificate of completion must include:

- Attendee name
- Course title (as approved by ACE)
- ACE course approval number
- Course date
- Number of continuing education credits (CECs)
- Approved presenter's name

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## **Q: What are the qualifications in order to be considered for approval as a CEC provider?**

In order to be considered for approval as a CEC provider the following criteria must be met:

- Submit a completed application package including an electronically signed Continuing Education Provider Agreement.
  - ACE-approved courses must be presented and created by individuals meeting the following requirements:
    - Hold a minimum of a bachelor's degree in exercise science (or a related field) or a current NCCA-accredited fitness certification (*\*ACE certification preferred*) or a current RYT credential (*for yoga courses only*).
    - Possess at least three years experience in the subject matter being presented.
-

**Mask, Paula**

---

**From:** barbthurn [barbthurn@bellsouth.net]  
**Sent:** Friday, December 14, 2012 2:06 PM  
**To:** Jusevitch, Anthony  
**Cc:** Mask, Paula; Clahar, Jacqueline  
**Subject:** More attachments of CEU info  
**Attachments:** American Psychological AssociationContinuing Education For Registrants.doc; ASHA Peer Review Orientation.doc; AST CONTINUING EDUCATION.doc; Independent Study Standards.doc; Oklahoma Dept of Insurance.doc; PDA\_Program\_Review\_Application.pdf; approvedproviderpolicies.pdf

Here's more ceu info from other professions



## **Continuing Education For Registrants**



The National Register is approved by the American Psychological Association to offer continuing education for psychologists. The National Register maintains responsibility for this program.

### **How do Registrants to earn Free CE Credits?**

- [www.e-psychologist.org](http://www.e-psychologist.org): The National Register launched a web site devoted to continuing education. Selected articles and questions from past issues of The Register Report have been revised and updated, with learning objectives and assessment questions added, so that the articles conform to APA CE Sponsor approval criteria. In addition, previously published articles reprinted with permission also offer CE credits.

Registrants who correctly answer 80% of the multiple-choice questions on the first or second attempt will receive a certificate of completion that includes the date, subject areas covered in the articles and number of questions on the quiz. The certificate of completion can then be forwarded to a licensure board.

- [The Register Report](#): Beginning with the spring 2003 issue, Registrants may read the learning objectives and articles, answer the questions, complete the survey, and fax the answer sheet back to the National Register. The designated articles in the spring and fall 2003 The Register Report are worth 2 credits each.
- [Legal Updates](#): Beginning with the spring 2003 Legal Update, Registrants may read the learning objectives and Legal Update, answer the questions, complete the survey, and fax the answer sheet back to the National Register. The spring 2003 Legal Update is worth 3 credits.

### **Basis for CE Credits Earned:**

- One (1) CE credit can be earned by successfully answering 10-13 multiple choice and other questions at an 80% pass rate from 3-4 designated articles with approximately 4800-6000 word count.
- Two (2) CE credits can be earned by successfully answering 10-13 multiple choice questions at an 80% pass rate from multiple designated articles with a total of approximately 8000-10,000 word count.
- Three (3) CE credits can be earned by successfully answering 10-13 multiple choice questions at an 80% pass rate from multiple designated articles with more than 10,000 word count.

Questions about acceptable CE credits? Contact your [licensing board](#).

Questions or comments regarding the National Register CE program? Please contact [tessa@nationalregister.org](mailto:tessa@nationalregister.org).

# American Speech Language Hearing Association

## Peer Review Orientation - Periodicals (Journals and Newsletters)

*This orientation explains the peer review options available in order to register a periodical for ASHA CEUS.*

- [What peer review information is needed to register a periodical?](#)
- [What is the difference between an ERB and peer reviewers?](#)
- [Whether I choose to either use an ERB or have separate peer reviewers, is their role the same?](#)
- [What qualifications should the ERB or peer reviewers have?](#)
- [Can the CEA or editor be a peer reviewer or member of the ERB?](#)
- [If an ERB exists for the periodical, how do I submit my periodical for registration?](#)
- [What is included in the word count?](#)
- [If peer reviewers are used for each periodical, how do I submit my periodicals for registration?](#)

### What peer review information is needed to register a periodical (journal or newsletter) for ASHA CEUs?

That depends. You can either use a Standing **Editorial Review Board (ERB)** or have each issue reviewed by **two peer reviewers**. Depending on your choice, different material and time lines will apply to your course registration.

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### What is the difference between an ERB and peer reviewers?

An **ERB** is a group of at least two members charged with:

- reviewing the clinical content of manuscripts submitted for publication
- evaluating their appropriateness for publication
- suggesting revisions that would strengthen them

The product (articles and learning assessment) is initially viewed by an editor and then given to the members of the ERB for reading. Members of the ERB possess **expertise in the subject matter** and **knowledge of acceptable content**. ERB members make comments, put forth fair criticisms, and suggest appropriate changes needed in the

product they examine. The editor then works with the article author(s) to address the ERB's comments.

**Peer reviewers** perform essentially the same function but are recruited for each product individually. Typically the product is initially viewed by the editor and/or division coordinator and CE Administrator and then given to the outside peer reviewers for comment.

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## **Whether I choose to either use an ERB or have separate peer reviewers, is their role the same?**

Yes. The role of the ERB or peer reviewers is the same: The purpose of the peer review is to offer the Provider feedback to improve the materials before publication and validate that the content of the materials is accurate, current, understandable by the learner, and delivered in the appropriate format.

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## **What qualifications should the ERB or peer reviewers have?**

ERB members or peer reviewers must:

- be speech-language pathologists, audiologists or speech/language/hearing scientists
- have expertise in the content area (typically demonstrated through significant clinical practice, research, presentations, and/or consultations in the content area)

Providers should avoid any real or perceived conflict of interest in choosing peer reviewers or ERB members. Conflict of interest refers to a situation when a professional has competing professional or personal obligations, personal interest, or financial interests that would make it difficult to fulfill his or her duties fairly.

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## **Can the CE Administrator of the publishing organization or editor of the periodical (journal or newsletter) be a peer reviewer or member of the ERB?**

No. Anyone with a real or perceived conflict of interest cannot be a peer reviewer or member of the ERB. If you have questions about whether a peer reviewer or candidate for the ERB has a real or perceived conflict of interest, please contact your provider manager.

## If an ERB exists for the periodical, how do I submit my periodical (journal or newsletter) for registration?

If your journal or newsletter has an ERB, register courses in the following manner:

- Submit **annually** a current list of the members of the ERB and resubmit the list when the membership of the ERB changes.
- Provide the **date that the ERB accepted all the articles** in the issue for publication. This date is the product's peer review start date.
- Submit:
  - [Activity Registration Form](#) [PDF] and attachments
    - **Time-Ordered Agenda** : Provide a list of the articles including titles, authors, word count for each article, and the total word count
    - **CEU Calculation** : Complete [Table II: Periodical Enduring Materials Formula](#) [PDF] using the formula based on your initial pilot study for the journal
  - [Multiple Offerings List](#) [RTF] (if more than one offering is planned)
  - [Self-Study Product Information form](#) [RTF] *Note: The CEB reserves the right to request a copy of the journal draft.*
- File the Activity Registration Form and all required self-study materials a minimum of **15 days** before the start date of the self-study.

## What is included in the word count?

When calculating the word count to determine the CEU amount, it is appropriate to include:

- titles of articles
- name of authors
- abstracts
- text of articles
- text related to charts, graphs, etc.
- references (if they are part of the learning content)

Examples of items that should **not** be included in the word count are:

- general content unrelated to learning outcomes, such as "From the Coordinator" columns
- promotional information or advertisements for upcoming events
- committee meeting reports

Should the **learner assessment questions** be included in the word count? It depends on your initial pilot study. Did your pilot study separate out reading time and learner assessment time (for example, the reading time average was 157.3 words per minute and the learner assessment average was .31 questions per minute)? If so, the reading of the

learner assessment questions is already accounted for and should not be included again in the word count.

[Return to Top](#)

## If peer reviewers are used for each periodical, how do I submit my periodicals (journals or newsletters) for registration?

If your journal or newsletter has peer reviewers, register courses in the following manner:

- Submit:
  - [Activity Registration Form](#) [PDF] and attachments
    - **Time-Ordered Agenda** : Provide a list of the articles including titles, authors, word count for each article, and the total word count
    - **CEU Calculation** : Complete [Table II: Periodical Enduring Materials Formula](#) [PDF] using the formula based on your initial pilot study for the journal
  - [Multiple Offerings List](#) [RTF] (if more than one offering is planned)
  - [Peer Review Response Form](#) [RTF] (minimum two peer reviewers)
  - [Peer Reviewer Credentials Form](#) [RTF] for each reviewer
  - [Response to Peer Reviewers' Comments Form](#) [RTF]
  - [Self-Study Product Information form](#) [RTF] *Note: The CEB reserves the right to request a copy of the journal draft.*
- File the Activity Registration Form all required self-study materials a minimum of **30 days** before the start date of the self-study.
- After all required self-study materials are submitted, please allow **1 month** for the Continuing Education Board (CEB) to review the self-study materials and respond to you regarding its status.
- Once the CEB has notified you in writing of the acceptance of your course registration, you may begin to advertise the availability of ASHA CEUs.

More details about the peer review process can be found in the [Continuing Education Board Manual](#). Contact your provider manager if you have questions or require more information.

# AST CONTINUING EDUCATION POLICIES FOR THE CST® AND CFA®

**EFFECTIVE JANUARY 1, 2010**

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## INTRODUCTION

The *AST Continuing Education Policies for the CST and CFA* are provided for CSTs® and CFAs® participating in continuing education (CE). CSTs, CFAs and providers must adhere to these high standards, established by the profession to ensure the ongoing educational development of individual practitioners and to demonstrate to the public the profession's commitment to providing the highest level of quality surgical patient care.

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## ORGANIZATIONAL CONTINUING EDUCATION MISSION & GOALS

### AST Continuing Education Mission

AST supports quality surgical patient care by promoting the completion of continuing education to assure the public, certifying bodies and other health professionals that CSTs and CFAs are maintaining current standards in the field of surgical technology and surgical assisting.

### Continuing Education Definition

CE is formal and structured learning to enhance the competency of the CST and CFA in

order to foster the development of the surgical technology and surgical assisting professions.

### **AST Continuing Education Goals**

AST will:

1. Analyze and up-date the CE policies on a periodic basis to reflect policy changes and current trends.
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2. Develop and deliver continuing education that improves the knowledge and skills of the CST and CFA.
3. Evaluate the effectiveness of the CE offerings in meeting the needs of the CSTs and CFAs.
4. Evaluate the CE offerings of other organizations and businesses to determine their meeting the AST CE policies.

### **Role and Responsibility of AST**

AST recognizes and establishes the CE credit as the standard for all CE programs and products that are completed by the CST and CFA. The AST CE Department is assigned the responsibility for reviewing CE programs and enduring materials for adherence to the AST CE policies. Only those CE programs and enduring materials approved by AST will be allowed to award CE credits to the CST and CFA.

### **Definitions of Program and Enduring Material**

#### **Program**

A CE program is defined as a live program including but not limited to health care facility/employer sponsored in-service, conference, seminar, symposium or workshop in which the CST and CFA attend CE lectures.

#### **Enduring Material**

Enduring material is defined as a non-live offering including but not limited to CE article delivered hard-copy or electronically that has a post-article CE exam; viewing a recorded CE lecture on-line, CD, or other electronic means that has a post-article CE exam.

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#### **Responsibility of CST and CFA**

It is the responsibility of the CST and CFA to know if a CE program or enduring material offered by a business or organization is AST approved for CE credits. Only CE credits earned by attending AST approved programs or completing an enduring material activity will be applied towards re-certification.

### **SUBMITTING YOUR CE CREDITS TO AST**

#### **Member**

1. Submit the AST Continuing Education Reporting Form. Include verifying documentation of all CE credits reported (e.g., certificate of completion, attendance verification form). The CE Reporting Form and documentation can be mailed, sent by FAX, or scanned and sent as an E-mail attachment to AST.
2. After your CE credits are processed, AST will send you a letter acknowledging the number of CE credits that were accepted. This is proof that your CE credits were processed and recorded by AST and this letter should be kept with your personal CE credits.
3. AST CE exams from the monthly journal *The Surgical Technologist*, independent study courses, and on-line program offerings are processed by AST independently



from other CE credits and should not be submitted on the reporting form. After processing the answer sheet and recording the CE credits, AST will send you confirmation; this confirmation should be kept with your personal CE records. Visit the AST Continuing Education Resource Center at the AST web site to earn quality CE credits on-line.

