**APPLICATION CHECKLIST**

Use this checklist to insure that your application is complete and submit items to:

**PREFERRED METHOD OF SUBMISSION IS ELECTRONIC VIA EMAIL**

ASCLS P.A.C.E. ® Coordinator

PH: 571-748-3776

**Email:** **AndreaH@ascls.org**

**[ ]** Completed and signed Application for Provider Status. (A3)

**[ ]** Curriculum Vitae (CV) or Resume of Program Administrator (Annual Providers only)

**[ ]** Provider Invoice Request Form (A4)

**[ ]** Sample of program brochure/flyer (See requirements in section 2.12 of the P.A.C.E.® manual

**[ ]** Program/speaker information form for each program (Note: this is optional if the information on this form is already included in the brochure/flyer.) (A5)

**[ ]** Example of the roster to be used (A8 or equivalent)

**[ ]** Program Evaluation Form for participant to evaluate the program (only 1 version of A9 or equivalent needed)

**[ ]** Example of the certificate of completion/attendance to be used (A11)

**A2**

**APPLICATION FOR PROVIDER STATUS**

### Provider Name:

### Program Administrator:       Credentials:

**Title or Current Position:**

**Specialized Training:**

**Email:       Telephone Number:**

As the Program Administrator, I have read the procedures pertaining to P.A.C.E. ® Provider Status and agree to be responsible for compliance with all criteria. As an Annual Provider, at quarterly intervals during the year, I will provide P.A.C.E. ® with a complete Report of Quarterly Activity that includes Attendance Rosters for each program. As a Single Provider, within 30 days of the end of the program, I will provide P.A.C.E. ® Attendance Rosters of the program. I acknowledge the right of P.A.C.E. ® to withdraw approval if there is evidence that the prescribed policies and procedures are not being met.

Program Administrator Signature Date

**If applying for an Annual Providership, please include CV or Resume of P.A.C.E.® Administrator**

### Program Coordinator:       Credentials:

**Title or Current Position:**

**Specialized Training:**

**Email:       Telephone Number:**

**A3**

 **PROVIDER INVOICE REQUEST FORM**

### Provider Name:

### Provider Number:       (IF KNOWN) Non Profit [ ]  For Profit [ ]

### Billing Address:

### City, State; Zip:

### Telephone Number:

***For Annual Providers:***

**# of courses being awarded annually:**

### *For Single Providers (please break down your course offerings by day):*

**# of hours being offered: Day 1:       Day 2:       Day 3:       Day 4:**

**Activity Title:       Activity Date(s):**

**Total Due:**

**Amount: $**

**A4**

|  |  |
| --- | --- |
|  | **Program Number:** **Program Title:** **Date:** **Contact Hours:**  |
| Provider Name/Provider Address | Provider Logo if desired |

|  |
| --- |
| *Format: (Lecture, slides, discussion group, live webinar, archived webinar, Computer-Driven Instruction, etc.)* |
| *Speaker Name, Credentials, and Affiliation: List your name and credentials, as they should appear in the program.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *List your professional affiliation, as it should appear in the program:* |
| *The moderator or speaker will disclose to the audience any conflict of interest regarding the topic being presented.*  |
| *­Description of Session: Limit to 50 words. Type or print, being as specific as possible about learning to take place.* |
| *Level of Instruction:* ***BASIC INTERMEDIATE ADVANCED*** *(Circle one)****BASIC:*** *Entry level; no prior knowledge of subject necessary to attend this program;* ***INTERMEDIATE:*** *Refresher course; some basic knowledge required;* ***ADVANCED:*** *Highly technical; for those with at least five years of experience in a specialty area.**PROGRAM OBJECTIVES (Please list three. May be continued with an attachment)**At the end of the session, the participant will be able to:* |
| *1.* |
| *2.* |
| *3.* |
| *PROGRAM TIME TABLE* |
| *Begin time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  |
| *Break(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lunch\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  |
| *CONTACT HOURS PROPOSED: \_\_\_\_\_\_\_\_\_* | *CONTACT HOURS: \_\_\_\_\_\_\_\_ per Committee (for Office Use Only)* |

A5

|  |  |
| --- | --- |
|  | **Program Number:** **Program Title:** **Date:** **Contact Hours:**  |
| Provider Name/Provider Address | Provider Logo if desired |

ROSTER COVER

Program Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Contact Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_

Program Start: \_\_\_\_\_\_\_\_ Program End: \_\_\_\_\_\_\_\_ Time & Length of Break(s):\_\_\_\_\_\_\_\_\_

Number of participants: \_\_\_\_\_\_\_\_\_\_\_\_

 Low High

Summary of Evaluations: 1 2 3 4 5 Note: be sure the

Speakers: rating scale on this form Objectives Achieved: matches the scale on Program Content: the evaluation form.

