APPLICATION FOR CONTINUING EDUCATION ACCREDITING AGENCY

Application fee: **$250.00**
This application form must be submitted with a nonrefundable check payable to: **California Department of Public Health**

Complete the application form according to the instructions printed on the sheet provided with the application packet. **PLEASE TYPE.**

The Department's time interval for processing an application from an organization that seeks approval as an accrediting agency, from receipt of the initial application to the final decision regarding the approval, is a minimum of 45 days to a maximum of 90 days. If the applicant has not supplied an acceptable application with all necessary supporting documents by 90 calendar days, the application will be rejected. If an agency wishes to resubmit after the 90-day period, a new application must be submitted with another nonrefundable check for $250. The processing time interval will begin again. Each year a renewal fee of $250 is assessed.

Mail this application, a check for $250, and attachments I through VIII to:

California Department of Public Health
Laboratory Field Services Branch
Office of Continuing Education
850 Marina Bay Parkway, Bldg. P, 1st Floor
Richmond, CA 94804-6403
(510) 620-3834

DO NOT WRITE IN THIS SPACE

Date received: _____

Year of approval: _____

Date of approval _____

Date of rejection: _____

Reason for rejection: _____

_____

Evaluated by: _____

Agency registration number: _____

PLEASE TYPE

Accrediting agency name			
Business or mailing address (number, street)	City	State	ZIP code
Agency administrator	Agency coordinator (if different than administrator)		
Business telephone number	FAX number	E-mail or internet address	
Owner(s) of the agency			

The following eight attachments must be submitted with your application. **Identify** each attachment by number and agency name.

- **I. A description of your organization's structure and function**
- **II. Your organization's philosophy of continuing education**
- **III. Your organization's written plan for provider approval (Scope of Clinical Laboratory Practice)**
- **IV. The application your organization will be using to approve outside providers**
- **V. Your organization's written plan for responding to complaints about approved providers**
- **VI. Your organization's written mechanism for ensuring provider compliance with regulations**
- **VII. The current resume(s) of your organization's administrator, agency coordinator, and provider evaluators**
- **VIII. Definition of approved provider: What constitutes an agency provider and a nonagency provider**

As the agency administrator and/or coordinator, I certify that I have read the regulations that pertain to Continuing Education (California Code of Regulations, Title 17, Chapter 2, Subchapter 1, Group 2, Article 2.5, Section 1038–1038.7) and will abide by all requirements contained within. At the end of the year, I will provide Laboratory Field Services with a list of approved providers showing: the name of the provider; the program title(s) offered under each provider; the calendar schedule of program dates; the number of contact hours awarded for each program offered; and course numbers for each course title. I will maintain all continuing education records for five years. I may be asked to verify participant attendance during Department audits.

Printed name	Signature	Date