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4. CE credits earned at the AST National Conference and other programs will be automatically processed and recorded for the member.
5. AST will process your CE credit record at least one month prior to your recertification date.

#### **Nonmember**

1. Submit the AST CE Reporting Form two to six months prior to recertification date; include the non-member fee of \$400.
2. Include verifying documentation of all CE credits reported (e.g., certificate of completion, attendance verification form). The AST CE Reporting Form and documentation can be mailed, sent by FAX or scanned and sent as an E-mail attachment to AST.
3. After your CE credits are processed, AST will send you a CE Credit Letter acknowledging the number of CE credits that were accepted. A copy of the CE Credit Letter should be submitted with the NBSTSA Renewal Form to the NBSTSA.

#### **Fees**

Member

- ☐ Submit AST CE Reporting Form with verifying documentation.....*No Charge*

Nonmember

- ☐ Submit AST CE Reporting Form with verifying documentation one time per certification cycle, two to six months prior to recertification date.....\$400

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#### **Important Notice**

If membership lapses for more than 90 days the CE credits earned while a member are maintained and recorded by AST and can be applied towards renewal of the credential. However, CE credits earned as a non-member are subject to the non-member processing fee of \$400 when submitted to AST.

#### **Appeals Process**

AST will review possible exceptions to the CE policies on a case-by-case basis. To appeal a decision concerning the denial of CE credit(s) a written petition for reconsideration must be sent to the AST Director of Continuing Education. If the original decision is upheld, a second appeal may be made to the AST Board of Directors who will make the final decision.

#### **METHODS TO EARN CE CREDITS AND DOCUMENTATION**

CE credits can be earned through the following methods: health care facility/employer sponsored in-services; attending professional physician organization programs; writing for health-related publications; instruction of health professionals; college credit; lecture; clinical demonstration; and completion of enduring material activities.

#### **Important Notice**

Continuing education activities in which CE credits are earned must be relevant to the medical-surgical practice of surgical technology and surgical assisting.

#### **AST CE Credit Values**

1. One CE credit equals 50 – 60 minutes of activity when attending a program or viewing a recorded CE lecture and completing the post-lecture CE exam.  
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2. Partial CE credits are accepted by AST. However, the CE activity offered at the program or recorded lecture must be a minimum of 30 minutes (0.5 CE credits). Partial CE credits are accepted in 15 minute increments past the required minimum of 30 minutes. For example, an activity that is one hour and fifteen minutes will be awarded 1.25 CE credits.
3. When possible the lectures provided at CE programs will be combined in order to award the maximum number of CE credits as long as the lectures are subject related. For example, an orthopedic seminar offers several lectures that are 15 minutes in length; the lectures will be combined to determine the total number of CE credits that will be accepted by AST.
4. CST and CFA authors of a CE article published in a health-related magazine or journal will be awarded 1 CE credit per 2,000 type-written words.
  - a. The word count does **not** include the post-article CE exam, reference page, or bibliography.
5. CSTs and CFAs that complete an independent study CE article or course with post-article CE exam will be awarded 1 CE credit per 2,000 type-written words.
  - a. The word count does **not** include the post-article CE exam, reference page, or bibliography.

#### **Employer Sponsored In-Services**

1. Employer in-services are accepted by AST for CE credits.
2. Health care facility orientation is **not** accepted for CE credits.
3. BLS and ACLS are accepted for CE credits.  
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4. If the employer sponsors or provides funds for an employee(s) to attend a conference, seminar, symposium, or workshop or complete any other type of CE activity sponsored by an organization other than the employer, the program must be AST approved in order to have the CE credits count towards certification renewal.
5. Documentation requirement: A certificate of attendance signed by the employer's Clinical Educator or other individual designated by employer. The total number of CE credits to be awarded for the in-service should be printed on the certificate.

#### **Professional Physician Organization**

1. CE credits offered at programs sponsored by professional physician organizations, such as the American College of Surgeons or American Academy of Orthopaedic Surgeons, are accepted by AST. **However**, the professional physician organization must be accredited by the Accreditation Council for Continuing Medical Education (ACCME).
2. Documentation requirement: A certificate of attendance signed by the individual designated to represent the professional physician organization. The total number of CE credits to be awarded for the program should be printed on the certificate.

### **State Assemblies of AST**

1. State assemblies who sponsor a program are required to complete the program approval process in order for participants to receive AST approved CE credits.
2. Participants should verify that a state assembly program is AST approved prior to attending the program.

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3. Documentation requirement: A certificate of attendance signed by the individual designated to represent the state assembly. The total number of CE credits to be awarded for the program should be printed on the certificate.

### **Writing for Health-Related Publications**

1. When authoring a CE article to be published the magazine or journal must be a health-related publication. Additionally, the publisher must have a peer-review process in place in order to determine if the article meets the publishing standards of the magazine or journal.
2. CE credit will only be awarded for the initial publication of an article.
3. One (1) CE credit is awarded per 2,000 type written words.
4. Documentation requirement: The CE credits will be automatically entered for CSTs and CFAs that author CE articles for the AST monthly journal, *The Surgical Technologist*. CSTs and CFAs that author a CE article for other magazines and journals must submit an official, published copy of the article that has your name printed as the author, name of the magazine or journal, date of publication, and volume number.

### **Instruction of Health Professionals**

1. This method for earning CE credits does **not** apply to those CSTs and CFAs who provide lectures or lab/clinical demonstrations as part of their job duties, such as educators, preceptors and medical sales representatives. In addition, CSTs and CFAs who perform their job duties as a member of a surgical team that travels to a foreign country to perform surgery for a limited amount of time is **not** accepted for CE credits.

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2. This method for earning CE credits applies to CSTs and CFAs that provide CE lectures at an AST approved CE program or employer sponsored in-service, or serve as instructors during an AST approved CE workshop, e.g. wound closure workshop at a state assembly meeting.
3. CST and CFA presenters and instructors will receive CE credits for the initial preparation and presentation of a topic. Two CE credits will be awarded for the initial preparation of the presentation. The lecture or workshop must last a minimum of 30 minutes. For example, if a lecture lasts 45 minutes the CST or CFA presenter would be awarded a total of 2.75 CE credits. However, if the lecture is repeated at a future program CE credits are only awarded for the length of the lecture.
4. Documentation requirement: For AST sponsored programs such as national conference, forums or workshops the CST and CFA presenter or instructor does not need to submit documentation as proof of providing a CE lecture or serving as a workshop instructor; AST will automatically enter the CE credits for the individual.

However, CSTs and CFAs that present a CE lecture or serve as an instructor at a non-AST sponsored program including a state assembly meeting must submit a copy of the program agenda that includes their name as presenter and title of the presentation or workshop as well as length of the activity.

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### **College Credit**

1. College courses to be submitted for CE credits must be completed with a grade of “C” or better.
2. The courses must be completed at an institution that is accredited by an organization recognized by the U.S. Department of Education.
3. Surgical assistant college courses submitted for CE credit(s) must be completed at a CAAHEP accredited surgical assistant program.
4. General nursing and physician assistant college courses that are not specifically related to the medical surgical practice of surgical technology and surgical assisting will not be accepted for CE credits.
5. Freshman (100)/sophomore (200) level courses or equivalent will be awarded 5 CE credits for each semester hour completed. Example: 3 semester course,  $3 \times 5 = 15$  CE credits.
6. Junior (300)/senior (400) level or equivalent will be awarded 7 CE credits for each semester hour completed. Example: 3 semester course,  $3 \times 7 = 21$  CE credits.
7. Graduate level (500+) or equivalent will be awarded 10 CE credits for each semester hour completed. Example: 3 semester course,  $3 \times 10 = 30$  CE credits.
8. College courses submitted as quarter hours will be converted to an equivalent number of semester hours; quarter hour  $\times 0.75 =$  semester hour.
9. Documentation requirement: Unofficial college transcript – **no exceptions made.**

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### **Enduring Material**

1. Enduring material is self-directed learning in which the CST and CFA independently completes CE activity that is approved for CE credits by AST.
  2. Methods of enduring materials include but are not limited to CE articles and completing a post-article CE exam that are offered hard-copy or electronically; viewing recorded lectures and completing a post-lecture exam that are offered online, CD, DVD, video tape or other electronic means.
  3. Participants should verify that the enduring material activity is AST approved prior to completing.
  4. Documentation requirement: AST members and non-members refer to “Submitting Your CE Credits To AST” for information as related to submitting AST sponsored enduring material activities for CE credits.
- Upon completion of an enduring material activity offered by another business or organization the CST and CFA must submit the certificate of completion provided by the business or organization with the AST CE Reporting Form.

### **Important Notice Concerning Training Provided by Employer & Work Experience**

CE credits are **not** awarded for on-the-job training and work experience that the CST and CFA completes as an employee of the facility providing the training. Example, CST is completing on-the-job training in learning the first scrub role to be a member of the

health care facilities cardiovascular team.

This training is distinct from attending employer sponsored in-services which is described on page eight (8).

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## **FILLING OUT THE CONTINUING EDUCATION REPORTING FORM**

Type or use ballpoint pen. Fill in all blanks.

### **Credits Earned on Month and Year**

1. Credits must be earned within the four-year certification cycle.

### **Provider Name**

1. List the name of the organization or business that sponsored the CE program or provided the enduring material activity.

### **Educational Activity**

1. List the specific title of the CE program or enduring material activity.

### **Location**

1. List the city and state where the CE program took place.

### **Number of CE Credits**

1. List the total number of CE credits earned.

### **Signature**

1. Sign the form.

### **Submitting AST CE Reporting Form with Verifying Documentation**

1. The CE Reporting Form and verifying documentation can be mailed, sent by FAX, or scanned and sent as an E-mail attachment to AST.
2. Mailing Address: AST; 6 West Dry Creek Circle; Suite 200; Littleton, CO 80120
3. FAX to the attention of Member Services Department: (303) 694 – 9169
4. Allow four weeks for processing.

### **5. Incomplete forms will be returned.**

*CST® and CFA® are registered trademarks of the National Board of Surgical Technology & Surgical Assisting (NBSTSA).*

# Independent Study

**Also known as Distance Learning, On-Line Courses, Pre-Recorded CEUs**

Various professions sampled

## National Board for Certified Counselors

### Home Study Programs.

Home study-approved clock hours must be calculated in accordance with the following requirements.

The number of hours of credit awarded must be based on an accurate word count for text-based materials, and on an accurate word count plus listening/viewing time for mixed text and audio/visual materials. A reading speed of 66 words per minute is used to calculate the number of clock hours that may be awarded for text-based home study programs. One hour of continuing education credit may be awarded for a minimum of 4,000 words of text.

## American Psychological Association

### Basis for CE Credits Earned:

- One (1) CE credit can be earned by successfully answering 10-13 multiple choice and other questions at an 80% pass rate from 3-4 designated articles with approximately 4800-6000 word count.
- Two (2) CE credits can be earned by successfully answering 10-13 multiple choice questions at an 80% pass rate from multiple designated articles with a total of approximately 8000-10,000 word count.
- Three (3) CE credits can be earned by successfully answering 10-13 multiple choice questions at an 80% pass rate from multiple designated articles with more than 10,000 word count.

## American Speech Language Hearing Association

What is included in the word count? When calculating the word count to determine the CEU amount, it is appropriate to include:

- titles of articles
- name of authors
- abstracts
- text of articles
- text related to charts, graphs, etc.
- references (if they are part of the learning content)

Should the **learner assessment questions** be included in the word count? It depends on your initial pilot study. Did your pilot study separate out reading time and learner assessment time (for example, the reading time average was 157.3 words per minute and the learner assessment average was .31 questions per minute)? If so, the reading of the learner assessment questions is already accounted for and should not be included again in the word count.

## American Association of Surgical Technologists and Surgical Assistants

4. CST and CFA authors of a CE article published in a health-related magazine or journal will be awarded 1 CE credit per 2,000 type-written words.

a. The word count does **not** include the post-article CE exam, reference page, or bibliography.

5. CSTs and CFAs that complete an independent study CE article or course with post-article CE exam will be awarded 1 CE credit per 2,000 type-written words.

a. The word count does **not** include the post-article CE exam, reference page, or bibliography.

