



Defense Health Agency J-7 Continuing Education Program Office
Continuing Education Activity Content Reviewer Form

The criteria stated below reflect the requirements for the review of educational materials for the below accrediting organizations:

- **Joint Accreditation (JA) (See Appendix A)**
 - Accreditation Council for Continuing Medical Educations (ACCME)
 - Accreditation Council for Pharmacy Education (ACPE)
 - American Academy of Physician Assistants (AAPA)
 - American Dental Association (ADA CERP)
 - American Nurses Credentialing Center (ANCC)
 - American Psychological Association (APA)
 - Association of Social Work Boards (ASWB)
 - Commission on Dietetic Registration (CDR)
 - Council on Optometric Practitioner Education (ARBO/COPE)
- **American College of Healthcare Executives (ACHE) (See Appendix B)**
- **American Occupational Therapy Association (AOTA) (See Appendix C)**
- **Commission for Case Manager Certification (CCMC) (See Appendix D)**
- **Council on Professional Standards for Kinesiotherapy (COPSKT) (See Appendix E)**
- **National Board for Certified Counselors (NBCC) (See Appendix F)**
- **American Speech Language Hearing Association (ASHA) (See Appendix G)**

Content Reviewer	
Name	
Title	
Credentials	
Organization	

Educational Activity	
Title	
Date	

The Continuing Education (CE/CME) activity meets the educational needs (knowledge, skills/strategy, or performance) that underlie the practice gaps of the individual/health care team. [AOTA 7] [JA 4] [NBCC D-39] [ASHA 3, 5],	
What professional practice gaps of the individual/health care team have been identified?	
What is the educational need(s) that underlies the identified gap(s)?	

Does this educational activity incorporate the identified educational need(s)? Please explain your answer in the comments sections.	Yes	No	Comments
The faculty generated an educational activity designed to change the knowledge, skills/strategy, or performance of the health care team, or patient outcomes? [AOTA 9] [JA 5] [NBCC D-3] [ASHA 10, 11]			
Will this educational activity change a provider's knowledge, skills/strategies & performance and/or will this educational activity change patient outcomes? Please explain your answer in the comments section.	Yes	No	Comments
The faculty generated an educational activity around valid content that matches the individual/health care team's current or potential scope of practice. [AOTA 9] [APA D] [JA 6] [NBCC D, 4]			
Do the contents of this educational activity match the individual/health care team's current or potential scope of practice? Please explain your answer in the comments section.	Yes	No	Comments
The faculty chose an educational format for this educational activity that is/was appropriate for the setting, objectives and desired results of the activity. [AOTA 12] [JA 7] [ASHA 8], [ASWB]			
Explain the rationale or criteria used to ensure the format (webinar, in-person conference, etc.) was appropriate for the setting, objectives, and desired results of this activity. Explain how participants will learn with, from and about each other.			
The faculty developed an educational activity within the context of the desirable attributes of the individual/health care team. [AOTA 9] [JA 8] [NBCC G, 1-9]			
What individual/health care team(s) and/or professional attribute/competency was this educational activity developed for?			
The faculty developed an educational activity that is independent of commercial interests (ACCME Standards for Commercial Support: Standards to Ensure Independence in Continuing Medical Education Activities). [AOTA 5] [APA D, G] [JA 12] [NBCC E, 3-4] [ASHA 3]			
Does the presentation include the following: (1) a disclosure slide that lists, if applicable, all relevant financial relationships, as well as disclosure statements that either identifies endorsement of products/services/commercial interests within the presentation or state that none are present; and (2) the presentation material has no clear examples of promotional commercial interests or endorsement of products that were not clearly disclosed on the disclosure slide.			
Learning Objectives [NBCC D, 2]			
Are the learning objectives appropriate for the educational activity? Please explain your answer in the comments section.	Yes	No	Comments

Recommended Change in Title			
Do you have a recommended change to the activity title?	Yes	No	Comments
Please explain your answer in the comments section.			
Additional Comments			
Acknowledgement			
Signature:			

Please return to: dha.ncr.j7.mbx.continuing-education-office@mail.mil | v7-0 August 2020

Appendix A

Joint Accreditation Criteria

Mission and Overall Program Improvement

The following criteria outline the expectation that the accredited provider has a roadmap (CE mission) to guide it in its provision of education, that it periodically assesses how well it is meeting that CE mission, and that it identifies changes or improvements that will allow it to better meet its CE mission.

