Application for

CCCEP Regularly Scheduled Series (RSS) Provider Status



Canadian Council on Continuing Education in Pharmacy

Le conseil canadien de l'éducation continue en pharmacie

# Provider Information and Overview

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| **Applicant Information** | | |
| **Name of Organization** |  | |
| **Name of CE Unit submitting application (if applicable)** |  | |
| **Address of Organization** |  | |
| **CCCEP Provider Number**  **(If already assigned)** |  | |
|  | **Representative 1 for Applicant** | **Representative 2 for Applicant**  (If applicable) |
| **Name(s) of person(s) submitting Application** |  |  |
| **Title** |  |  |
| **Phone Number** |  |  |
| **E-Mail** |  |  |

**Brief Description of the Organization/Organizational Unit(s)**

*(If the applicant is a part of a larger organization, please provide a description of how the unit relates to the larger organization)*

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# Provider Self-Assessment

Applicants are asked to complete the self-assessment column in the table below indicating how/why they fulfill the policy requirement. The column titled “documentation/evidence” can be used to name specific policies/procedures/other documents belonging to the organization in support of their self-assessment. These documents do not need to be submitted to CCCEP but should be available if CCCEP requests them.

| **RSS Policy Requirement** | **Provider Self-Assessment/Comment** | **Documentation/Evidence** |
| --- | --- | --- |
| Organization is familiar with the development and accreditation of learning activities with CCCEP or other accrediting bodies. |  |  |
| Organization is familiar with the delivery of a set/series of multiple live continuing health education sessions that occur on an ongoing, scheduled basis (e.g., weekly, monthly, quarterly) that meet the learning needs of, a defined group of health professionals. |  |  |
| Organization has processes and procedures in place to ensure activities comply with CCCEP’s requirements for accreditation, including disclosure requirements, sponsorship requirements, documentation requirements, and the use of a Scientific Planning Committee. |  |  |
| Organization has the capacity to, and a process for, provide reports to CCCEP, on an annual basis, regarding the delivery and participant evaluations of the learning activities contained within any RSS’ accredited during that year. |  |  |
| Organization has a complaints policy for participants to submit formal complaints about a session delivered under an RSS. This policy includes a requirement to notify CCCEP of a complaint and its resolution, as well as the ability for the complainant to bring their complaint directly to CCCEP should the organization’s response to the complaint not be satisfactory to the complainant. |  |  |

# Provider Declaration:

As the representative(s) of our organization, in seeking designation as a Regularly Scheduled Series (RSS) Provider, I/we declare that we will adhere to CCCEP’s Standards and Guidelines for Accreditation, CCCEP’s Accreditation of Regularly Scheduled Series Policy and any other requirements issued by CCCEP through the course of our approval as an RSS provider, should such approval be granted.

I/we confirm that our organization has documented policies and procedures in place regarding the organization’s processes for reviewing and self-approving its RSS activities to ensure this adherence. These policies and procedures cover things including, but not limited to:

* SPC formation/requirements/responsibility
* Process for complaints
* Documentation processes
* Forms consistent with CCCEP’s requirements for Conflict-of-Interest Disclosure
* Templates for Statements of Participation, and RSS activity evaluation

I/we acknowledge that CCCEP may request to review and evaluate these policies, procedures and/or forms at any time, and may also request to review documentation of an accredited RSS, in whole or in part, as part of an audit/review process.

I/we confirm that we are a legally incorporated non-profit organization.

I/we attest that our organization’s process for formal RSS accreditation is through the registration of the program on the CCCEP program database and payment of the applicable RSS application fee, and that we must receive confirmation of its registration from CCCEP before proceeding to deliver any activity within the series.

By signing below, I/we are attesting to the accuracy of all of the statements and information provided in the declaration above, and the Provider Self-Assessment.

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| --- | --- |
| Representative 1 Name (type) |  |
| Representative 1 Signature |  |

|  |  |
| --- | --- |
| Representative 2 Name (Type) |  |
| Representative 2 Signature |  |

**Application signed and submitted this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_, 20\_\_\_**