I certify that the participants listed on the Attendance Roster(s) have successfully completed the above program and are deserving of the P.A.C.E. ® contact hours indicated.

Signature – Program Administrator or Designee Date

Telephone or email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail with: Attendance Rosters, &, if not previously submitted, Program brochure/flyer with Program Information & Speaker Credentials.

Single Providers: due 30 days after Program.

Annual Providers: include in Quarterly Activity Report.

**A7**

|  |  |
| --- | --- |
|  | **Program Number:** **Program Title:** **Date:** **Contact Hours:**  |
| Provider Name/Provider Address | Provider Logo if desired |

**Attendance Roster with Summary**

**VERIFICATION OF ATTENDANCE: I have attended the full instructional time for this program. I understand that completion of this program and my PRINT NAME on this form are necessary to receive the contact hours awarded for this program.**

|  |  |  |
| --- | --- | --- |
| **PRINT NAME** | Address | Lic.#/State |
| Signature | City/State/Zip | ASCLS # |
| **PRINT NAME** | Address | Lic.#/State |
| Signature | City/State/Zip | ASCLS # |
| **PRINT NAME** | Address | Lic.#/State |
| Signature | City/State/Zip | ASCLS # |
| **PRINT NAME** | Address | Lic.#/State |
| Signature | City/State/Zip | ASCLS # |
| **PRINT NAME** | Address | Lic.#/State |
| Signature | City/State/Zip | ASCLS # |
| **PRINT NAME** | Address | Lic.#/State |
| Signature | City/State/Zip | ASCLS # |
| Summary of Evaluations: ☹ 1 2 3 4 5 ☺ Note: be sure the Speakers: rating scale on this Objectives Achieved: matches the scale on Program Content: the evaluation form.  |

**I certify that the participants listed on the Attendance Roster(s) have successfully completed the above program and are deserving of the P.A.C.E.® contact hours indicated.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRINT NAME** - Program Administrator or designee Date

**Page 1 of :**

**A8**

|  |  |
| --- | --- |
|  | **Program Number:** **Program Title:** **Date:** **Contact Hours:**  |
| Provider Name/Provider Address | Provider Logo if desired |

**Attendance Roster**

V**ERIFICATION OF ATTENDANCE: I have attended the full instructional time for this program. I understand that completion of this program and my PRINT NAME/Signature on this form are necessary to receive the contact hours awarded for this program.**

|  |  |  |
| --- | --- | --- |
| **PRINT NAME** | **Address** | **Lic.#/State** |
| **Signature** | **City/State/Zip** | **ASCLS #** |
| **PRINT NAME** | **Address** | **Lic.#/State** |
| **Signature** | **City/State/Zip** | **ASCLS #** |
| **PRINT NAME** | **Address** | **Lic.#/State** |
| **Signature** | **City/State/Zip** | **ASCLS #** |
| **PRINT NAME** | **Address** | **Lic.#/State** |
| **Signature** | **City/State/Zip** | **ASCLS #** |
| **PRINT NAME** | **Address** | **Lic.#/State** |
| **Signature** | **City/State/Zip** | **ASCLS #** |
| **PRINT NAME** | **Address** | **Lic.#/State** |
| **Signature** | **City/State/Zip** | **ASCLS #** |
| **PRINT NAME** | **Address** | **Lic.#/State** |
| **Signature** | **City/State/Zip** | **ASCLS #** |
| **PRINT NAME** | **Address** | **Lic.#/State** |
| **Signature** | **City/State/Zip** | **ASCLS #** |

**I certify that the participants listed on the Attendance Roster(s) have successfully completed the above program and are deserving of the P.A.C.E.® contact hours indicated.**

**PRINT NAME** – Program Administrator or designee Date

**Page:       of**

**A8**

|  |  |
| --- | --- |
|  | **Program Number:** **Program Title:** **Date:** **Contact Hours:**  |
| Provider Name/Provider Address | Provider Logo if desired |

|  |
| --- |
| SAMPLE PROGRAM EVALUATION |

Use this form to evaluate the above-titled program/session **ONLY**. Fill in the numbered circle to indicate your ratings of this program, objectives, and speaker(s); using one response per line, completely erasing errors. Turn in the completed form to the Program Moderator or as directed.