JAC 1

The provider has a continuing education (CE) mission statement that highlights education for the healthcare team with expected results articulated in terms of changes in skills/strategy, or performance of the healthcare team, and/or patient outcomes.

JAC 2

The provider gathers data or information and conducts a program-based analysis on the degree to which its CE mission—as it relates to changes in skills/strategy, or performance of the healthcare team, and/or patient outcomes—has been met through the conduct of CE activities/educational interventions.

JAC 3

The provider identifies, plans and implements the needed or desired changes in the overall program (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve its ability to meet the CE mission.

Activity Planning and Evaluation

The following criteria outline the expectations for interprofessional continuing education (IPCE) activities. If the activity is planned for a single profession or multiple professions, but not IPCE, then the criteria would be fulfilled by considering the single profession or target audience. Example: If the activity is designed for nurses only, then the provider would incorporate the educational needs that underlie the practice gaps of nurses.

JAC 4

The provider incorporates into IPCE activities the educational needs (knowledge, skills/strategy, or performance) that underlie the practice gaps of the healthcare team and/or the individual members' knowledge, skills/strategy, or performance as members of the healthcare team.

JAC 5

The provider generates activities/educational interventions that are designed to change the skills/strategy, or performance of the healthcare team, and/or patient outcomes as described in its mission statement.

JAC 6

The provider generates activities/educational interventions around valid content that meets the expectations set by Joint Accreditation.

Appendix A

Joint Accreditation Criteria

JAC 7

The provider designs education that promotes active learning – so that teams learn from, with, and about each other – consistent with the desired results of the activity.

JAC 8

The provider develops activities/educational interventions in the context of desirable attributes of the healthcare team (e.g., Institute of Medicine competencies, professional competencies, healthcare team competencies: values/ethics, roles and responsibilities, interprofessional communication, teams and teamwork).

JAC 9

The provider utilizes support strategies to sustain change as an adjunct to its educational interventions (e.g., reminders, patient feedback).

JAC 10

The provider implements strategies to remove, overcome, or address barriers to change in the skills/strategy or performance of the healthcare team.

JAC 11

The provider analyzes changes in the healthcare team (skills/strategy, performance) and/or patient outcomes achieved as a result of its IPCE activities/educational interventions.

Independence

The following criterion outlines the expectations for independence, identification/resolution of conflicts of interest, appropriate management of commercial support (if applicable), and separation of promotion from education for all education offered by the accredited provider.

JAC 12

The provider develops activities/educational interventions that are independent of commercial interests (ACCME Standards for Commercial Support: Standards to Ensure Independence in CME ActivitiesSM), including the:

- a. Identification and resolution of conflicts of interest, and disclosure of the presence or absence of relevant financial relationships of all individuals who control the content of the continuing education activity;
- b. Appropriate management of commercial support (if applicable).
- c. Maintenance of the separation of promotion from education (if applicable).
- d. Promotion of improvements in healthcare and NOT proprietary interests of a commercial interest.

Reference

Joint Accreditation Criteria (2020). <https://www.jointaccreditation.org/joint-accreditation-criteria-0>

Appendix B
American College of Healthcare Executives (ACHE)

Mission: To advance our members and healthcare management excellence.

Vision: To be the preeminent professional society for leaders dedicated to improving health.

Values: Integrity, lifelong learning, leadership, diversity and inclusion

Continuing Education Criteria:

1. Education must be on healthcare management and administration topics, typically what is found in the Board of Governors Content Outline.
2. At least one executive-level practitioner (e.g. administrator or clinical leader) is on faculty
3. "For the healthcare team, by the healthcare team" is a useful motto to follow
4. How will the activity benefit multiple roles on the healthcare team, address current practice gaps, and encourage collaboration amongst those members of the team?
5. Does the activity address current and future state issues and challenges?
6. Does the activity incorporate practical applications, takeaways and tools?
7. How will the audience participate during the activity? Will the components of the activity support the diverse needs of adult learners?

Appendix C

American Occupational Therapy Association Criteria and Guidelines

1. **Disclosure:** The Provider discloses in advance of the activity the Provider's and any instructor's financial and non-financial interest in any product, instrument, device, service, or material discussed during the activity and the source of any compensation related to the presentation (if indicated).
2. **Needs Identification:** Program development and learning activities are planned in response to identified needs relevant to the practice of occupational therapy. The Provider defines the potential learners/target audience, educational level, and any prerequisites for each continuing education activity and includes this information in promotional efforts.
3. **Evidence & Relevance to OT:** Content is relevant to the profession of occupational therapy, falls within the scope of practice of occupational therapy, and is consistent with AOTA official documents such as the Occupational Therapy Practice Framework.