## Pharmacists

Research Article: Validation of a Formula for Assigning Continuing Education Credit to Printed home Study Courses  
American Journal of Pharmaceutical Education 2007; 71 (6)  
Article 121 :Credit Awarded Based on the *a priori* Formula to Home Study Continuing Education Programs

Course Number	Word Count	Number of Questions	Difficulty Level*	Estimated Time Using Formula, Minutes	Time for Credit, <sup>†</sup> Minutes
04-045	4107	15	4	81.0	75
05-050	6931	15	3	72.3	50
05-042	5098	10	4	70.4	50
06-040	5824	10	5	85.7	75
04-142	3363	10	3.5	60.1	50
06-023	5760	10	5	85.5	100‡
03-083	3840	10	3	54.0	50
05-096	3513	10	4	67.4	50
06-038	7573	10	4	75.0	50
04-110	4510	10	3.5	62.3	50

\*Difficult level was a subjective decision made by the course coordinator based on a 5-point scale with 5 representing the most difficult or unfamiliar material

<sup>†</sup>Credit issued as hours or CEUs (hours/10), but listed in minutes for this table and based on lower limit of 50-60 minutes equaling 1 hour of credit

<sup>‡</sup>Home study course was based on conversion of a live 2-hour program and not evaluated using the *a priori* formula

Am J Pharm Educ. 2007 December 15; 71(6): 121.

# Standards for Medical Coders

## Print Publications

Time considerations are translated into word count when AAPC awards CEUs for print publications. Qualifying curriculum within print publications includes narrative, illustrations, and graphs or charts. Excluded from word/page count are indexes and educational exercises (puzzles, quizzes, or other work). A final test is required for printed publications, to ensure that the coder has read and absorbed the materials within. The final test must be corrected by the sponsoring organization prior to the member receiving a CEU certificate of completion. The test must be passed by the participant with a score of 70 percent or higher to be awarded the CEUs. Because this test is a verification that the material was read, no CEUs are awarded for print publication tests. CEUs are based on education provided. Products containing exercises without curriculum are not eligible for CEUs (for example, a series of worksheets with scenarios or coding questions). Rationales provided with individual questions and answers qualify as curriculum. See below for more information on rationales as curriculum. The following guideline is used to calculate publication CEUs, although the publication's font size and layout design may result in more or less CEUs being applied:

- 50 pages of curriculum plus a final test of 10 questions equals 1 CEU
- 100 pages of curriculum plus a final test of 20 questions equals 2 CEUs
- 150 pages of curriculum plus a final test of 30 questions equals 3 CEUs
- 200 pages of curriculum plus a final test of 40 questions equals 4 CEUs

There is a limit to the number of CEUs that will be awarded to any publication, regardless of its size. Four CEUs is the maximum. More pages and more questions will not result in a higher CEU value. A copy of the publication and test is required for CEU assignment.

## Fitness Professionals (American Council on Exercise)

### Q: How are ACE continuing education credits (CECs) determined?

CEC value corresponds to the actual amount of time (in hours) spent participating in an organized continuing education experience under qualified instruction. This does NOT include breaks or lunch associated with live programs (workshops, conferences, etc). One contact hour equals 0.1 CEC. ACE does not award partial credit.

For distance learning (involving text or video materials), CEC value will be determined according to the following:

- ***Validated formula for determining the educational time involved in reading print materials based on word count, adjusted for difficulty of content, and including time to answer test questions.***
- Video/media run time.
- Review of the course by ACE Academy staff member.
- Course completion times reported by three external reviewers may also be considered. Additional distance learning credit will NOT be given for repeat viewing or reading of video/print materials nor repetitive practice of learned skills/drills. The fitness professional is expected to take the initiative to repeat exercises/activities or review course materials as needed so that the information and techniques can be incorporated into his/her practice. This is not considered part of the original course.

Once ACE has assigned a CEC value, it can only be modified if the course is substantially modified or augmented.



# Insurance Professionals

From KIM HOLLAND OKLAHOMA INSURANCE COMMISSIONER  
P.O. BOX 53408, OKLAHOMA CITY, OK 73152  
(405) 521-2828 [www.ok.gov/oid](http://www.ok.gov/oid)

## **CONTINUING EDUCATION GUIDELINES**

### **Revised October 2009 CE Course Hours Calculation Methods**

#### **Calculation of CE hours of Credit using NAIC screen count methodology**

600-700 words (standard font size) = one text page

45 screens – one hr of credit

Divide total screens by 45 – total number of credit hours

Multiply number of hours by

1.00 for basic level course

1.25 for an intermediate level

1.50 for an advanced course

(fractional hours rounded up to .50 or above and rounded down if .49 or less)

Up to 1 additional hour allowed for test taking. Test questions may not be included in the word count.

#### **Calculation of CE hours of Credit utilizing NAIC word count methodology**

Divide total number of words by 180 (documented average reading time)

= number of minutes to read material

Divide number of minutes by 50 = credit hours

Multiply number of hours by

1.00 for basic level course

1.25 for an intermediate level

1.50 for an advanced course

### **Final Assessment (exam) Criteria for both Internet and Correspondence**

Minimum of 25 questions for courses of 4 hours or less; score of 70% or greater

Minimum of 50 questions for courses of 5 hours or more; score of 70% or greater.

At least enough questions to fashion a minimum of 2 versions with at least 50% of questions being new/different in each subsequent version.

The exam must be monitored by a disinterested third party (proctor). A disinterested third party is defined as someone with no business or family relationship to the student. Self Study Courses have strict policies regarding proctor selection. An acceptable proctor is someone with no conflict of interest. Relatives, spouses, and co-workers are not acceptable proctors. Acceptable proctors would include Human Resources Director or Manager, librarians, CPA's, Attorney's and other licensed individuals.

Electronic verification of identity at the time an online exam is taken is allowable for the student and the disinterested third party monitor.

Final Exam Questions should not be the same as review or interactive questions.

## **ACUPUNCTURE: NCCAOM      Distance Learning/On-Line Courses**

- ☐ Program Description - How does it relate to Asian/Oriental Medicine?
- ☐ Goals and Objectives - 3 to 5 bullet points
- ☐ Sponsor's Professional Resume - We do NOT accept biographical sketches
- ☐ Detailed Content Outline - Calculate time frames for educational activities
- ☐ Sample End of Program Assessment-Test, Quiz, Paper, etc.
- ☐ Sample Certificate

Mail the the completed application to:

**NCCAOM**

**PDA Coordinator**

**76 South Laura Street, Suite 1290**

**Jacksonville, FL 32202**

Authorized Signature: Date

Print Name:

Include on both sign-in & certificate:  
Sponsor name, course title, instructor, date,  
PDA Points awarded, & your  
NCCAOM Provider #: ACHB \_\_\_\_-\_\_\_\_

Supporting Documents

**KIM HOLLAND**  
**OKLAHOMA INSURANCE COMMISSIONER**  
**P.O. BOX 53408, OKLAHOMA CITY, OK 73152**  
**(405) 521-2828 [www.ok.gov/oid](http://www.ok.gov/oid)**

# **CONTINUING EDUCATION GUIDELINES**

## **Revised October 2009**

### **Self Study**

#### **1. Internet Courses**

Material that is current, relevant, accurate and that includes valid reference materials, graphics and interactivity.

Clearly defined objectives and course completion criteria.

Specific instructions to register, navigate and complete the course work.

Technical support/provider representative be available a minimum of 14 hours.

Include information as to the minimum system requirements.

Process to authenticate student identity by signature or electronic identity verification.

The signed Affidavit of Course Attendance serves as the Provider's sworn statement that the students on the Course Attendance report are the individuals who hold the license and took the course.

Include a statement that the student information will not be sold or distributed to any third party without prior written consent of the student. Taking the course shall not constitute consent.

Provide some type of encryption. All personal information, including credit card number, name and address of the student must be encrypted so that the information cannot be read as it passes across the internet.

Inform the student as to the period of time that a course is accessible from the date of purchase. Must include a disclaimer that the course is approved only to December 31, XXXX (*This date should be updated upon renewal of the Provider and/or Course.*)

One of the following methods must be used during the course to ensure student participation:

Provide review questions after each unit/chapter. The questions must be answered prior to proceeding to the next unit/chapter. The material can be reviewed while answering questions.

Include periodic interaction requiring responses from the student in order to proceed with the course. Example: bio data

Use seat time tracking to ensure the student spends the appropriate amount of time completing the course.

\*\*\*Note: Effective November 1, 2009 as recommended by the NAIC, online continuing education courses must provide review questions at the end of each chapter/unit and prevent access to the final exam until each set of questions are answered at a 70% rate. CE providers will have until March 1, 2010 to comply.

Include a high level of interactivity (clicking on paths and navigation through an instructional sequence is not representative of interactivity).

Inability to print, launch or complete an online exam prior to reviewing the course material.

A final exam is required at the end of the course to measure the student's successful completion of course material and for evaluating the learning experience. A student is NOT allowed to go back to view the course content.

Process for requesting and receiving CE course-completion certificate.

If during an audit by the Oklahoma Insurance Department, your course materials have deviated from approved course outlines, or are in violation of Oklahoma CE Statutes, Rules or Guidelines you will be asked to discontinue your course offerings until the material has been updated to comply with the Statutes, Rules and Guidelines.

## **2. Correspondence**

Material that is current, relevant, accurate and that includes valid reference materials, graphics and interactivity.

Clearly defined objectives and course completion criteria.

Specific instructions to register and complete the course work.

Process to authenticate student identity by signature or electronic identity verification.

The signed Affidavit of Course Attendance serves as the Provider's sworn statement that the students on the Course Attendance report are the individuals who hold the license and took the course.

Include a statement that the student information will not be sold or distributed to any third party without prior written consent of the student. Taking the course shall not constitute consent.

Inform the student as to the period of time that a course is accessible from the date of purchase. Must include a disclaimer that the course is approved only to December 31, XXXX (*This date should be updated upon renewal of the Provider and/or Course.*)

A final exam is required at the end of the course to measuring the student's successful completion of course material and for evaluating the learning experience.

Process for requesting and receiving CE course-completion certificate.

If during an audit by the Oklahoma Insurance Department, your course materials have deviated from approved course outlines, or are in violation of Oklahoma CE Statutes, Rules or Guidelines you will be asked to discontinue your course offerings until the material has been updated to comply with the Statutes, Rules and Guidelines.

## **CE Course Hours Calculation Methods**

### **Calculation of CE hours of Credit using NAIC screen count methodology**

600-700 words (standard font size) = one text page

45 screens – one hr of credit

Divide total screens by 45 – total number of credit hours

Multiply number of hours by

1.00 for basic level course

1.25 for an intermediate level

1.50 for an advanced course

(fractional hours rounded up to .50 or above and rounded down if .49 or less)  
Up to 1 additional hour allowed for test taking. Test questions may not be included in the word count.

### **Calculation of CE hours of Credit utilizing NAIC word count methodology**

Divide total number of words by 180 (documented average reading time)

= number of minutes to read material

Divide number of minutes by 50 = credit hours

Multiply number of hours by

1.00 for basic level course

1.25 for an intermediate level

1.50 for an advanced course

(fractional hours rounded up to .50 or above and rounded down if .49 or less)

Up to 1 additional hour allowed for test taking. Test questions may not be included in the word count.

### **Final Assessment (exam) Criteria for both Internet and Correspondence**

Minimum of 25 questions for courses of 4 hours or less; score of 70% or greater

Minimum of 50 questions for courses of 5 hours or more; score of 70% or greater.

At least enough questions to fashion a minimum of 2 versions with at least 50% of questions being new/different in each subsequent version.

The exam must be monitored by a disinterested third party (proctor). A disinterested third party is defined as someone with no business or family relationship to the student. Self Study Courses have strict policies regarding proctor selection. An acceptable proctor is someone with no conflict of interest. Relatives, spouses, and co-workers are not acceptable proctors. Acceptable proctors would include Human Resources Director or Manager, librarians, CPA's, Attorney's and other licensed individuals.

Electronic verification of identity at the time an online exam is taken is allowable for the student and the disinterested third party monitor.

Final Exam Questions should not be the same as review or interactive questions.

### **Classroom:**

Material that is current, relevant, accurate and that includes valid reference materials, graphics and interactivity.

Clearly defined objectives and course completion criteria

Specific instructions to register and complete the course.

Process to authenticate student identity by signature or electronic identity verification.

The signed Affidavit of Course Attendance serves as the Provider's sworn statement that the students on the Course Attendance report are the individuals who hold the license and took the course.

Include a statement that the student information will not be sold or distributed to any third party without prior written consent of the student. Taking the course shall not constitute consent.

Inform the student as to the period of time that a course is accessible from the date of purchase. Must include a disclaimer that the course is approved only to December 31, XXXX *(This date should be updated upon*

*renewal of the Provider and/or Course.)*

Include a high level of interactivity.

Attendance for the entire class is necessary to obtain credit. There is no partial credit.

Process for requesting and receiving CE course-completion certificate.

Attendees should not engage in other activities during the class; e.g., there should be no reading of newspapers, doing other work, opening email, texting, sleeping, private conversations, etc. A provider should not give a course completion certificate to any student that did not pay satisfactory attention or otherwise failed to demonstrate acceptable student conduct in class.

