

# **NATIONAL BOARD FOR COLON HYDROTHERAPY**

## **Instructions For Continuing Education Program**

### **Application Approval**

#### **I. Sponsor Information**

Please provide the name of the primary sponsor of the educational activity and the name, address, and phone number of a contact person to whom all correspondence and additional information may be sent. Primary sponsor is defined as the organization/institution having ownership of materials.

#### **II. Program Information**

On page 1, please provide information about the PROGRAM TITLE and DATES. If the program is to be repeated, attach a separate sheet detailing all additional dates and locations. Programs may not extend beyond the calendar year.

On page 1, please calculate the total number of CEU hours you are requesting by adding up the number of instructional contact hours. This does not include registration periods, introduction (unless instructional, with objectives), breaks, meals, social activities, and evaluation activities.

Please explain how you assign partial credit, if you permit it. Some programs are made up of educational activities that are independent of one another (i.e., you may have individual lectures or seminars in your program) and an attendee does not need to participate in all parts of the program. Please attach a separate sheet explaining on what basis partial credit will be allowed and how partial attendance will be verified.

#### **III. Program Forms/Enclosures**

Complete the application form and attachments 1 & 2 to provide important details about the educational activity. You may photocopy these forms and attachments if necessary.

List the individual lecture or activity title. You may have several lectures in a program; therefore, fill out complete information on each lecture. Indicate the date and time frame of each lecture (e.g., 8:30-9:30 a.m.) and the length of that program (one hour). This will be helpful in calculating the total number of CEU hours requested. Provide the name of the speaker and his/her qualifications (credentials, education, background, and/or experience) to speak on the topic assigned. Also describe the informational content of this particular lecture.

Please list learner objectives -- what you expect the participant to learn or be able to do after attending the lecture. You should share these with the program participants.

In order to receive CEU credit, it is essential that you have an evaluation of your program. Attach a copy of your program brochure or schedule if you have one. Please tell us how you will determine if learner objectives were met. Evaluation methods should be appropriate for the objectives and content of the program. Do not send us your evaluation form. Some states mandate that a test be administered. Check with state licensing agencies regarding such mandates.

## **IV. State Mandates**

The acceptance of CEU credit for the fulfillment of license mandated continuing education is dictated solely by the licensure law of each individual state. Not all forms of continuing education are acceptable. Please contact licensing board(s) for specific state guidelines.

## **V. Fees**

Check the appropriate box, based on the sponsor's status. Fees are waived for I-ACT Regional Meetings. Verification of affiliate sponsorship in the form of a letter signed by the affiliate president is required.

If you will be delivering a series of identical lectures or activities over a period of time, group your lectures under one program -- this shortens our processing time, which saves you money.

To determine the appropriate fees, use the following examples:

- A. Pay: \$100.00. This is one program with a single lecture.
- B. Pay \$ 200.00. This may be multiple programs given on different dates for a total of no more than 20 CEUs per year per individual.

## **VI. Documentation**

Provide the NBCHT with an official attendance log documenting start/stop times and dates. Please ask participants to provide their NBCHT Certificate numbers in order to accurately document their earned credit. The NBCHT does not provide certificates of completion. Please provide documentation to all attendees for successfully completing the NBCHT-approved program.

## **VII. Sponsorship**

Please ensure that the program coordinator signs this form.

*Please complete the application for approval form, and attachments 1 & 2  
and mail with the appropriate fees to:  
NBCHT, 11103 San Pedro, Suite 117, San Antonio, TX 78216*

# NATIONAL BOARD FOR COLON HYDROTHERAPY

## Continuing Education Units (CEUs)

### APPLICATION FOR PROGRAM APPROVAL FORM

Please Type or Print Legibly. - This form may be duplicated.

No application will be considered unless the application is received at least 30 days *before* the program is presented. You will be notified of the review decision as soon as possible after the application is received.

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

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

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

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

Program Dates: Starting \_\_\_\_\_ Ending \_\_\_\_\_

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

(If a program is presented at various sites, attach a sheet with additional dates and locations.)

Number of CEU hours requested: \_\_\_\_\_ Hours

Note: One hour of CEU credit = 60 minutes of instructional contact. Instructional contact does not include registration, break, or evaluation periods. May participants receive partial credit for partial attendance? \_\_\_\_  
Yes \_\_\_ No

If yes, attach an explanation of how hours may be awarded and how partial attendance may be verified.