Guidelines: Professional development activities may focus on one of the following 3 categories:

- a. **Occupational Therapy Service Delivery:** The process of service delivery is occupation-centered, and applied within the profession's domain to support the client's health and participation as delineated in the Occupational Therapy Practice Framework. PD activities may focus on:
 - i. **Evaluation:** Provides an understanding of the client's occupational history and experiences, and analysis of occupational performance.
 - ii. **Intervention:** Demonstrates the use of occupations and activities, preparatory methods and tasks, education and training, advocacy, and group interventions to facilitate engagement in occupations to promote health and participation.
 - iii. **Outcomes:** Delineates determinants of success in reaching the desired end result of the occupational therapy process. Outcome assessment information is used to plan future actions with the client and to evaluate the service program.
- b. **Professional Issues:** Topics are acceptable for AOTA CEUs when they pertain to the practice of occupational therapy. PD activities may focus on:
 - i. **Administration & Management:** Planning, organizing, controlling, and directing the activities of an organization to achieve desired outcomes in occupation-centered practice.
 - ii. **Legal, Legislative, Regulatory, & Reimbursement Issues:** Coding and reimbursement, documentation, licensure, and scope issues related to occupational therapy practice.
 - iii. **OT Education:** Development, delivery, or administration of occupational therapy education and continuing professional development, including experiential components of occupational therapy education programs.
 - iv. **OT Research:** Clinical and academic activities that support scientific procedures and processes to gather data and generate knowledge that enhance the profession and clinical practice of occupational therapy.
 - v. **Supervision:** Ensuring the safe and effective delivery of occupational therapy services and fostering professional competence and development.

- vi. **Contemporary Issues and Trends:** Potential role of occupation in addressing societal issues.
- c. **Foundational Knowledge:** Topics are acceptable for AOTA CEUs when they pertain to diagnoses or conditions encountered by OT practitioners and provide medical information, background, or context relevant to occupational therapy practice. PD activities may focus on:
 - i. **Human Body, Development, and Behavior:** Diagnoses & conditions, biological and physical sciences, neurosciences, kinesiology, biomechanics, human development, behavior, and social sciences needed for occupational therapy service delivery.
 - ii. **Sociocultural, Socioeconomic, Diversity Factors, and Lifestyle Choices:** Understand the impact of sociocultural, socioeconomic, and diversity factors, as well as lifestyle choices in contemporary society to meet the occupational needs of persons, groups, and populations.
 - iii. **Social Determinants of Health:** Determinants of health for persons, groups, and populations with or at risk for disabilities and chronic health conditions
 - iv. **OT History, Philosophical Base, Theory, and Sociopolitical Climate:** Occupational therapy history, philosophical base, theory, and sociopolitical climate and their importance in meeting society's current and future occupational needs as well as how these factors influence and are influenced by practice.
- 4. **Learning Outcomes:** The Provider has clear, specific, and measurable written statements of intended learning outcomes for each continuing education activity that are based on identified needs and communicated to learners prior to registration and during the activity.
- 5. **Instructional Methods:** Instructional methods are congruent with the identified learning outcomes of each activity and are appropriate for the selected delivery format.
- 6. **Learning Environment & Support Systems:** Learning facilities, resource or reference materials, and instructional aids and equipment are consistent with the purpose, design, and intended learning outcomes of the learning activity. The learning environment will accommodate teaching strategies for and the environmental comfort of the learner in a supportive and non-threatening atmosphere, as well as the accessibility needs of learners with disabilities.
- 7. **Post Evaluation:** Each learning activity must be evaluated.

References

American Occupational Therapy Association. (2011). The philosophical base of occupational therapy.

American Journal of Occupational Therapy, 65(Suppl.), S65.

<https://doi.org/10.5014/ajot.2011.65S65>

American Occupational Therapy Association. (2014). Occupational therapy practice framework: Domain and process (3rd ed.). American Journal of Occupational Therapy, 68(Suppl.1), S1–S48.