If the Oklahoma Insurance Department performs an audit and finds that providers are giving course completion certificates to students that are not paying satisfactory attention; the provider status may be revoked.

If during an audit by the Oklahoma Insurance Department, your course materials or instruction technique have deviated from approved course outlines, or are in violation of Oklahoma CE Statutes, Rules or Guidelines you will be asked to discontinue your course offerings until the material and/or instruction technique have been updated to comply with the Statutes, Rules and Guidelines.

## **Distance Learning:**

### **1. Video conferences, Videos or Recordings of Live Presentations, including Downloads from the Internet**

Material that is current, relevant, accurate and that includes valid reference materials, graphics and interactivity.

Clearly defined objectives and course completion criteria

Specific instructions to register, navigate and complete the course work

Technical support/provider representative be available a minimum of 14 hours.

Include information as to the minimum system requirements.

Process to authenticate student identity by signature or electronic identity verification.

The signed Affidavit of Course Attendance serves as the Provider's sworn statement that the students on the Course Attendance report are the individuals who hold the license and took the course.

Include a statement that the student information will not be sold or distributed to any third party without prior written consent of the student. Taking the course shall not constitute consent.

Inform the student as to the period of time that a course is accessible from the date of purchase. Must include a disclaimer that the course is approved only to December 31, XXXX *(This date should be updated upon renewal of the Provider and/or Course.)*

Include a high level of interactivity.

Method of tracking participation

The course must include codes imbedded in the presentation. The Provider must receive and verify accurate documentation of the codes from the student before reporting satisfactory completion of the course to the Department. There must be five codes for every hour of CE credit.

-or-

The video or recording must be monitored by a disinterested third party (proctor). A disinterested third party is defined as someone with no business or family relationship to the student. Self Study Courses have strict policies regarding proctor selection. An acceptable proctor is someone with no conflict of interest. Relatives, spouses, and co-workers are not acceptable proctors. Acceptable proctors would include Human Resources Director or Manager, librarians, CPA's, Attorney's or other licensed individuals.

Methods for tracking attendance must be made available to the Department upon request.

Process for requesting and receiving CE course-completion certificate.

If during an audit by the Oklahoma Insurance Department, your course materials have deviated from approved course outlines, or are in violation of Oklahoma CE Statutes, Rules or Guidelines you will be asked to discontinue your course offerings until the material has been updated to comply with the Statutes, Rules and Guidelines.

## **2. Teleconferences and Webinars**

Material that is current, relevant, accurate and that includes valid reference materials, graphics and interactivity.

Clearly defined objectives and course completion criteria.

Specific instructions to register, navigate and complete the course work.

Technical support/provider representative be available a minimum of 14 hours.

Include information as to the minimum system requirements.

Process to authenticate student identity.

Include a statement that the student information will not be sold or distributed to any third party without prior written consent of the student. Taking the course shall not constitute consent.

Inform the student as to the period of time that a course is accessible from the date of purchase. Must include a disclaimer that the course is approved only to December 31, XXXX (*This date should be updated upon renewal of the Provider and/or Course.*)

Include a high level of interactivity.

Method of tracking participation

The Provider must also require response from the student during the presentation to confirm active attendance, such as typing or speaking a word or phrase or entering a code from a keypad. There must be five responses for every hour of CE credit.

-or-

The teleconference or webinar must be monitored by a disinterested third party (proctor). A disinterested third party is defined as someone with no business or family relationship to the student. Self Study Courses have strict policies regarding proctor selection. An acceptable proctor is someone with no conflict of interest. Relatives, spouses, and co-workers are not acceptable proctors. Acceptable proctors would include Human Resources Director or Manager, librarians, CPA's, Attorney's or other licensed individuals.

Methods for tracking attendance must be made available to the Department upon request.

Process for requesting and receiving CE course-completion certificate.

If during an audit by the Oklahoma Insurance Department, your course materials have deviated from approved course outlines, or are in violation of Oklahoma CE Statutes, Rules or Guidelines you will be asked to

discontinue your course offerings until the material has been updated to comply with the Statutes, Rules and Guidelines.



## Professional Development Activity (PDA) Program Review Application

NCCAOM Provider #: ACHB \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Indicate the category of and the review fee payment:

Payment Method: \_\_\_\_\_

- \$50 ☐ 1 Day Course (9 PDA Points or lower)  
\$150 ☐ Seminar (multiple day course-same subject)  
\$250 ☐ Conference/Symposium  
\$75 ☐ Distance Learning/On-Line  
\$350 ☐ Ten or more courses (submitted at one time)

- ☐ Check or money order  
☐ Credit Card Visa \_\_\_\_\_ MasterCard \_\_\_\_\_  
Credit card # \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Name of Card Holder \_\_\_\_\_  
Zip Code \_\_\_\_\_

*Review fees are non-refundable & do not guarantee acceptance*

Course Title: \_\_\_\_\_

Name of Presenter/Instructor: \_\_\_\_\_ Keyword Search: \_\_\_\_\_

Is the Presenter/Instructor a NCCAOM Diplomate? ☐ Yes ☐ No

Is the Presenter/Instructor free of any disciplinary order, suspension, investigation, or probation by any licensing, certification, accreditation, or law enforcement organization? ☐ Yes ☐ No

*If "No" is checked, please provide information on a separate sheet of paper*

Will you be advertising for this course? ☐ Yes (attach sample) ☐ No

How will you document the students fulfillment of the program requirements? Attendance Final Assessment

Select the type of program and attach the required documents to the application.

### **Live Presentations** (1 day course, seminar, teleseminar or 10+ courses)

- ☐ Program Description - How does it relate to Asian/Oriental Medicine?  
☐ Goals and Objectives - 3 to 5 bullet points  
☐ Presenter/Instructor Professional Resume - We do NOT accept biographical sketches  
☐ Detailed Agenda - Calculated by quarterly increments  
☐ Sample Sign-in Sheet  
☐ Sample Certificate

Include on both sign-in & certificate:  
Sponsor name, course title, instructor, date, PDA Points awarded, & your  
NCCAOM Provider #: ACHB \_\_\_\_-\_\_\_\_



***Conferences and Symposiums***

- ☐ Program Brochure with Course Descriptions
  - ☐ Presenters Biographical Sketch
  - ☐ Detailed Agenda - Calculated by quarterly increments
  - ☐ Sample Sign-in Sheet
  - ☐ Sample Certificate
- Include on both sign-in & certificate:  
Sponsor name, course title, instructor, date, PDA Points awarded, & your  
NCCAOM Provider #: ACHB \_\_\_\_-

***Distance Learning/On-Line Courses***

- ☐ Program Description - How does it relate to Asian/Oriental Medicine?
  - ☐ Goals and Objectives - 3 to 5 bullet points
  - ☐ Sponsor's Professional Resume - We do NOT accept biographical sketches
  - ☐ Detailed Content Outline - Calculate time frames for educational activities
  - ☐ Sample End of Program Assessment-Test, Quiz, Paper, etc.
  - ☐ Sample Certificate
- Include on both the assessment & certificate:  
Sponsor name, course title, instructor, date, PDA Points awarded, & your  
NCCAOM Provider #: ACHB \_\_\_\_-

---

Mail the the completed application to:

**NCCAOM  
PDA Coordinator  
76 South Laura Street, Suite 1290  
Jacksonville, FL 32202**

*Completed Application Includes:*

Signed Application Form  
Review Fee  
Supporting Documents

---

By signing below, I affirm that the materials supplied herein are accurate, true, true and correct in all respects, and that the PDA Provider will abide by the NCCAOM policies, procedures, Code of Ethics, and the specific Provider Reponsibilities as outlined in the Professional Development Activity (PDA) Provider Agreement Application submitted to NCCAOM. I understand the review process takes approximately 4 to 6 weeks.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_





NATIONAL BOARD FOR  
**CERTIFIED COUNSELORS** <sup>TM</sup>

## ***NBCC Continuing Education Policies and Procedures***

*This document contains policies and procedures covering applicants for approval and approved organizations, individuals, events and programs. Applicants and approved providers and providers of single approved events are responsible for knowing and abiding by the policies contained in this document.*

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# INTRODUCTION

## What is NBCC?

The National Board for Certified Counselors, Inc. and Affiliates (NBCC®), an independent not-for-profit credentialing body for counselors, was incorporated in 1982 to establish and monitor a national certification system, to identify those counselors who have voluntarily sought and obtained certification, and to maintain a registry of those counselors. NBCC is the largest counselor credentialing body in the United States.

## How does the NBCC recertification program work?

NBCC's primary purpose is to certify masters level, professional counselors. The basic credential is called the National Certified Counselor (NCC) and is a prerequisite for all other NBCC credentials. As of **December 2006**, NBCC has over **40,000 NCCs** in the United States and in over 40 other countries. All NCCs must earn 100 clock hours of continuing education every five years in order to recertify, and to continue use of the NCC credential. While continuing education activities may be acceptable without NBCC approval, most NCCs prefer NBCC approved events and programs. In order to assist NCCs in choosing programs that meet NBCC continuing education requirements, **NBCC administers the NBCC-Approved Continuing Education Provider (ACEP™)** approval program and a separate, single event approval program. NBCC reviews applications for approval of: single, live continuing education events such as workshops or conferences; and, organizations or individuals seeking to become NBCC-Approved Continuing Education Providers (ACEPs). Organizations applying for ACEP status may seek approval for both live trainings and for certain types of home study programs. **NBCC retains the right to approve or disapprove any continuing education provider or program.**

## Why do continuing education providers want NBCC approval?

NBCC will accept NBCC-approved continuing education hours for recertification purposes, as do most state counselor credentialing boards. For this reason, NCCs, LPCs, LMHCs, LCPCs, and other state credentialed counselors look for NBCC approved events and home study programs. NBCC approval is a powerful recognition and marketing tool that assists sponsors in attracting credentialed professional counselors to appropriate provider events and programs.

## What is contained in this document?

This document contains policies governing the NBCC approval program for single events and the ACEP continuing education approval program, including regulations covering NBCC ACEPs, and the requirements for maintaining approval to award NBCC-approved continuing education credit. It also contains information on the continuing education requirements for recertification of NCCs.

# General Information Regarding the NBCC ACEP Program

## PROVIDER CATEGORIES – NBCC ACEP Numbers assigned by category

1. **ACA, its Divisions and State Branches.** These ACEPs hold approval numbers between 1000 and 2999 and are exempt from fee payment. All ACA component organizations must complete and return the annual update form that is sent to each provider in this category and satisfy all other ACEP requirements.
2. **Counselor Education Departments at Regionally Accredited Universities.** These ACEPs hold approval numbers between 3000 and 4999 and are exempt from fee payment. Counselor education programs must complete and return the annual update form that is sent to each provider in this category and satisfy all other ACEP requirements.
3. **All Other Organizations, Institutes, Associations, Agencies, Academic Departments (other than Counselor Education), Hospitals, Clinics and Related Organizations and Individuals.** These organizations/individuals hold approval numbers between 5000 and 6999 and are required to return the annual update or fifth-year renewal form, pay an annual fee, and satisfy all ACEP requirements.

## APPROVED CE DELIVERY FORMATS AND METHODS

NBCC divides continuing education into four methods or types for those seeking ACEP status. After initial approval, providers may choose to apply for additional categories of approved programs using the form provided on page 18 of this booklet. The Application to Add a New Type of Continuing Education Approval is also on the NBCC Web site.

1. **Live Programs** – educational workshops, seminars, conferences, lectures, interactive teleconferences, live Web or phone broadcasts.
2. **Traditional Home Study Programs** – educational programs with quizzes delivered by mail, including books, audio or video tapes, CDs, DVDs with quizzes.
3. **Subscription Home Study** – home study credit awarded through quizzes contained within professional periodicals.
4. **Online Home Study** – educational programs with quizzes available on the Internet.

### Fees for Approved Continuing Education Providers (All NBCC fees are subject to change.)

Initial Application Fee (includes approval of one Delivery Method):	\$400
Application for Approval of Additional Delivery Methods:	\$100
Annual Update/Fifth-Year Renewal Fee:	\$100
Late Fee for Annual Update/Fifth-Year Renewal:	\$ 50
Advertising Rates:	(Please see Newsletter and Web Ad Forms)

# NBCC Approved Continuing Education Provider Policies and Procedures

## I. Scope and Limitations of NBCC Continuing Education Provider Approval.

NBCC ACEPs are authorized to award NBCC-approved continuing education clock hours for programs (live events or home study) that meet NBCC Continuing Education Program Criteria without having to apply to NBCC for individual program approval. NBCC continuing education approval does not imply endorsement of any particular counseling theory or method. ACEPs may not make any statement in any publication or Internet site regarding NBCC approval other than the Approval Statement in Section III.

