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**APPLICATION INSTRUCTIONS**

Completed documents should be emailed to Andrea Hickey, Director of P.A.C.E.by email at [andreah@ascls.org](mailto:andreah@ascls.org).

**Application Steps:**

1. Complete the provider information on the next page.
2. Complete the Annual Provider Program Information – Initial App Template
3. Email the following items to andreah@ascls.org
   1. Completed Provider Information (next page)
   2. Completed Annual Provider Program Information – Initial App Template (Excel file)
   3. Examples of advertising to be used to promote sessions-brochure, flyer, emails, etc.
      1. Note-draft versions of advertising are acceptable.
   4. Example of evaluation (unless using the ASCLS CE Organizer)
   5. Example of certificate (unless using the ASCLS CE Organizer)

Once the application has been processed and approved, the Director of P.A.C.E. will initiate an invoice to collect payment and send the file for the current year P.A.C.E. Seal. The P.A.C.E. Seal is only to be placed on the certificate; it cannot be used on advertising.

**Post Program Reporting:**

1. Annual providers must submit quarterly reports.
   1. Quarterly reports are due 30 days after the end of the quarter. This file can be found at [www.ascls.org/pace](http://www.ascls.org/pace)
2. Email file to [andreah@ascls.org](mailto:andreah@ascls.org).

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Description automatically generated**APPLICATION FOR PROVIDER STATUS**

**Annual Provider Information**

### Provider Name:

### Provider Number (IF KNOWN):

### Are you a Non-Profit or For-Profit entity as defined by the IRS?

### How many contact hours will you be offering per year (<18 or >18)?

**Billing Info:**

### Billing Address:

### City, State; Zip:

### Telephone Number:

### Program Administrator:       Credentials:

**Title or Current Position:**

**Email:       Telephone Number:**

### Program Coordinator:       Credentials:

**Title or Current Position:**

**Specialized Training:**

**Email:       Telephone Number:**

Advertising Requirements

The P.A.C.E. ® criteria for a program advertising include **all** of the following for **each** session:

1. Speaker name with credentials and/or title
2. Description of program content and/or measurable learning objectives \*
3. Level of instruction
4. Number of contact hours to be awarded
5. Date and location
6. **The P.A.C.E. ® statement: “(Organization’s Name) is approved as a provider of continuing education programs in the clinical laboratory sciences by the ASCLS P.A.C.E. ® Program.”**

\*If measurable learning objectives are not in the advertising, they must be made available to participants before or during the session.

Evaluations

The evaluation tool aids the provider in improving the specific program or in preparing for future events.

Evaluation forms must rate the following using a **5-point** rating scale:

* **the speaker(s) in terms of knowledge, organization and effectiveness.**
* **overall satisfaction with the program content.**
* If the given objectives were met.

A provider may ask additional evaluation questions, including whether the session was presented without commercial bias.

Providers may design their own evaluation tool if it contains the required elements and identifies the program being evaluated. The participants must complete the evaluations at the end of the program to receive P.A.C.E.® credit.

Certificates of Completion or Attendance

A certificate of attendance or completion that is given to a participant after a P.A.C.E. ® approved program must contain the following required elements.

1. Participant’s name
2. Name and address of the P.A.C.E. ® provider
3. Program date
4. Title
5. P.A.C.E.® Program number in proper format.
6. Number of contact hours, separate and total
7. Name and address of the national P.A.C.E. ® Office (note: this does not have to be a prominent item on the certificate)
8. Signature of the Program Administrator or designee (can be electronic)
9. P.A.C.E. ® Seal
10. California Accrediting Agency Info

|  |
| --- |
| **EXAMPLE PROGRAM EVALUATION EXAMPLE 1** |
| **Program Number:**  **Program Title:**  **Date:**  **Contact Hours:** |

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

Comments:

|  |
| --- |
| **EXAMPLE PROGRAM EVALUATION EXAMPLE 2** |
| **Program Number:**  **Program Title:**  **Date:**  **Contact Hours:** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **RATING SCALE 5 = Yes/High/Excellent; 1 = No/Low/Poor** | | | | | |
| **Rate the speaker(s) in terms of knowledge, organization and effectiveness.** | ⑤ | ④ | ③ | ② | ① |
| **Rate your overall satisfaction with the program content.** | ⑤ | ④ | ③ | ② | ① |
| **Were the stated objectives met?** | ⑤ | ④ | ③ | ② | ① |

Comments:

EXAMPLE CERTIFICATE 1

Provider Logo/Name

Provider Address

CERTIFICATE OF ATTENDANCE FOR:

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **P.A.C.E. ®**  **Program #** | **Session Title** | **Contact Hours** |
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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.®

PO Box 92

Dundee, MI 48131

CA Accrediting Agency No: 0001

EXAMPLE CERTIFICATE 2

Provider Logo/Name

Provider Address

**CERTIFICATE OF ATTENDANCE FOR:**

**Name:**

**Date Issued:**

**Session Title:**

**Contact Hours Awarded:**

**P.A.C.E. Program Number:**

**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)**



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