



## ***Approved Provider of Continuing Education: Application for Approval***

***Standard 1: Providers:*** *Approved Providers are entities providing education and training in Psychiatric Rehabilitation and Recovery and/or Child and Family Resiliency and Recovery to current or prospective CPRPs and/or CFRPs.*

*CE Principles: Continuing Education (CE) in Psychiatric Rehabilitation and Recovery and/or Child and Family Resiliency and Recovery is an ongoing process of formal learning from activities that are:*

- Relevant to providers Psychiatric Rehabilitation, Resiliency, and Recovery services.*
- Enable certified CPRPs and/or CFRPs to keep pace with the most current scientific evidence regarding assessment, intervention, education, and legal/statutory/regulatory issues.*
- Allow certified CPRPs and/or CFRPs to maintain, develop, and increase competencies in order to improve outcomes of services they provide, and enhance their contributions to the field of Psychiatric Rehabilitation.*

### **Applicant Provider Information**

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

PRA Approved Provider ID (if a renewal): \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal: \_\_\_\_\_ Country: \_\_\_\_\_

Website: \_\_\_\_\_

General Email (for public contact): \_\_\_\_\_



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**Standard 2.2: Primary Contact Designation:** APs must clearly designate the Primary Contact of their CE programming responsible for ensuring they meet the PRA Standards for Continuing Education.

Primary Contact Name: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

Street Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Standard 2.1: Inclusion of Credentialed Individual(s) in Planning Process.** APs must ensure that a current CPRP and/or CFRP has direct input in all phases of the decision-making and program-planning process for activities offering CPRP and/or CFRP contact hours. *\*if applying to provide both Credit Types, must be dual-certified, or provider must include two individuals (one with each credential). Second individual may be included on a second copy of this page.*

CPRP and/or CFRP Name: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

Street Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_



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**Standard 1.1: Provider Type** (please select one):

- PRA Chapter
- PRA State Affiliate
- Government Mental Health Agency
- Nonprofit Mental Health Agency
- For-Profit Mental Health Agency
- Commercial Educational Provider
- Other Academic Institution
- Managed Care Organization

Other: \_\_\_\_\_

**Application Category:**

- New Provider
- Renewal
- Provisional
- Reinstatement

**Application Type:**

- Single Educational Activity
- Approved Provider (3-yr)

**Is the applicant organization a current member of PRA?**       Yes       No

**Types of CE Requested for Approval** (select one or both):

- CPRP: Psychiatric Rehabilitation Practitioners
- CFRP: Child & Family Resiliency Practitioner

Please select the appropriate fee below. If a Single Credit Type Approval, also select the Credit Type.

**Approved Provider Annual Fees**

<b>APPROVED PROVIDER (Unlimited Activities / 3 years)</b>		<b>Single Credit Type Approval</b> (Select: CPRP or CFRP Credit)		<b>Dual Credit Type Approval</b> (CPRP and CFRP)	
		<b>MBR</b>	<b>NON</b>	<b>MBR</b>	<b>NON</b>
<b>Provider Type</b>	<b>PRA Member?:</b>				
PRA State Chapter		N/A		\$300	N/A
PRA State Affiliate		\$600	\$850	\$800	\$1,050
Govt. Mental Health Agency		\$600	\$850	\$800	\$1,050
Nonprofit Mental Health Agency		\$600	\$850	\$800	\$1,050
For-Profit Mental Health Agency		\$1,000	\$2,000	\$1,500	\$3,000
For-Profit Educational Provider		\$1,000	\$2,000	\$1,500	\$3,000
Other Academic Institution		\$1,000	\$2,000	\$1,500	\$3,000

**Single Activity Approval Fee**

<b>SINGLE ACTIVITY APPROVAL (Per Activity)</b>		<b>Single Credit Type Approval</b> (Select: CPRP or CFRP Credit)		<b>Dual Credit Type Approval</b> (CPRP and CFRP)	
		<b>MBR</b>	<b>NON</b>	<b>MBR</b>	<b>NON</b>
<b>Provider Type</b>	<b>PRA Member?:</b>				
PRA State State Affiliate		\$500	\$750	\$625	\$1,000
Govt. Mental Health Agency		\$500	\$750	\$625	\$1,000
Nonprofit Mental Health Agency		\$500	\$750	\$625	\$1,000
For-Profit Mental Health Agency		\$800	\$1,600	\$925	\$1,850
For-Profit Educational Provider		\$800	\$1,600	\$925	\$1,850
Other Academic Institution		\$800	\$1,600	\$925	\$1,850
Managed Care Organization		N/A	\$2,500	N/A	\$2,750



## ***PRA Approved Provider Program: Application for Approval***

### **Standard #1.2: Provider Goals**

*Approved Providers (APs) must have a statement of goals for participants in their CE programming that reflect the principles listed above, as well as the type and nature of its CE programming and Target Audience. Many APs, due to the interdisciplinary nature of the field of Psychiatric Rehabilitation, provide multiple types of CE to a wide target audience. Keeping this in mind, an AP's CE program must include goals specifically addressing the learning needs of CPRPs and/or CFRPs.*

### **Statement of Goals:**

### **Type and Nature of CE Programming:**

### **Target Audience:**

### **Instructional Methods Used:**

Live In-Person

Live Online (Webinar)

On-Demand Online



### ***PRA Approved Provider Program: Application for Approval***

Please affirm your understanding of the following significant changes in the PRA Approved Provider Program, and your commitment to comply, by checking the box next to each item:

- There are now specific accreditation and designation statements, including the CPRP or CFRP logo, that must be displayed when designating an activity for CPRP/CFRP contact hours, or when promoting your organization or activity's approval status.
- There are now guidelines for the information required to display on a CPRP/CFRP certificate of contact hours.
- Status as an Approved Provider lasts for 36 months, pending submission of the appropriate Annual Fee and Annual Report. Providers in good standing may request permission from PRA to pay all three Annual Fees upfront, allowing them to submit one combined 3-Year Report at the end of their approval period.
- Beginning in 2020, PRA will list Approved Providers and a basic calendar/list of approved activities on the PRA website. More extensive levels of promotion and/or visibility may be available for a fee; contact PRA via email to inquire about promotional options, including to the PRA email subscribers or distributing promotional collateral via mail. In all cases, PRA promotion on behalf of an approved provider or activity is conducted and communicated directly by PRA; PRA does not share or sell contact information.
- Evaluations must be completed by a participant before receiving a certificate of CPRP/CFRP contact hours; at a minimum, these evaluations must be structured according to Standard 4.3 of the PRA Standards for Continuing Education. For on-demand online courses, a post-test is also required.
- Separate fees are charged for approval to provide a single PRA credit type (CPRP or CFRP contact hours) vs. both dual credit types (CPRP and CFRP contact hours). Contact hours may only be awarded for sessions/activities relevant to the practice domains of the corresponding credential.
- Annual Reports are required by Approved Providers within 60 days of the beginning of each year (beginning one year after approval). Activity Reports are required for an approved Single Educational Activity within 60 days (if a multi-component conference, within 90 days).
- PRA may request additional documentation for Annual or Activity Reports.

***By signing below, I confirm that the information provided in and accompanying this application is accurate and complete, and that I have read, understand, and accept responsibility for my organization's adherence to the PRA Code of Ethics, the PRA Approved Provider Manual, and the PRA Standards for Continuing Education.***

Primary Contact Name (Printed): \_\_\_\_\_

Organization: \_\_\_\_\_

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