## II. Types of Continuing Education Activities for Which ACEPs™ May Seek Approval.

NBCC categorizes continuing education activities into the following four types:

- A. Live programs or training
- B. Traditional Home Study Programs (book, tape, CD) with quizzes
- C. Subscription Home Study (quizzes in professional periodicals)
- D. Online Home Study with quizzes

Applicants for ACEP status may apply for as many types of approval as is appropriate. However, NBCC-approved clock hours may not be awarded for any type of activity for which the ACEP has not received prior approval. For ACEPs who would like to add a new type of approval after the initial application, there is a special application **included in this booklet** called “Application to Add a New Type of Continuing Education Approval.” It is also available on the Continuing Education Providers page of the NBCC Web site. Go to ([www.nbcc.org](http://www.nbcc.org)) and click on Continuing Education Providers.

## III. Approval Statements for ACEP™ Promotional Materials.

- A. **General Statement:** The following statement must appear prominently on promotional literature and in the approval information on the ACEP’s Web site or home study materials:

*“(Organization Name) is an NBCC-Approved Continuing Education Provider (ACEP™) and may offer NBCC-approved clock hours for events that meet NBCC requirements. The ACEP solely is responsible for all aspects of the program.”*

- B. **Selected Sessions/Programs:** ACEPs offering multiple-session live events or multiple home study programs must clearly identify those that carry NBCC-approved clock hours. The following statement must be published and stated prominently where less than all sessions or programs meet NBCC requirements:

*“(Organization Name) is an NBCC-Approved Continuing Education Provider (ACEP™) and may offer NBCC-approved clock hours for events (or programs) that meet NBCC requirements. Sessions (or programs) for which NBCC-approved clock hours will be awarded are identified in the program bulletin (or in the catalogue or Web site). The ACEP is solely responsible for all aspects of the program.”*

- C. **Co-Sponsored Events:** The following statement must appear prominently on promotional materials for events or programs sponsored by the ACEP and a co-sponsor:

*“(Organization Name) is an NBCC-Approved Continuing Education Provider (ACEP™) and a co-sponsor of this event/program. (Organization Name) may award NBCC-approved clock hours for events or programs that meet NBCC requirements. The ACEP maintains responsibility for the content of this event.”*

#### IV. Qualified Instructors/Authors.

ACEP instructors and authors must demonstrate appropriate qualifications and knowledge concerning the topic presented and the program authored, consistent with the following standards:

- A. **Category 1 Instructors/Authors:** Instructors or authors presenting information concerning counseling or the treatment of clients in the counseling setting. These instructors/authors must hold an advanced degree (masters or higher) in a mental health field.
- B. **Category 2 Instructors/Authors:** Instructors or authors presenting information that relates directly to one of the nine continuing education topic areas, but NOT concerning counseling practice or the treatment of clients. These instructors/authors are not required to hold advanced degrees in a mental health field, but must demonstrate the completion of appropriate education and training with regard to the topic presented. Approval of Category 2 instructors is considered on a case-by-case basis.

#### V. NBCC Approved Continuing Education Topic Areas and Instructor Requirements.

Topic areas are based on the following NBCC Job Analysis and CACREP content areas:

- A. **Counseling Theory/Practice and the Helping Relationship:** Approved topics in the area include: historic and well-established contemporary counseling theories, principles and techniques of counseling and their application to professional settings; information on the use of the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM); diagnosis and treatment of mental disorders; the mind-body connection and its applications in the counseling setting; psychopharmacology and the role and effect of psychotropic medications in mental health; burnout prevention designed for helping professionals; counselor self-understanding designed for mental health professionals; crisis/disaster counseling; mediation or coaching training designed for mental health professionals (**Category 1 Instructor required**).

***Note:** “Well-established contemporary theories, principles and techniques” are defined as those for which acceptable documentation is available that either: (a) proves the efficacy of the theory or methods by empirical data; or, (b) shows clear acceptance by the credentialed professional mental health community through well-established publications and presentations at conferences sponsored by recognized professional mental health organizations.*

- B. **Human Growth and Development:** Approved topics in this area include: the nature and needs of individuals at all developmental levels; normal and abnormal human behavior; personality theory; life-span theory; learning theory; and end-of-life issues (**Category 1 or 2 Instructor permitted**).
- C. **Social and Cultural Foundations:** Approved topics in this area include: societal changes and trends; human roles; societal subgroups; social mores and interaction patterns; multicultural and pluralistic

trends; social or cultural issues affecting individuals, couples and families; differing lifestyles; major societal concerns, including violence, poverty, terrorism, stress, person abuse, substance abuse, religious/spiritual issues, and discrimination; and, methods for alleviating such concerns (**Category 1 or 2 Instructor permitted**).

- D. **Group Dynamics, Processing and Counseling:** Approved topics in this area include: group development, dynamics and counseling theories; group counseling leadership styles; basic and advanced group counseling methods and skills; other group counseling approaches; theories of family counseling; family dynamics and roles of family members; and addictions group counseling (**Category 1 Instructor required**).
- E. **Career Development and Counseling:** Approved topics in this area include: Career developmental theories; occupational and educational information sources and systems; career and leisure counseling, guidance and education; lifestyle, career and retirement decision making; career development program planning, resources and effectiveness evaluation; worker behavior and adjustment; and workplace issues affecting worker performance and behavior (**Category 1 Instructor required for career counseling topics. Category 2 Instructor permitted for other career-related topics**).
- F. **Assessment:** Approved topics in this area include: group and individual educational and psychometric theories, and approaches to appraisal; data and information gathering methods; psychometric statistics; factors influencing appraisals; administering appraisal instruments and interpreting appraisal results in helping processes; and, legal issues affecting counselor rights to administer and interpret tests and inventories that assess psychopathology, abilities, interests, and career options (**Category 1 or 2 Instructor permitted**).
- G. **Research and Program Evaluation:** Approved topics in this area include: types of academic and professional research; basic statistics; research-report development; research implementation; counseling program evaluation; needs assessment in the counseling setting; publication of counseling research information; and, ethical and legal considerations in counseling research (**Category 1 or 2 Instructor permitted**).
- H. **Counselor Professional Identity and Practice Issues:** Approved topics in this area include: philosophic bases of the helping processes; professional roles and functions; professional goals and objectives; professional organizations and associations; professional history and trends; ethical and legal standards; professional preparation standards; professional credentialing in mental health; federal and state laws and regulations affecting counselors; practice management issues for mental health professionals; the counselor as professional consultant; administration and management of counseling programs; clinical supervision of mental health professionals (**Category 1 Instructor required**).

## **VI. NBCC Continuing Education Program Content Approval Criteria.**

When an organization holds NBCC Approved Continuing Education Provider (ACEP) status, it is the ongoing responsibility of the ACEP to ensure that the content of each continuing education program, for which the ACEP offers NBCC-approved clock hours, meets the following criteria:

- A. All events or programs must relate directly to one of the **nine NBCC-Approved Continuing Education Topic Areas**. See the Approved Topic Areas listed in Section V.



- B. Programs focusing on the counseling or treatment of clients must be designed for, and taught by, masters or doctoral level mental health professionals (Category 1 instructors). See the descriptions of Category 1 and Category 2 listed in Section IV.
- C. Programs focusing on topics that do not specifically address the counseling or treatment of clients may be taught by either Category 1 or Category 2 instructors. Examples: adoption law, violence in schools, urban gangs, HIPAA regulations.
- D. In order to qualify for NBCC approval, program topics must be relevant to the continuing education of professional counselors. Programs focusing solely on the physiological, medical (non-psychiatric) treatment of clients, or designed for a profession other than counseling (such as medical nursing or medical rehabilitation), do not qualify for NBCC approval. Programs designed for the training of members of the general public, paraprofessional counselors or lay members of a church or other helping organizations to do counseling of individuals do not qualify for NBCC approval.
- E. In order to qualify for NBCC approval, at least one identifiable objective of the content must be focused on how mental health professionals may use the knowledge presented to aid clients in a professional mental health setting. The objective must be clearly identified in the program or agenda. Programs designed solely to assist the general public with their own personal difficulties and challenges do not qualify for NBCC approval.
- F. ACEPs may not discriminate against any individual or group with respect to any service, program or activity on the basis of gender, race, creed, national origin, sexual orientation, religion, or age, or other prohibited basis. ACEPs may not require counselors/attendees to adhere to any particular religion or creed in order to participate in training, and may not imply that those not adhering to the tenets presented in the training are mentally ill, deviant, or unacceptable in any fashion.
- G. ACEPs must be able to show that their programs train counselors to treat any client in an ethical and clinically sound manner consistent with the NBCC Code of Ethics and the current edition of the DSM.
- H. ACEPs must conduct live trainings in barrier-free, Americans with Disabilities Act (ADA) compliant facilities and must be prepared to assist any attendee with a physical, visual or auditory disability.

## **VII. Additional Criteria for Approved Home Study Programs.**

### **A. All Home Study Programs Must Include:**

1. A learning instrument (examples include: book, tape, CD-ROM, DVD, Internet-based text, video, subscription to professional periodical, volumes of past periodicals).
2. An assessment instrument (quiz, test, essay) to test exposure to the material.
3. An evaluation instrument (for assessing user satisfaction).
4. An instruction sheet or page with clear information regarding how to obtain continuing education credit by completion of the home study program.
5. A reference/citation list for all printed materials.
6. Information identifying all authors, including name and credentials.



**B. Age of Materials.**

Program materials must contain current information. Programs containing outdated information must not be offered for NBCC-approved clock hours.

**C. Quality of Materials.**

If the home study program has an audio or video component, the sound and visual quality must be sufficient to be heard and/or seen clearly when played by the average electronic device, computer, or television. Programs based on audio or video tapes of live workshops must include all materials used and distributed during the live program, in addition to the other elements required of all home study programs (including handouts and slide materials). Program materials must have professional quality print and appearance.

**D. Online Home Study Programs.**

Providers wishing to apply for approval for online programs must have **all program and site components completed and fully functioning** before application is made. A Web site without complete programs and without fully functioning components will not be reviewed. Web sites allowing electronic payment must utilize appropriate encryption programs to protect the buyer/participant. Providers of these programs must also make provision to mail certificates of completion to any buyer/participant who does not have access to a printer. Ease of navigation and quality of content will be carefully reviewed and judged by NBCC.

**E. Program Content.**

Any home study program offered by an NBCC ACEP for NBCC-approved clock hours must meet the requirements in this Section, as well as those identified in Section VI, “NBCC Continuing Education Program Criteria.”

**VIII. Record Keeping.**

ACEPs are required to keep a roster of attendees and a copy of the program agenda for a period of five (5) years if the program was either sponsored or co-sponsored by their organization. ACEPs must be able to verify the attendance and the number of clock hours earned by individuals who attended continuing education events or completed home study programs, when the ACEP is requested to do so by NBCC or the attendee.

**IX. Participant/Attendee Evaluations.**

ACEPs must distribute evaluation forms to all participants for each sponsored or co-sponsored program, whether live or home study. The evaluation must include a numerical rating system for the program and the instructor, as well as information concerning the usefulness of the program to mental health professionals. A sample evaluation form is provided in the Appendix to this booklet. **NBCC does not require the use of a specific ACEP evaluation form.** Each year, as part of the Annual Update process, ACEPs will be required to identify up to three programs that they have offered since the previous April. For each program listed, the ACEP must submit a summary of participant evaluations. ACEPs should design evaluations with this requirement in mind. **Individual evaluations completed by attendees should not be sent to NBCC unless they are requested.**

## **X. Awarding Clock Hours.**

### **A. Documenting Attendance**

Certificates or letters verifying attendance or completion must be given to attendees for any activity or home study program offered or sponsored by the ACEP for NBCC-approved continuing education credit. These documents must be produced and distributed by the ACEP awarding the credit. (A sample certificate of attendance is provided in the Appendix to this booklet.) Certificates must always include the following information:

1. The name of, and complete contact information for, the ACEP.
2. The name and date of the event.
3. The name of the person to whom the hours are awarded.
4. The number of clock hours awarded.
5. A signature of the authorized ACEP contact person or designee.
6. The NBCC ACEP Number (indicated on the NBCC ACEP approval letter).