<https://doi.org/10.5014/ajot.2014.682006>

Appendix D
Commission for Case Manager Certification Criteria

1. Vision, Mission, and Values

- a. Vision-The Vision of CCMC is to be the global leader committed to the advancement and evolution of case management.
- b. Mission-The Mission of CCMC is to advocate for professional case management excellence through certification and interrelated programs and services.
- c. Values-Through the development and management of a comprehensive professional certification for qualified case managers, CCMC will promote, advance and advocate for:
 - i. consumer protection
 - ii. quality case management practice
 - iii. ethical standards and behavior
 - iv. scientific knowledge development and dissemination

2. Activity Planning and Evaluation

- a. The provider must meet the following approval requirements to be permitted CE for a standard CCMC activity:
 - i. The focus of the program must be to improve the participant's knowledge of or skill in the practice of case management.
 - 1. To be approved, a program must clearly meet one of the domain focus areas for continuing education (Outlined below).
 - 2. Content presented must be current and at a level that enable case managers to expand their skills to enhance the quality of the services they provide to help them serve their clients more effectively.
 - 3. Content must be balanced and free from any commercial bias. Commercial Interest Organizations (defined as pharmaceutical/drug and medical device manufacturers) are permitted to submit applications for pre-approval, provided the content is non-biased and free from any promotion.
 - ii. The purpose of the program must be clearly defined in terms of expected learning outcomes. These must describe significant and essential learning that learners will achieve, and can reliably demonstrate at the end of a course or program.
 - iii. The program must include an evaluation component completed by the participants. The extent to which the program met each of the stated learning outcomes must be included on the evaluation.
 - iv. It is the Commission's philosophical belief that all programs must be held in accessible, barrier-free locations so that no one with a disability is excluded from participation. The Commission strongly encourages all programs to comply with relevant federal, state/provincial, and local laws related to serving individuals with disabilities.
 - v. Ethics Course Submission Guidelines:
 - 1. Course content for ethics approval must include a discussion of ethics as it relates to the CCMC Code of Professional Conduct and its practical application to the content being presented.
 - 2. A comprehensive outline or a copy of the presentation must be submitted with all applications requesting ethics approval.
 - 3. Ethics topics include, but are not limited to:

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- a. History and evolution of values and ethics in case management
 - b. Ethics theories, codes, interpretation, and application
 - c. Professional values, character, morals, and self-awareness about professional ethical behavior
 - d. Ethical decision-making processes, models, and dilemma examples
 - e. Ethical conduct
 - f. Ethical/moral development
 - g. Interprofessional collaboration and ethics
 - h. Ethical practice, including multicultural issues, cultural competence, diversity
4. Calculating CE Credit Hours for Enduring Material:
- a. CE approved for written (enduring) materials will be based on the length and complexity of the content.
 - b. The Mergener Formula (Mergener, 1991) will be used for calculating CE credit hours:
- $$0.9 \times [-22.3 + (0.00209 \times w) + (2.78 \times q) + (15.5 \times d)]$$
- w- Number of words
q- Number of questions
d- Degree of difficulty
- 1- Very Easy
 - 2- Somewhat Easy
 - 3- Moderate
 - 4- Difficult
 - 5- Very Difficult

3. Domain Focus Areas for Continuing Education

- a. The following constitute the domain focus areas that are appropriate for continuing education for case managers. The list below denotes the domain and sub-domain focus areas on the CCM exam. Your organization's continuing education program must fit within one or more of these categories, be current and at a level of knowledge expected of individuals who have already passed the CCM exam.

Care Delivery and Reimbursement Methods

- Adherence to care regimen
- Alternative care facilities (e.g., assisted living, group homes, residential treatment facilities)
- Case management process and tools
- Coding methodologies (e.g., Diagnosis-related group [DRG], Diagnostic and Statistical Manual of Mental
- Disorders [DSM], International Classification of Diseases [ICD], Current Procedural Terminology [CPT])
- Continuum of care/continuum of health and human services
- Cost containment principles

