

**RTC PROVIDERS, INC.**

**CONTINUING EDUCATION  
APPROVAL PROGRAM**

**Guidelines and Application**

**RTC Providers, Inc.  
330 North Jefferson Davis Pkwy.  
New Orleans, Louisiana 70119**

## GUIDELINES FOR CONTINUING EDUCATION APPROVAL

### 1. INTRODUCTION

RTC Providers, Inc. offers formal continuing education (CE) approval programs that meet specific criteria. These educational offerings may then be used by individuals to meet the CE requirement for certain licensure or certification renewal.

### 2. ELIGIBILITY

All providers who offer continuing education programs may submit an application. These include conferences and or workshops. RTC Providers, Inc. is currently only providing approval within the state of Louisiana. Application for continuing education approval must only be made by the sponsoring provider, not the individual who attends the program.

### 3. DETERMINING THE NUMBER OF CONTINUING EDUCATION CREDITS FOR YOUR PROGRAM

RTC Providers, Inc awards **contact hours** for approved programs. One contact hour equals one hour of instruction. The number of hours is determined prior to the beginning of the program and is based on the objectives, content, format, methods of instruction, and program schedule. A program or workshop must be a minimum of one hour in length.

Time devoted to information not related to workshop or program is not included in the number of hours considered. The continuing education provider is instructed to estimate the number of contact hours on their application. RTC Providers, Inc. determines the final number of contact hours for a program.

### 4. ATTENDANCE MONITORING AND EVALUATION DATA

When program have been approved, only those individuals who satisfactorily complete program will receive credit for attendance. RTC Providers, Inc. needs evidence that continuing education organization has a system of monitoring attendance. It is the responsibility of the organizer to document attendance by use of **sign in/sign out** sheet. This information must be returned to RTC Providers, Inc. **within 14 days of completion of each program**. The sponsoring organization must total and initial the contact hours for each participant.

**Summary evaluation data must be sent to RTC Providers, Inc. within 30 days after program's conclusion.**

## **5. PERMANENT RECORDS**

It is the responsibility of the provider to maintain programs, attendance and financial transaction records for all participants. Such records should be kept for a minimum of **three years** and be made available to participants.

## **6. PROGRAM QUALITY**

Planning, administration, presentation, and evaluation functions must be a constant concern of all providers.

## **7. ISSUING CERTIFICATES**

RTC Providers, Inc require that all programs approved must present each participant with a computer generated certificate which should include This program is approved by RTC Providers, Inc, the title of training, date of training, presenter and number of continuing education approved contact hours. Any deviation to this requirement must be approved prior to training.

## **8. APPLICATION FEES**

All fees are to be submitted with application and are nonrefundable. For specific rates see fee and rate sheet below. This fee is for the review of the application and does not guarantee approval. Included in this fee is a nonrefundable application fee of \$ 25.00. In the event that your application is denied all fees collected will be refunded to you within 10 business days minus the application fee.

Applications for CE approval must be submitted no less than five (5) weeks prior to your program. If you request RTC Providers, Inc to approve a program that is scheduled to occur within five (5) weeks of the application, your organization will be charged a late fee.

Once the program is approved your organization will receive an approval letter

**9. SUBMITTING APPLICATION TO RTC PROVIDERS, INC**

- A. Request an application by calling (504) 483-0415 Monday – Thursday between 10:00 am – 3:00 pm, pick up an application at 330 North Jefferson Davis Pkwy same days and hours, email an request [rtcproviders@aol.com](mailto:rtcproviders@aol.com) include address and attention to. Faxed blank applications will not be allowed. Please allow 4 business days to receive mailed application. No completed application will be allowed to be faxed or emailed must have original. Organization can mail or hand deliver completed application to:

**RTC Providers, Inc  
CE Approval Program  
330 North Jefferson Davis Pkwy  
New Orleans, Louisiana 70119**

If you have any questions, please call (504) 483-0415

- B. Make check payable to **RTC Providers, Inc.** based on total figure on Payment Form.