**SPEAKER RATING Low/Poor High/Excellent Not Applicable**

To what extent:

was the speaker knowledgeable, organized and effective

during the presentation? ① ② ③ ④ N/A

did the speaker clarify and focus on the stated objectives? ① ② ③ ④ N/A

 

were the speaker's teaching methods & aids appropriate & effective? ① ② ③ ④ N/A

were the teaching methods & aids appropriate & effectively used? ① ② ③ ④ N/A

**OBJECTIVES RATING Low/Poor High/Excellent Not Applicable**

To what extent was each objective achieved?

1: \_\_\_\_*These objectives must be filled in BEFORE*\_\_\_\_\_\_\_\_\_\_\_ ① ② ③ ④ N/A

2: \_\_\_\_*the form is given to the attendee.*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ① ② ③ ④ N/A

3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ① ② ③ ④ N/A

**PROGRAM CONTENT RATING Low/Poor High/Excellent Not Applicable**

To what extent did the program contentrelate to the

program objectives? ① ② ③ ④ N/A

Rate the contribution of this session to your overall knowledge

of this subject. ① ② ③ ④ N/A

Rate your overall degree of satisfaction with this session. ① ② ③ ④ N/A

Rate your level of expertise in this subject prior to this session. ① ② ③ ④  N/A

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: Providers may use their own evaluation form as long as it evaluates the speaker, objectives being met, and the program content rating. Make sure the ratings scale on the evaluation form matches the scale on the evaluation summary form. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for attending this P.A.C.E. ® approved program & completing this Evaluation Form.**

**A9-Full Page**

|  |  |
| --- | --- |
| **PROGRAM EVALUATION** | **Program Number:** **Program Title:** **Date: Contact Hours:**  |
| Provider Name/Provider Address |

Use this form to evaluate the above-titled program/session. Return the completed form to the Program Moderator or as directed.

**RATING SCALE 5 = Yes/High/Excellent; 1 = No/Low/Poor; NA = Not Applicable**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Rate the speaker(s) in terms of knowledge, organization and effectiveness.** | ⑤ | ④ | ③ | ② | ① | NA |
| **Rate your overall satisfaction with the program content.** | ⑤ | ④ | ③ | ② | ① | NA |
|  |
| **Were the below stated objectives met?** | Yes | No |
| 1. «Objective\_1» |  |  |  |  |  |  |
| 2. «Objective\_2» |  |  |  |  |  |  |
| 3. «Objective\_3» |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |
| Was the content presented without commercial bias? | Yes | No |

Comments:

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| --- | --- |
| **PROGRAM EVALUATION** | **Program Number:** **Program Title:** **Date: Contact Hours:**  |
| Provider Name/Provider Address |

Use this form to evaluate the above-titled program/session. Return the completed form to the Program Moderator or as directed.

**RATING SCALE 5 = Yes/High/Excellent; 1 = No/Low/Poor; NA = Not Applicable**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Rate the speaker(s) in terms of knowledge, organization and effectiveness.** | ⑤ | ④ | ③ | ② | ① | NA |
| **Rate your overall satisfaction with the program content.** | ⑤ | ④ | ③ | ② | ① | NA |
|  |
| **Were the below stated objectives met?** | Yes | No |
| 1. «Objective\_1» |  |  |  |  |  |  |
| 2. «Objective\_2» |  |  |  |  |  |  |
| 3. «Objective\_3» |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |
| Was the content presented without commercial bias? | Yes | No |

Comments:

**A9-Half Page**

|  |  |
| --- | --- |
|  | **Program Number:** **Program Title:** **Date:** **Contact Hours:**  |
| Provider Name/Provider Address | Provider Logo if desired |

**PROGRAM EVALUTION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 | N/A |
| **Speaker** |  |  |  |  |  |  |
| Rate the speaker(s) in terms of knowledge, organization and effectiveness |  |  |  |  |  |  |
| Rate your overall satisfaction with the program content. |  |  |  |  |  |  |
| Objective achieved | Yes:  | No:  |  |  |
| Was the content presented without commercial bias? | Yes:  | No:  |  |  |
|  | 1 | 2 | 3 | 4 | 5 | N/A |
| **Speaker** |  |  |  |  |  |  |
| Rate the speaker(s) in terms of knowledge, organization and effectiveness |  |  |  |  |  |  |
| Rate your overall satisfaction with the program content. |  |  |  |  |  |  |
| Objective achieved | Yes:  | No:  |  |  |
| Was the content presented without commercial bias? | Yes:  | No:  |  |  |
|  | 1 | 2 | 3 | 4 | 5 | N/A |
| **Speaker** |  |  |  |  |  |  |
| Rate the speaker(s) in terms of knowledge, organization and effectiveness |  |  |  |  |  |  |
| Rate your overall satisfaction with the program content. |  |  |  |  |  |  |
| Objective achieved | Yes:  | No:  |  |  |
| Was the content presented without commercial bias? | Yes:  | No:  |  |  |