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- Factors used to identify client's acuity or severity levels
- Financial resources (e.g., waiver programs, special needs trusts, settlements)
- Goals and objectives of case management practice
- Healthcare delivery systems
- Healthcare providers including behavioral health and community vendors
- Hospice, palliative, and end of life care
- Insurance principles (e.g., health, disability, workers compensation, long term care)
- Interdisciplinary care team (ICT)
- Levels of care and care settings
- Managed care concepts
- Management of acute and chronic illness and disability
- Management of clients with multiple chronic illnesses
- Medication therapy management and reconciliation
- Military benefit programs (e.g., TRICARE, VA, CHAMPVA, TRICARE for Life)
- Models of care (e.g., patient centered medical home [PCMH], accountable care organization, health home, special needs plan [SNPs], chronic care model)
- Negotiation techniques
- Physical functioning and behavioral health assessment
- Private benefit programs (e.g., pharmacy benefits management, indemnity, employer-sponsored health coverage, individual-purchased insurance, home care benefits, COBRA)
- Public benefit programs (e.g., SSI, SSDI, Medicare, Medicaid)
- Reimbursement and payment methodologies (e.g., bundled, case rate, prospective payment systems, value-based purchasing)
- Roles and functions of case managers in various settings
- Roles and functions of other providers in various settings
- Transitions of care / transitional care
- Utilization management principles and guidelines

Psychosocial Concepts and Support Systems

- Abuse and neglect (e.g., emotional, psychological, physical, financial)
- Behavioral change theories and stages
- Behavioral health concepts (e.g., dual diagnoses; substance use, abuse, and addiction)
- Client activation
- Client empowerment
- Client engagement
- Client self-care management (e.g., self-advocacy, self-directed care, informed decision making, shared decision making, health education)
- Community resources (e.g., elder care services, fraternal/religious organizations, government programs, meal delivery services, pharmacy assistance programs)

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- Conflict resolution strategies
- Crisis intervention strategies
- End of life issues (e.g., hospice, palliative care, withdrawal of care, Do Not Resuscitate)
- Family dynamics
- Health coaching
- Health literacy assessment
- Interpersonal communication (e.g., group dynamics, relationship building)
- Interview techniques
- Multicultural, spiritual, and religious factors that may affect the client's health status
- Psychological and neuropsychological assessment
- Psychosocial aspects of chronic illness and disability
- Resources for the uninsured or underinsured
- Spirituality as it relates to health behavior
- Support programs (e.g., support groups, pastoral counseling, disease-based organizations, bereavement counseling)
- Wellness and illness prevention programs, concepts, and strategies

Quality and Outcomes Evaluation and Measurements

- Accreditation standards and requirements
- Case load calculation
- Cost-benefit analysis
- Data interpretation and reporting
- Health care analytics (e.g., health risk assessment, predictive modeling, Adjusted Clinical Group
- [ACG]®)
- Program evaluation and research methods
- Quality and performance improvement concepts
- Quality indicators techniques and applications
- Sources of quality indicators (e.g., Centers for Medicare and Medicaid Services [CMS], Utilization
- Review Accreditation Commission [URAC], National Committee for Quality Assurance [NCQA],
- National Quality Forum [NQF], Agency for Healthcare Research and Quality [AHRQ])
- Types of quality indicators (e.g., clinical, financial, productivity, utilization, quality, client experience)

Rehabilitation Concepts and Strategies

- Assistive devices (e.g., prosthetics, text telephone device [TTD], teletypewriter [TTY], telecommunication device for the deaf, orientation and mobility services)
- Functional capacity evaluation

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- Rehabilitation post an injury, including work-related
- Rehabilitation post hospitalization or acute health condition
- Vocational and rehabilitation service delivery systems
- Vocational aspects of chronic illness and disability

Ethical, Legal, and Practice Standards

- Affordable Care Act (ACA)
- Case recording and documentation
- Critical pathways, standards of care, practice guidelines, and treatment guidelines
- Ethics related to care delivery (e.g., advocacy, experimental treatments and protocols, end of life, refusal of treatment/services)
- Ethics related to professional practice (e.g., code of conduct, veracity)
- Health care and disability related legislation (e.g., Americans with Disabilities Act [ADA], Occupational Safety and Health Administration [OSHA] regulations, Health Insurance Portability and Accountability Act [HIPAA])
- Legal and regulatory requirements
- Meaningful use (e.g., electronic exchanges of summary of care, reporting specific cases to specialized client registries, structured electronic transmission of laboratory test results, use of electronic discharge prescriptions)
- Privacy and confidentiality
- Risk management
- Self-care and well-being as a professional
- Standards of practice

References

Commission for Case Manager Certification. (2020). <https://ccmcertification.org>

Mergener, M.A. (1991). A Preliminary Study to Determine the Amount of Continuing Education Credit to Award for Home Study Programs. American Journal of Pharmaceutical Education, 55, 263-266.