### **B. Verifying Hours for Live Events**

ACEPs must ensure that the hours awarded to each participant represent the actual hours that the person attended a live event. This requirement may be satisfied at single session live events by having attendees sign in and out. This requirement may be satisfied at multi-session conferences by having the attendee record his/her own hours and attest by their signature that the hours reported accurately reflect the hours attended or completed. Stationing monitors at sessions to stamp attendance forms is also an acceptable method. Certificates of attendance may be mailed to counselors after the event, or may be made available at the conclusion of the event. Names of attendees should be pre-printed on the certificates to help ensure the security of the forms. Completed attendance certificates with the number of hours of attendance printed on them should never be given to attendees until after the event is over. **Certificates of attendance/completion should NEVER be sent to NBCC, but should always be given or sent to the attendee.**

### **C. Calculating Clock Hours.**

#### **1. Live Trainings/Events.**

The number of clock hours awarded for an approved event will be based only on actual length of the event, i.e., the actual number of clock hours of presentation time. Mealtime may not be counted. Breaks of more than 10 minutes must be subtracted from the total number of hours. For example, a three (3) hour presentation with a 15-minute break should be counted as 2.75 clock hours of credit.

NBCC counts actual clock hours. If CEU credits will be awarded by the ACEP, the actual clock hours must also be stated on the certificates. One CEU is worth 10 clock hours. The following correct examples are provided:

15.5 clock hours (1.55 CEUs)  
22 clock hours (2.2 CEUs)

7 clock hours (.7 CEUs)  
12 clock hours (1.2 CEUs)

## 2. Home Study Programs.

Home study-approved clock hours must be calculated in accordance with the following requirements.

The number of hours of credit awarded must be based on an accurate word count for text-based materials, and on an accurate word count plus listening/viewing time for mixed text and audio/visual materials. A reading speed of 66 words per minute is used to calculate the number of clock hours that may be awarded for text-based home study programs. One hour of continuing education credit may be awarded for a minimum of 4,000 words of text.

### D. Partial Credit.

ACEPs may award partial clock hour credit for partial attendance if they judge that it is appropriate. ACEPs may also refuse to give partial credit when they judge that it is not appropriate. In such case, ACEPs must make it clear on promotional material, and the activity materials distributed at the event, that no partial credit will be given. ACEPs may not award more hours than the counselor actually attended. NBCC reserves the right to alter the ACEP's determination with regard to the award or denial of partial credit.

## XI. Maintaining Approval: Annual Update/Fifth-Year Renewal.

Depending on the relevant approval cycle, an ACEP will receive either an **Annual Update Form** or **Fifth-Year Renewal Form**. To maintain approval, ACEPs must submit: the completed Annual Update Form or Fifth-Year Renewal Form, and supporting documents; and, pay the fee by the deadline. ACA and University Providers are exempt from annual fees. There is a 90-day grace period. After 90 days, a late fee of \$50 will be applied. ACEPs not renewing after 180 days may be identified in the next issue of the NBCC newsletter as not renewing and no longer approved. An ACEP failing to satisfy all approval requirements by the applicable deadline will be placed in inactive status and the ACEP cannot offer NBCC-approved ACEP clock hours.

## XII. Co-sponsoring.

- A. In order to co-sponsor an approved event or program, the ACEP must have input into the content and delivery of the event or program. Co-sponsorship must reflect an actual relationship between the ACEP and the other organization, which includes the ACEP's participation in program content, location, instructors, and delivery. This may not be solely a financial transaction.
- B. **Co-sponsorship may not be sold or advertised as if it were original approval from NBCC.** If an ACEP co-sponsors an event, the co-sponsorship must not be described as "approval" by the ACEP organization. The language must always be "co-sponsored" and not "approved". An example of correct usage is: "This event is co-sponsored by ACA. ACA is an NBCC-Approved Continuing Education Provider...."
- C. The ACEP remains responsible for ensuring that all aspects of the program meet NBCC Continuing Education Program criteria. If the ACEP has no control over these aspects of the program, the ACEP MAY NOT award NBCC-approved clock hours for that event or program.
- D. All co-sponsored activity advertisements must satisfy the requirements explained in "Approval Statements," Section III.C.

### **XIII. Use of NBCC ACEP Numbers.**

Except as explicitly provided below, an ACEP may not lend its ACEP number to any other organization outside its own structure, or otherwise permit use of an ACEP number.

***Note:** Any organization lending the NBCC ACEP number to a related organization remains responsible for ensuring that the event or program meets all NBCC requirements and policies.*

#### **A. ACA and ACA Subsidiary/Affiliated Organizations:**

State branches and divisions of ACA (e.g., Idaho Counseling Association and Association for Counselor Education and Supervision) are assigned ACEP numbers. State branches of ACA Divisions (e.g., the North Carolina ACES Chapter) are not assigned ACEP numbers. In order to award NBCC-approved continuing education hours for their workshops and conferences, state branches of ACA Divisions must borrow the NBCC ACEP number of either their National Division or their State Branch of ACA. Local chapters of state branches may borrow the approval numbers of the ACA State Branch. **In order to authorize such use, the ACA national or relevant state branch lending their numbers must comply with all procedures set forth in Section XIII.C.**

Organizations OUTSIDE the ACA structure may NOT borrow approval numbers from ACA-related organizations. ACA branches or divisions must officially co-sponsor the events sponsored by organizations outside the ACA structure in order to award NBCC-approved clock hours to the attendees.

#### **B. Other National ACEP Organizations and Subsidiary/Affiliated Organizations:**

National organizations that hold NBCC ACEP numbers may lend their numbers to their state or regional branches. Prior to lending an ACEP number, an ACEP must ensure that the event qualifies for NBCC approval. Organizations borrowing ACEP numbers are bound by all NBCC requirements and policies regarding record keeping. In order to authorize such use, the national organization must comply with all procedures set forth in Section XIII.C.

Organizations outside the structure of the ACEP organization may not borrow the NBCC approval number. For events sponsored by organizations outside the structure of the ACEP, the ACEP must officially co-sponsor the event in order to grant NBCC-approved clock hours.

#### **C. Procedures for ACA Organizations and Other National ACEP Organizations Granting Permission to State Divisions and Chapters to Use the NBCC ACEP Number:**

1. In order to secure permission to use a NBCC ACEP number, a qualifying organization's local chapter or state division must submit a written request to the appropriate state branch or national division. This request letter must include information regarding the program content and schedule, and include a resume or biographical sketch for each presenter.
2. The qualifying organization's state branch/national division will review the request to determine if the activity meets the required continuing education guidelines. When appropriate and consistent with NBCC requirements, the request will be approved.
3. When an activity is approved, the state branch/national division will complete a signed "Permission

to Use NBCC-Approved Provider Number” form provided in the Appendix. The original form will be returned to the originator of the request, and a copy will be sent promptly to NBCC headquarters. A copy will be retained for the state branch/national division continuing education files.

4. Upon approval of the request, the state branch/national division will send the sponsoring chapter or division the appropriate sample form for monitoring continuing education activities. The chapter or division will reproduce this form on its own letterhead. The local chapter or state division will follow the guidelines applicable to all ACEPs when providing continuing education activities to NCCs. **All attendees should be given documentation that verifies their participation in the continuing education activities. Documentation should NOT be sent directly to NBCC.**
5. Upon completion of the activity, a roster of all program participants will be sent to the ACEP state branch/national division. These records will be maintained for five years, in the event that NBCC needs to verify attendance directly with the ACEP.

**D. University Departments Holding NBCC ACEP Approval:**

University ACEPs holding a 4,000 number may lend their approval number to other departments within the same university for events that meet NBCC requirements. In such case, the department that holds the approval will issue the certificates of attendance and be responsible for meeting all NBCC requirements, including the maintenance of rosters of attendees for five years following the event.

University providers may not lend the NBCC approval number to any organization outside the university. For events sponsored by organizations outside the university, the NBCC-approved department must officially co-sponsor the event in order to grant NBCC-approved clock hours.

## **XIV. Advertising.**

All ACEPs must satisfy, and are bound by, the NBCC Advertising Policies (see Appendix) and all other NBCC policies when placing advertisements in NBCC or third party publications and Web sites.

## **XV. Compliance and Complaint Procedure.**

**A. Investigation and Complaint.**

NBCC will review all complaint and similar communications concerning an Approved Continuing Education Provider (ACEP) to determine if an investigation and review of the matter should be initiated. Based on such review, and in its sole and exclusive discretion, NBCC will determine whether a formal compliance deficiency notice is warranted.

**B. Formal Compliance Deficiency Notice and Response.**

If NBCC determines that the ACEP may have acted in a manner not consistent with the ACEP Program or other corporate policies or agreements, including the policies identified in the ACEP application, NBCC will notify the ACEP in writing by issuing a Compliance Deficiency Notice and require a written response within thirty (30) days. The identity of the complainant will not be revealed. Based upon the information received and reviewed, including the ACEP’s response to the Compliance Deficiency Notice, NBCC will determine whether the ACEP’s status will be the subject of a compliance

deficiency action which may include: probation, including conditions related to participation in the Program; or, termination. The complainant will be notified of the determination in writing.

**C. Appeal of Compliance Deficiency Finding.**

1. **Appeal Submissions:** Within thirty (30) days of the issuance of an adverse compliance deficiency finding, an ACEP may submit a written appeal and request for review of the action and basis thereof. Appeals received beyond this time period will not be reviewed or considered. In order to complete an appeal within the prescribed time period, the ACEP must submit a letter or other document to the President/CEO and Board of Directors which contains the following information and material: (a) a statement of the grounds for the appeal, including a complete explanation of the reasons that the ACEP believes the compliance deficiency finding should be reversed or otherwise modified; (b) a requested modification of the action; and (c) accurate, complete copies of any material which support the ACEP's appeal.
2. **Grounds for Appeal:** The grounds for appeal of an adverse decision are limited strictly to the following: (a) New or previously undisclosed information: the Approved Provider has located relevant information that was not previously in his/her possession, was not reasonably available prior to closure of the record, and could have affected NBCC's decision; (b) misapplication of ACEP or other corporate policies: NBCC has misapplied the provisions of ACEP Program Policies or other corporate policies, and the misapplication prejudiced the ACEP; and/or (c) contrary to the information presented: the adverse decision is contrary to the most substantial information provided in the record of the matter, and the non-compliance finding is in error.

**D. Informal Review By The President/CEO or Designee.**

Upon receipt, and prior to review by the Board of Directors, appeals are subject to an informal review by the NBCC President/CEO or designee. Following review of an ACEP's appeal and request for review, the President/CEO may take one of the following actions: (1) reverse or otherwise modify the adverse finding or action, or take other appropriate action; (2) decline to further process an inadequate, incomplete, or frivolous appeal; or (3) refer the appeal to the Board of Directors for review and final resolution.

In the event that the appeal is referred to the Board of Directors for resolution, the President/CEO will provide the Board of Directors with all materials relevant to the appeal, including the documents and materials submitted by the ACEP.

**E. Final Board of Directors Appeal Decision.**

Upon receipt of a complete appeal, the NBCC Board of Directors will issue an appeal decision stating and explaining the outcome of the appeal. With respect to each appeal, the Board of Directors decision may include the following: (1) a summary of any relevant portions of the compliance deficiency finding; (2) a summary of any relevant procedural or factual findings; (3) the Board's findings with respect to each matter under appeal. The Board of Directors final decision will be sent to the parties, via U.S. mail, return receipt requested, or other appropriate delivery method.

**F. Reinstatement and Reapplication Procedures Following Probation and Termination.**

1. **Probation/Reinstatement.** Following the expiration of a final probation decision issued under



these rules, NBCC will determine whether the ACEP has satisfied the terms of the probation, including any conditions related to participation in the Program. If the ACEP has satisfied the terms of probation in full, NBCC will verify that the probation has been completed and reinstate the ACEP to active status. If the ACEP has not satisfied the terms of probation in full, NBCC will notify the ACEP of the failure to satisfy the terms of probation and may take the following actions: continuation of the probation order; and/or issuance of additional disciplinary or remedial actions concerning the probation terms.

2. **Termination/Reapplication.** Two (2) years after the issuance of a final termination issued under these rules, the former ACEP may submit to the Board of Directors a Request for Permission to Reapply for ACEP status (Reapplication Request). Subject to the time requirements above, the Board of Directors will consider a Reapplication Request from a former ACEP whose status has been terminated. Reapplication Requests must include the following information: (a) the date that the final deficiency notice was issued; (b) a statement of the reasons that the former ACEP believes support or justify the acceptance of the Reapplication Request, including a statement explaining why the former participant should now receive ACEP status and why the compliance action no longer applies to the former ACEP; and (c) copies of any relevant documents or other material upon which the former ACEP relies in support of the Reapplication Request. Within ninety (90) days after the submission of a complete Reapplication Request, or as soon after as practical, the Board of Directors will review the information presented by the former ACEP and any other relevant information. The Board will then determine the final outcome of the Reapplication Request by majority vote in closed session.
3. **Board of Directors Reapplication Request Decisions.** Following the Board of Directors' review of a Reapplication Request, or as soon as practical, the Board, by the Board Chair or President/CEO, will transmit its decision with respect to the Reapplication Request. The final Board decision will indicate whether the Request is granted, denied, or continued to a later date. If appropriate, the decision will indicate any Program participation conditions the Board has required. Copies of the Board of Directors decision will be sent to the parties, via U.S. mail, return receipt requested, or other appropriate delivery method. While no appeal of the Board decision is permitted, the former ACEP may submit a new Reapplication Request pursuant to this Section, two (2) years or more after the issuance of a Board decision denying a Reapplication Request.