**A9-Mulitple Speakers**

|  |  |
| --- | --- |
|  | **Provider Name:****Program Number:** **Program Title:** **Date:** **Contact Hours:**  |

**PROGRAM SUMMARY**

**Speaker (with credentials):**

**Objectives:**

**List Objective 1**

**List Objective 2**

**List Objective 3**

**Evaluation Summary:**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4.5** | **4.25** | **4** | **3.75** | **3.5** | **3.0** | **2.5** | **2.0** | **1.5** | **1.0** |
| **Speaker Rating** |  |  |  |  |  |  |  |  |  |  |  |
| **Objective Rating** |  |  |  |  |  |  |  |  |  |  |  |
| **Content Rating** |  |  |  |  |  |  |  |  |  |  |  |
| **Presented W/O Commercial Bias** | **YES** |  | **NO** |  |

**APPROXIMATE head count:**

**I certify that the attendees were given the session code and reminded of PACE® in their packets.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature - Program Moderator or Assistant Date**

**Comments:**

**A10**

Provider Logo/Name

Provider Address

CERTIFICATE OF ATTENDANCE FOR:

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

State License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Exp. Date:\_\_\_\_\_\_\_\_

**Change rows as you see fit. “Attended” column may be deleted**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **P.A.C.E. ®****Program #** | **Session Title** | **Contact Hours** | **Attended****(X)** |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  | **Total Hours** |  |  |

**VALID WHEN SIGNATURE AND P.A.C.E.** ® **STICKER ARE PRESENT.**

I certify that this individual has attended the above session(s) and completed the program requirements.

Signature of P.A.C.E. ® Administrator or Designee

**PLACE P.A.C.E.® STICKER HERE**

**(You may delete this box)**



ASCLS P.A.C.E.®

11107 Sunset Hills Road, Suite 100

Reston, VA 20190

CA Accrediting Agency No: 0001

**A11**

**APPROPRIATE VERBS FOR LEARNING OBJECTIVES**

**Avoid** non-measurable verbs: amplify, appreciate, be acquainted with, be aware, be(come) familiar with, explore, gain insight, improve, increase**, know, learn**, realize**, understand**.

The following verbs will help to write good learning objectives. This chart is based on Bloom’s Revised Taxonomy

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| REMEMBERING | UNDERSTANDING | APPLYING | ANALYSING | EVALUATING | CREATING |  |
| CiteChooseDefineDrawLabelListLocateMatchMemorizeNameRecallReciteRecognizeRecordRepeatReproduceSelectStateTellWrite  | ArrangeAssociateClarifyClassifyConvertDemonstrateDescribeDiagramDrawDiscussEstimateExplainExpressGeneralizeIdentifyInterpretLocateOutlineParaphraseRelateReport RestateReviewSortSummarizeTransferTranslateVisualize | AdaptApplyCalculateCatalogueChartChooseClassifyComputeConstructConsolidateDemonstrateDevelopEmployExtendExtrapolateGeneralizeIllustrateInferInterpolateInterpretMakeManipulateModifyOrderPredictPrepareProduceRelateShowSketchSolveSubmitTabulateTranscribeUseUtilize | AnalyzeAppraiseAuditBreak downCalculateCategorizeCertifyCompareContrastCorrelateCriticizeDeduceDefendDetectDiagramDifferentiateDiscriminateDistinguishExamineIdentifyInferInspectInvestigateQuestionReasonSeparateSolveSubdivideSurveyTake apartTestUncoverVerify | AppraiseApproveArgueAssessChooseConcludeConfirmCriticizeCritiqueDebateDecideDefendDiagnoseDiscussEstimateEvaluateJudgeJustifyPrioritizeProveRankRateRecommendResearchResolveReviseRule onSelectSupportValidateVerifyWeigh | ArrangeAssembleBuildCombineCompileComposeConceiveConstructCreateDesignDeviseDiscoverDraftForecastFormulateGenerateIntegrateInventMakeManageOrganizePlanPredictPrepareProposeReorderReorganizeSet upStructureSynthesize |  |