**RTC Providers, Inc**  
**CE Approval Program Payment Form**  
**This form must be submitted with completed application**

Name of Organization: \_\_\_\_\_

DESCRIPTION	Fee	Amount
<input type="checkbox"/> Late Fee*	\$10.00	_____
<input type="checkbox"/> 1 - 4 contact hours	\$ 75.00	_____
<input type="checkbox"/> 4 and up	\$ 100.00	_____
	<b>TOTAL</b>	_____

**\*PRICES SUBJECT TO CHANGE**

Check # \_\_\_\_\_

**\*Due if application is made within five (5) weeks prior to program date.**

**APPLICATION FOR RTC PROVIDERS, INC APPROVAL**

Please complete and return completed application including attachments. Submit application at least five (5) weeks prior to each program. We suggest that you submit a typed form, as **illegible applications will not be accepted**. Incomplete applications may be subject to additional fees. Applications will not be reviewed until payment is received and **all** information is included on application below.

**A. Provider Information**

1. Name of Organization : \_\_\_\_\_

2. Staff contact person: \_\_\_\_\_ Title: \_\_\_\_\_

3. Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

4. Email address: \_\_\_\_\_ Web address \_\_\_\_\_

5. Mailing Address: \_\_\_\_\_

\_\_\_\_\_

6. Mission Statement of Organization:

7. Name and credentials mailing address and phone number of person involved in planning and evaluation of program:

8. Description of the responsibilities of social staff consultant

9. Has your organization been denied approval as a continuing education or had a program denied approval?

Yes    No

If yes, explain:

10. Has your organization done business under another company within the past three (3) years?

Yes    No

If yes, provide name (s) of other business (as):

## **B. Program Information**

1. Title of continuing education program:
  
2. Proposed date, time and location:
  
3. Provide a brief course description:
  
4. Attach a copy of program brochures or marketing information sent to participants in advance of program. If final copy is not yet available, submit draft copy.
  
5. Attach a copy of course schedule outlining the sequence of topics and instructors during program
  
6. Number of continuing education hours requested.
  
7. Who is the target audience for your program?
  
8. List the approximate number of participants.
  
9. Describe the selection of instructors for your courses.

10. Attach copies of the instructors' vitae, resume or biographical summary for this program.

#### 11. Learning Objectives

In reviewing your application, RTC Providers, Inc will be looking for learning objectives that have the following characteristics: 1. The specific action by the learner must be observable; 2. The specific action by the learner must be measurable; and 3. The specific action must be done by the learners.

**List the learning objectives for this program:**

#### 12. Evaluation Form

Each evaluation form must list the learning objectives from each program in order to ascertain that each participant goals have been reached. Program objectives developed during planning process may include, but are not limited to: changes in attitude and approach of learner to the solution of problems, presentation of new knowledge or updating obsolete information in specifics content areas, the introduction to and/or mastery of specific skills and techniques, and improvement in the selective response of the learner.

In addition, include feedback on participants satisfaction in the following areas:

1. The quality of instruction and teaching ability (did instructor present materials in a clear or orderly fashion, gear materials to a level appropriate to participants, respond to questions and needs of the participants?)
2. The instructor's level of knowledge and expertise.
3. The usefulness of the program content for meeting each of the programs stated objectives.
4. The adequacy of the physical facilities (comfort, accessibility, space, visual and auditory support)

Attach a copy of the evaluation for to be used in your program.

**C. Continuing Education Participant Agreement**

As a provider of continuing education program with CE Approval from RTC Providers, Inc. I agree to:

Submit a completed application

Comply with RTC Providers, Inc Standards for Continuing Education and affirm that my organization has:

- a. A means of responsibility for control over all aspects of program to ensure that educational objectives and standards are met.
- b. A system for selection and supervision of qualified staff.
- c. A system for evaluation of programs by participants.

Printed Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Organization: \_\_\_\_\_