## NBCC Approved Continuing Education Provider Logo Use Rules and Agreement

1. **Agreement.** NBCC Approved Continuing Education Providers (ACEPs) must agree to, and comply with, the following requirements and restrictions relating to use of the NBCC Approved Continuing Education Provider Logo and Trademark (ACEP™ Logo or Mark).
2. **Authorized Use of ACEP Logo.** An ACEP in good standing may use the ACEP™ Logo to represent its status as an NBCC Approved Continuing Education Provider in its professional advertising and informational materials, including business cards, letterhead, brochures, and other marketing materials.
3. **Termination.** In the event that the organization's ACEP status is terminated by NBCC, the ACEP agrees that it will discontinue use of the ACEP Logo upon receipt of such notice, and will remove the ACEP Logo from all print materials and Internet sites immediately.
4. **Proper Appearance of ACEP Logo.** Regardless of format, the ACEP Logo must always be used in its entirety, and must appear with the subscript/superscript trademark symbol "™", as indicated below.



When displayed, the ACEP Logo cannot appear larger than the ACEP's name or the ACEP's company logo. Materials which include the ACEP Logo must clearly indicate that the ACEP is the source of the educational goods or services advertised.

5. **Proper Use of ACEP Logo.** The ACEP Logo must stand by itself, and may not be combined with any marks, designations, or logos related to other groups, programs, or organizations. Such use of the Logo is prohibited. The ACEP Logo generally may be used in the same location as other affiliation marks or logos, but must remain separate and distinct so as to avoid confusion, and to avoid the appearance that other marks, groups, programs, or organizations are associated with, or endorsed by, NBCC.
6. **Right to Revise or Discontinue ACEP Logo Use.** It is within NBCC's sole and exclusive discretion to require that an ACEP revise or discontinue its use of the ACEP Logo. If an ACEP fails to revise or



discontinue its use of the ACEP Logo as directed by NBCC, NBCC retains the right to terminate ACEP status.

7. Non-Assignment/Non-Transferability. Permission to use the ACEP Logo is limited to the ACEP and may not be assigned to, transferred to, or otherwise used by any other individual, organization, business or entity.
8. Reporting Obligations. An ACEP has the responsibility to report the unauthorized use, misuse, or other violation of this policy to NBCC in a timely manner, including any circumstances where an ACEP becomes aware of: the use or infringement of the ACEP Logo by an unauthorized individual or organization; or the improper use of the ACEP Logo by an ACEP.
9. Ownership Rights. NBCC retains all trademark and other ownership rights concerning the ACEP Logo and its other corporate marks. All matters concerning the proper use of the ACEP Logo should be directed to the NBCC Recertification Administrator.

By its participation in the NBCC Approved Continuing Education Provider (ACEP) Program, the ACEP accepts, and agrees to comply with, the requirements and restrictions stated in this Agreement and all applicable NBCC policies, which are incorporated by this reference. The ACEP representative identified below represents by his signature that: he or she has the authority to sign this Agreement on behalf of the ACEP organization; and has read, understands, and agrees to the terms and conditions set forth in this Agreement.

---

Name of NBCC ACEP Organization

NBCC Approval Number

---

Signature of Authorized ACEP Representative

Date

---

Print Name

Email address

☐ Check here if you want to receive the ACEP logo

# REQUEST FOR LISTING IN THE NBCC CONTINUING EDUCATION CALENDAR

As a service to NBCC certificants and NBCC-Approved Continuing Education Providers (ACEPs), NBCC maintains a calendar of CE activities, **live events only**, in our Fax-on-Demand System (800-324-6222). Contents of the calendar are subject to NBCC approval and to space limitations. Fifty (50) items may be submitted free of charge for each submission deadline. Additional activities may be listed for a fee of \$10 each. Payment must accompany activity forms.

**Directions:** Fill out a copy of this form for **each** live event you wish to list in the continuing education calendar. Lists of events will not be accepted. Make additional copies of the form as necessary. Return forms to the address below. If there are more than 50 items submitted, please remit \$10 for each item over 20.

## Continuing Education Calendar

**NBCC**

**3 Terrace Way**

**Greensboro, NC 27403-3660**

**Phone: (336)547-0607**

**FAX: (336)547-0017**

**E-Mail: nbcc@nbcc.org**

(Note: If using the E-mail method, information must be in the format shown below, and this must be on a separate page for each item.) This form is NOT to be used for home study, online or subscription programs.

Deadlines for copy arrival at NBCC are:

Years are example only. Submission deadlines remain the same each year.

### **Date of Activities**

October - January

February - May

June - September

### **Date Forms Due at NBCC**

The previous June 14

The previous October 11

The previous February 14

Date of Activity: \_\_\_\_\_

State Location: \_\_\_\_\_

City Location: \_\_\_\_\_

Title of Activity: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ Telephone: \_\_\_\_\_

Form Completed By: \_\_\_\_\_

Date: \_\_\_\_\_ NBCC ACEP Number (must be included): \_\_\_\_\_

**ONLY ACTIVITIES FROM APPROVED PROVIDERS AND SUBMITTED ON THIS FORM WILL BE LISTED.**

The National Board for Certified Counselors, Inc. (NBCC) values diversity. There will be no barriers to certification on the basis of gender, race, creed, age, sexual orientation, or national origin. All NBCC fees are subject to change.



NATIONAL BOARD FOR  
**CERTIFIED COUNSELORS™**

3 Terrace Way Greensboro, NC 27403

Phone: (336)547-0607 FAX: (336)547-0017 E-mail: nbcc@nbcc.org Web: www.nbcc.org

**Application to Add a New Type of Continuing Education Approval**  
(This form must accompany each new type of program submitted for approval.)  
**(please print)**

Title of Program: \_\_\_\_\_

Type of Program: ☐ Live Program ☐ Traditional ☐ Subscription ☐ Online

Sponsor/Provider: \_\_\_\_\_

Contact Person (please print): \_\_\_\_\_

Provider Phone/Email: \_\_\_\_\_

NBCC-Approved Provider Number: \_\_\_\_\_ Number of Clock Hours Requested: \_\_\_\_\_

Type of Learning Instrument (for Traditional home study programs only):

☐ Book and Quiz ☐ Audio/Video Tape and Quiz ☐ Other \_\_\_\_\_

Date the learning material was created/published: (for home study programs only) \_\_\_\_\_

NBCC Content Area this program relates to: \_\_\_\_\_

Are your quizzes prepared by a mental health professional? ☐ Yes ☐ No  
(If no, please attach an explanation)

Summary of Content:

**\*\*For Internet-based programs, include URL plus any password needed to completely review entire program. For Subscription to Periodicals, send one year's worth of the periodical and at least one quiz.**

Please return this form and accompanying materials to:

NBCC Continuing Education Department

3 Terrace Way

Greensboro, NC 27403

Include:

1) a copy of the complete program (For Internet-based programs, submit a hard copy of the text information)

2) a check for \$100 or credit card account number with expiration date and signature

\*\*\*\*\*

Check Date-\_\_\_\_\_ Check Amount\_\_\_\_\_ Check #\_\_\_\_\_ Approval Date\_\_\_\_\_

Credit Card Account Number

Expiration Date

Signature

## Sample Certificate of Attendance

Superior Counselor Training Services Inc.  
Presented

The Treatment of Depression  
July 23rd, 2001

Jane Doe

Attended and has earned 2.5 clock hours of continuing education credit

NBCC-Approved Continuing Education Provider Number 8888

Superior Counselor Training Services address: 5555 Smith St. #4 Smithville, NC 23456  
Telephone: (555)555-5555 FAX (444)444-4444 Web: [www.superiorcountrain.org](http://www.superiorcountrain.org)

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

## Sample Evaluation Form with Summary

Evaluation Summary for: Treatment of Depression  
Sponsor: Superior Counselor Training Services NBCC ACEP #8888

Please rate the following items according to the following scale:

1- Superior      2-Above Average      3-Average      4-Below Average      5-Poor  
(Total Number of Attendees: 30)

- 1) The relevance of the topic to your practice \_\_\_\_ (Average answer 1.5)
- 2) The knowledge of the speaker \_\_\_\_ (Average answer 1.5)
- 3) The presentation style of the speaker \_\_\_\_ (Average answer 2.5)
- 4) The materials you received \_\_\_\_ (Average answer 1.2)
- 5) The length of the presentation \_\_\_\_ (Average answer 1.0)
- 6) The room and other accommodations \_\_\_\_ (Average answer 3.5)

Please answer Yes or No to the following:

- 1) Would you attend another workshop presented by Superior Counselor Training, Inc?  
(75% said Yes, 25% said No)
- 2) Do you feel that this presentation met your expectations as a mental health professional?  
(90% said Yes, 10% said No)



NATIONAL BOARD FOR  
**CERTIFIED COUNSELORS™**

### **Permission to Use the NBCC ACEP Number**

For use only by NBCC-Approved Continuing Education Providers for the purpose of lending the NBCC ACEP Number to state or regional branches of national organizations.

TO: \_\_\_\_\_  
(Insert name of Local Chapter or State Branch)

FROM: \_\_\_\_\_  
(Insert name of National or State Organization lending the ACEP Number)

Your request to use the NBCC ACEP Number \_\_\_\_\_ has been granted ONLY for the activity/activities listed below:

Title of Event: \_\_\_\_\_

Date: \_\_\_\_\_ Maximum Clock Hours of CE Credit: \_\_\_\_\_

Title of Event: \_\_\_\_\_

Date: \_\_\_\_\_ Maximum Clock Hours of CE Credit: \_\_\_\_\_

Title of Event: \_\_\_\_\_

Date: \_\_\_\_\_ Maximum Clock Hours of CE Credit: \_\_\_\_\_

Authorized by (please print) \_\_\_\_\_

Address and Phone \_\_\_\_\_

\_\_\_\_\_  
Signature Date

Lender Retain Copy  
Send Original to: Borrower

Send Copy to:  
NBCC Continuing Education Department  
3 Terrace Way  
Greensboro, NC 27403



## **NBCC Advertising Policies and Procedures**

### **General Advertising Policies**

1. Advertisements will be accepted only for events, products and services related to the practice of counseling.
2. The publication of an advertisement by NBCC in no way implies NBCC's endorsement of the advertiser's theory, product, or service.
3. Contact information for the advertiser must be included in the advertisement.
4. NBCC reserves the right to reject or cancel any advertisement without cause. The content of all advertisements is subject to NBCC's approval.
5. Positioning of advertisements is at the discretion of NBCC.
6. NBCC will not be liable for any costs or damages if, for any reason, it fails to publish an advertisement nor for any errors in publication. Advertisers are responsible for notifying NBCC of any corrections needed. Failure to provide correct information may result in removal or rejection of an ad.
7. NBCC is not liable for any delays in production or delivery due to any condition beyond NBCC's control.
8. Advertisers assume liability for all content of advertisements and will assume responsibility for any claims that may arise from their content.
9. All fees are subject to change without notification.
10. Advertising fees are not refundable. NBCC cancellation of an advertisement is the only exception to this policy.

### **Newsletter Advertising Policies**

1. All advertising order forms, payment and ad copy must be received by the deadline date in order to be considered for the upcoming issue.
2. An ad that must be rejected due to space limitations will be returned to the provider along with all fees and forms.

### **Web Advertising Policies**

1. Study Guide advertisements are limited to the information elicited by the Study Guide Advertisement Application Form.
2. Web advertising may not include underline formatting (except for hyperlinks). Bold, italics, and capitalization are permitted for emphasis only.
3. All Web advertisement contracts are valid for one year and annual payment is due January 1st each year. Non-payment by the deadline will result in the immediate cancellation of the advertisement. Mid-cycle cancellations are not refundable.

## Continuing Education Calendar

NBCC-Approved Continuing Education Providers (ACEPs) are entitled to request that NBCC list their continuing education events in the NBCC Continuing Education Calendar at no charge. The limit is 50 free items per listing period. Items in excess of 50 will be listed at a charge of \$10 per item. A sample of the Calendar Item Request Form is included in this booklet.