Target Audience: Colon Hydrotherapist, Other Health Care Personnel \_\_\_\_\_

Teaching Method:

(Lecture, Workshop, Internet, CD-ROM/Computer Software, Video/Audio, Other. Please indicate and provide necessary review materials): \_\_\_\_\_

You MUST attach the following information: (Lack of requested information will result in automatic denial of application)

Faculty name(s), credentials, job title(s), experience, and employer(s) - (reflect this information on attachment 1).

Titles, Objectives, Content and Length (for each presentation).

Provide the course content in a "task" and "outcome" format so the Board can see the task (item that is to be taught) and outcome (what the training will provide for the student) - (reflect this information on attachment 2).

Registration Fees to be charged to attendees. \_\_\_\_\_

Payment of Appropriate Application Fee (see page 2).

FEES (Select only one option below)

<input type="checkbox"/>	Single program date	\$100.00 _____
<input type="checkbox"/>	Multiple programs* or dates	\$200.00 _____
		Total _____

Am Exp/Visa/MasterCard Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Security code \_\_\_\_\_ Signature of Card Holder \_\_\_\_\_

Note: For I-ACT Regional Meeting sponsored activity (fee is waived)

\*For each different program provide: Teaching Method, Faculty, Titles, Objectives and Length of presentation.

The undersigned, on behalf of the sponsor(s), agrees to:

- Assure that the program outlined will be conducted as proposed.
- Maintain attendance rosters and return them to the NBCHT office within thirty (30) days following the completion of the program.
- Uphold standards for high quality continuing education activities.

\_\_\_\_\_  
Signature of Program Coordinator/Chairperson

\_\_\_\_\_  
Date

No Application Will Be Processed Unless Complete And Legible  
If approved a letter of notification and attendance log form will be forwarded.

Submit application and required attachments via regular mail to:

NBCHT  
11103 San Pedro, Suite 117  
San Antonio, TX 78216

\_\_\_\_\_  
For NBCHT Office Use Only

Date Application received: \_\_\_\_\_ Amount of Payment received: \$ \_\_\_\_\_ CC \_\_\_\_ / Check # \_\_\_\_\_

Date Application reviewed: \_\_\_\_\_ Reviewer(s): \_\_\_\_\_

Approved for: \_\_\_\_\_ CEU Hours Partial Credit: \_\_\_\_\_ Date of Approval: \_\_\_\_\_

Rejected/Pending: (Date of Hold) \_\_\_\_\_

Program #: \_\_\_\_\_

Notification of decision and paper work sent on (date): \_\_\_\_\_

**NATIONAL BOARD FOR COLON HYDROTHERAPY**  
**Continuing Education Units (CEUs)**  
**ATTACHMENT 1 - PROVIDER APPLICATION**

Title of Program \_\_\_\_\_ Name of Organization \_\_\_\_\_

<b>Provider Name / Job / Title</b>	<b>Educational Preparation:</b>	<b>Experiential Data:</b>
<p>List name(s) of each person applying as an Instructor/Provider. List current job title to correspond with each person.</p>	<p>List educational institution attended, academic degrees earned, and any State licenses held. Be specific as to program of study for which any degree or certification was awarded. Include the date license was granted, degrees awarded, certification awarded, etc.</p>	<p>List position(s) held that identify experience in the subject matter. Specify dates, hours worked, and specific job duties. Note any previous experience teaching the subject matter of this program. Identify start and end dates for each position held.</p>

**NATIONAL BOARD FOR COLON HYDROTHERAPY**  
**Continuing Education Units (CEUs)**  
**ATTACHMENT 2 - COURSE INFORMATION DATA**

Title of Program \_\_\_\_\_ Name of Organization \_\_\_\_\_

<b>Learner Objectives:</b>		<b>Subject Matter:</b>	<b>Teaching Method(s):</b>
Describe the expected learner outcomes in behavioral terms that are attainable, can be evaluated, and are relevant to the practice of colon hydrotherapy.	Breakdown of CE Hours offered for each learner objective.  _____ Total	Adjacent to each objective, outline the subject matter that corresponds to the objective. Content should be current, accurate, and in logical order. Document currency and accuracy of subject matter by references/bibliography.	List methodologies and learning activities. Utilize principles of adult education.