## Ordering Mailing Labels

ACEPs may purchase mailing labels for National Certified Counselors (NCCs) in order to do direct mailing. NBCC mailing labels may be used to advertise continuing education for counselors and goods or services directly related to the practice of counseling. Submission of mailing items for approval and requests for the purchase of NCC labels must be made to the NBCC list management service, MGI. Their contact number is (800)899-4420. **Do not submit items or requests directly to NBCC.** Mailing label files are one-time use only. ACEPs wishing to use a label file more than once must contact MGI for permission and fee payment.

All mailing items must be pre-approved by NBCC. Items not meeting NBCC criteria will not be approved. Once items are approved, no changes may be made before mailing the item to NCCs. ACEPs found to be out of compliance with NBCC Advertising Policies or MGI policies may be restricted from further use of the NBCC mailing list.

## Using the NBCC ACEP Logo

ACEPs may use the NBCC-approved ACEP Logo after reading and signing the “NBCC Approved Continuing Education Provider Logo Use Rules and Agreement.” The form is included in this document and is located in the Continuing Education Provider Area of the NBCC Web site. Promotional materials utilizing the NBCC ACEP logo must be designed in such a way as to make very clear that the mailing or Web item is from the ACEP and not from NBCC.



NATIONAL BOARD FOR  
CERTIFIED COUNSELORS™

# Advertising Space Reservation Form

for the *National Certified Counselor* newsletter

**Please Type or Print information clearly**

Name of Provider: \_\_\_\_\_ NBCC ACCEPTM #; \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Please mark your selections clearly**

Ad Size	1 issue		Please select issue		2 issues		Please select issues		3 issues		Please select issues	
			Fall 20_____				Fall 20_____				Fall 20_____	
1/2 page horizontal (7" x 4-3/4")		\$1050	Winter 20____			\$1995	Winter 20____			\$2835	Winter 20____	
1/4 page vertical (3-1/2" x 4 3/4")		\$685	Spring 20____			\$1260	Spring 20____			\$1735	Spring 20____	

**Payment must be included with this order.** Incomplete requests will be returned to the provider.  
Advertising fees are non-refundable. NBCC and Affiliates reserve the right to change fees at any time.

Total numbers of issues requested: \_\_\_\_\_

☐ Enclosed is a check or money order - payable to NBCC-in the amount of: \_\_\_\_\_

☐ Please charge the credit card as listed below in the amount of: \_\_\_\_\_

Card Type: ☐ VISA ☐ MasterCard ☐ American Express

Name on card: \_\_\_\_\_

Acct. #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ / \_\_\_\_\_

Verification Code Numbers (from Back of Card): \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Mail this order and full payment to:  
NBCC  
**Attn: Accounting Dept/ NL**  
PO Box 7387  
Greensboro, NC 27417-0387  
**FAXED INFORMATION CAN NOT BE ACCEPTED**

Send your ad electronically to [newsletter@nbcc.org](mailto:newsletter@nbcc.org) as one of the following:  
• .eps, .pdf, or .jpg

Please be sure that all technical requirements have been met (see page 4)

I have read and understand the advertising policies of  
the National Board for Certified Counselors, Inc.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ This form may be  
copied as needed.

For NBCC Use Only:

Ref.#: \_\_\_\_\_

Batch #: \_\_\_\_\_

Date: \_\_\_\_\_

Amount: \_\_\_\_\_



## Standards for Approval of Continuing Education Credit

<b>Purpose</b> (Chapter 457.107)	Contribute to <b>Advancement, Extension, or Enhancement</b> of skill and knowledge related to the practice of Acupuncture and Oriental Medicine						
<b>Subject Matter</b> (64B1-6.005) (Chapter 457.107) (64B1-3.001; 4.004; 4.005;4.006; 4.007; 4.008;4.009; 4.010; 4.011; 4.012)	<p>Programs should concern:</p> <ul style="list-style-type: none"> <li>A) History and theory of Acupuncture</li> <li>B) Acupuncture diagnosis and treatment techniques</li> <li>C) Techniques of adjunctive therapies</li> <li>D) Acupuncturist-patient communication</li> <li>E) Professional echics</li> <li><b>F) Biomedical sciences with clinical relevance</b></li> <li><b>G) No credit is given for programs primarily devoted to administrative or business managemant of the practice</b></li> </ul>						
<b>Educational Background</b> (64B1-6.005), (Chapter 457.107)	<table border="0"> <tr> <td style="text-align: center; vertical-align: top;">1</td> <td> A) Minimum bachelor's degree from Accredited College/university with major in subject matter presented  <b>or</b>  B) Post-secondary institute licensed by FL with major in subject matter presented  <b>or</b> </td> </tr> <tr> <td style="text-align: center; vertical-align: top;">2</td> <td>Acupuncture school graduate <b>or</b></td> </tr> <tr> <td style="text-align: center; vertical-align: top;">3</td> <td> Completed tutorial program with requirments equivalent to Florida that has been approved by:  1) a state licensing authority or   2) a nationally recognized Acupuncture / Oriental Medicine Associatin or  3) a substantially equivalent accrediting body  <b>4) three years of professional experience in the licensed pactice of acupuncture</b> </td> </tr> </table>	1	A) Minimum bachelor's degree from Accredited College/university with major in subject matter presented <b>or</b> B) Post-secondary institute licensed by FL with major in subject matter presented <b>or</b>	2	Acupuncture school graduate <b>or</b>	3	Completed tutorial program with requirments equivalent to Florida that has been approved by: 1) a state licensing authority or  2) a nationally recognized Acupuncture / Oriental Medicine Associatin or 3) a substantially equivalent accrediting body <b>4) three years of professional experience in the licensed pactice of acupuncture</b>
1	A) Minimum bachelor's degree from Accredited College/university with major in subject matter presented <b>or</b> B) Post-secondary institute licensed by FL with major in subject matter presented <b>or</b>						
2	Acupuncture school graduate <b>or</b>						
3	Completed tutorial program with requirments equivalent to Florida that has been approved by: 1) a state licensing authority or  2) a nationally recognized Acupuncture / Oriental Medicine Associatin or 3) a substantially equivalent accrediting body <b>4) three years of professional experience in the licensed pactice of acupuncture</b>						

<b>Teaching Experience</b> (64B1-6.005)	1	Two year's teaching experience in the subject matter to be presented <b>or</b>
	2	Taught same program for which approval is sought a minimum of three times in the past two years before a) Professional convention b) Professional group c) Any acupuncture school <b>or</b>
	3	Has completed specialized training in the subject matter of the program <b>AND</b> Has 2 years practical experience in the subject
<b>Considerations for Approval</b>	1	The application form should be properly completed and addressed to Board of Acupuncture;
	2	Provider should meet the educational and teaching experience requirement specified above;
	3	All the courses should address the subject matter specified above;
	4	All the courses should list a detailed outline for their teaching minutes / hours and breaks between the teaching;
	5	Does the subject matter and outlined class schedule seem in line with the requested hours?
	6	Is the class live or home study?
	7	Home study requires detailed teaching materials, including pamphlet, DVD. Internet access or others to assess the teaching material and teaching hours;
	8	All Web-based / on-line /home study courses require sample of completing certificate and testing quiz;
	9	Is additional information needed from the provider;
	10	<b><i>Web-based / on-line courses should not be awarded for more than 5 hours for each subject ???</i></b>
	11	<b><i>Acupuncture courses for animals should be excluded???</i></b>
	12	<b><i>Those who only design course without their own teaching experience should be credited???</i></b>

## Current Presenter or Teacher Qualifications

1

Minimum:

- A) Bachelor's Degree from accredited college/university with major in subject matter presented
- or
- B) Post-secondary institute licensed by FL with major in subject matter presented

or 2

Acupuncture School Graduate

or 3

- A) Completed tutorial program with requirements equivalent to Florida that has been approved by:
  - 1) a state licensing authority or
  - 2) a nationally recognized Acupuncture/Oriental Medicine Association or
  - 3) a substantially equivalent accrediting body
- AND
- B) Has completed three (3) years of professional experience in the licensed practice of Acupuncture

AND

1

Two years teaching experience in the subject matter to be presented

Or 2

Taught same program for which approval is sought a minimum of three times in the past two years before

- a) Professional convention
- b) Professional group
- c) Any acupuncture school

Or 3

Has completed specialized training in the subject matter of the program

AND

Has 2 years practical experience in the subject

## **Proposed recommendations on approval criteria for CEU's trainings**

**By Dr. Herman Vega**

### **Written Format: home study courses/correspondence programs**

- 1) Only allowed areas of training related to the scope of practice of acupuncture physicians dictated by the Florida Acupuncture Board (FAB)
- 2) Chosen area of training divided into at least six chapters with annotated bibliography of 10 to 15 references per chapter.
- 3) References dated back no more than 5 years from the current year.
- 4) Documented bibliography from established scientific journals.
- 5) Proposed home study course or correspondence program be properly laid out typographically and bind properly for professional presentation.
- 6) Proposed home study course or correspondence program be laid out according to an established professional style, i.e. APA, JAMA, etc.
- 7) Required level of expertise by the presenter: 3 to 5 years of experience as a presenter or writer in the field of acupuncture or oriental medicine, chiropractic medicine, or allopathic medicine, homeopathic/herbal medicine.
- 8) Plus requirements dictated on chapter 64B1-6.005 (2)
- 9) Provider unable to submit additional information requested by the Board within 30 days of formal request for the completion of approval process will constitute an automatic denial.
- 10) Provider should provide evidence of non-violation of copy right laws.
- 11) Provider must submit five copies of propose presentation to the Board for review, one for each subcommittee member.
- 12) Any proposed provider should have access, in writing, of all newly established criteria for approval.
- 13) Board must respond to petition for approval within six weeks from the date of request.

### **Life Presentation Format: seminars, conferences, brown-bag training, etc.**

- 1) Only allowed areas of training related to the scope of practice of acupuncture physicians dictated by the Florida Acupuncture Board (FAB)
- 2) Presentation properly documented with annotated references from established scientific journals
- 3) Presentation developed on Power Point format
- 4) Hand-out presentation in proper binding and lay out professionally
- 5) Presentation should at least one hour to one and half hours with questions and answers
- 6) Ending of presentation should include a clear and concise ways to contact presenter for further questions

- 7) Required level of expertise by the presenter: 3 to 5 years of experience as a presenter or writer in the field of acupuncture or oriental medicine, chiropractic medicine, or allopathic medicine, homeopathic/herbal medicine.
- 8) Plus requirements dictated on chapter 64B1-6.005 (2)
- 9) If presentation is about presenter's personal research, he/she should provide minimal baseline documentation and progressive methodologies to determine effectiveness and/or hypothesis testing.
- 10) Presentation related with research studies involving human subjects, presenter should had complied with Human Right violations prior to presentation being approved.
- 11) Provider unable to submit additional information requested by the Board within 30 days for formal request for the completion of approval process will constitute an automatic denial.
- 12) Provider must provide evidence of non-violation of copy right laws.
- 13) Provider must submit five copies of propose presentation to the Board for review, one for each subcommittee member.
- 14) Any proposed provider should have access, in writing, of all newly established criteria for approval
- 15) Board must respond to petition for approval within six weeks from the date of request.

**Imaging Presentation Format: (DVD/CD)**

- 1) Only allowed areas of training related to the scope of practice of acupuncture physicians dictated by the Florida Acupuncture Board (FAB)
- 2) Presentation should make specific mentioned of all the scientific references appropriate for the presentation.
- 3) Presentation should be boxed according to industry standards
- 4) Ending of presentation should include a clear and concise ways to contact presenter for further questions
- 5) Required level of expertise by the presenter: 3 to 5 years of experience as a presenter or writer in the field of acupuncture or oriental medicine, chiropractic medicine, or allopathic medicine, homeopathic/herbal medicine.
- 6) Plus requirements dictated on chapter 64B1-6.005 (2)
- 7) If presentation is about presenter's personal research, he/she should provide minimal baseline documentation and progressive methodologies to determine effectiveness and/or hypothesis testing.
- 8) Presentation related with research studies involving human subjects, presenter should had complied with Human Right violations prior to presentation being approved.
- 9) Provider unable to submit additional information requested by the Board within 30 days for formal request for the completion of approval process will constitute an automatic denial.
- 10) Provider must provide evidence of non-violation of copy right laws.

- 11) Provider must submit five copies of propose presentation to the Board for review, one for each subcommittee member.
- 12) Any proposed provider should have access, in writing, of all newly established criteria for approval
- 13) Board must respond to petition for approval within six weeks from the date of request.

All recommendations above mentioned will be in conjunction with already established administrative rules.