Appendix E
Council on Professional Standards for Kinesiotherapy (COPSKT)

Mission Statement

SECTION 1

The mission of the AKTA is to support the rehabilitative services of Registered Kinesiotherapists while promoting the health and wellness of all populations including Veterans and individuals with functional limitations.

SECTION 2

The mission of the Association as a non-profit organization shall be accomplished by:

Advancing the professional standards of education and training by developing and sponsoring educational programs of the highest scientific and professional competence.

Encouraging research, publication and distribution of scientific articles relating to the advancement of physical rehabilitation that include but are not limited to anatomy, physiology, kinesiology/biomechanics, adaptive equipment, motor control, psychology, health/pathology, neurology, orthopedics, geriatrics and pediatrics.

Enforcing the Association member's professional conduct by encouraging the adherence to the code of ethics and the Scope and Standards of Practice.

Create strategic partnerships by networking with other allied health professions in the interest of advancing awareness of the profession.

Enhancing member connections through programming and networking.

Supporting national regulation which influences the practice of Kinesiotherapy.

SECTION 3

The Association ensures equal opportunity for all members and employees regardless of their age, sex, race, color, religion, sexual orientation, national origin, political affiliation, marital status, or physical/mental handicap.

Appendix F

NBCC Continuing Education Provider Policy and Content Requirements

D. QUALIFYING PROGRAM CONTENT REQUIREMENTS

In order to qualify for NBCC continuing education credit, the program, course, or presentation (program) must satisfy the following content requirements:

1. **NBCC Content Area Requirement.** The program content and information must directly relate to a qualifying NBCC Content Area identified in Section G (See below) of this Policy.
2. **Program Learning Objectives Requirement.** The program content and information must include a clear statement of the program learning objectives showing compliance with the qualifying program requirements of this Policy.
3. **Professional Knowledge Requirement.** The program content and information must be directly relevant to the professional knowledge and skills of graduate-level counselors.
4. **Clinically Sound Content Requirement.** The content of programs presenting information concerning the diagnosis, evaluation, and/or treatment of clients must be clinically sound. Such content must be consistent with well-established theories, principles, and techniques accepted by the professional mental health community, as well as the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).
5. **Program Materials Requirement.** The program materials must be directly relevant to the program content, and must reflect current information, research, and professional knowledge.

E. QUALIFYING PROGRAM CONTENT RESTRICTIONS AND PROHIBITIONS

In order to qualify for NBCC continuing education credit, the qualifying program content must be consistent with the following restrictions and prohibitions:

1. **Non-counseling Profession Content Restriction.** The program content cannot be solely or primarily designed or intended for: professions other than professional counseling; the general public; paraprofessional counselors; or, any other individuals engaged in counseling or other mental health activities who are not graduate-level professional counselors.
2. **Physical Health Content Restriction.** The program content cannot be solely or primarily concerned with the medical or physical health of clients.
3. **Political and Religious Content Restriction.** The program content cannot state or imply in any manner that individuals who act inconsistent with, or who do not accept, a particular political or religious belief or principle are dysfunctional, or otherwise inappropriate, or that the belief itself is unacceptable or incorrect.
4. **Sexual Orientation Change Content Restriction.** The program content cannot present or include information promoting Sexual Orientation Change Efforts as a therapeutic method.

G. NBCC CONTENT AREAS AND TOPICS

In order for a Provider to offer and issue NBCC credit, the program subject matter must be directly and primarily related to one (1) or more of the NBCC Content Areas identified below, and as required by this Policy. The following categories identify the NBCC Content Areas. **The relevant content area(s) must be identifiable in the program objectives.**

[NOTE: Regardless of the NBCC Content Area, a Category 1 Presenter is required to present/author the relevant portions of all programs that include content concerning counseling theory, counseling practice, counseling relationships, and the evaluation and/or treatment of clients, as well as all content specifically designated for a Category 1 Presenter.]

1. **Counseling Theory/Practice and the Counseling Relationship**-provides an advanced understanding of the counseling processes.
2. **Human Growth and Development**-provides an advanced understanding of the nature and needs of individuals at developmental levels, and are relevant to professional counselors and the counseling profession.
3. **Social and Cultural Foundations**-provides an understanding of the issues and trends in a multicultural and diverse society that impact professional counselors and the counseling profession.
4. **Group Dynamics and Counseling**-provides an advanced understanding of therapeutic group development, dynamics and counseling theories; and, group counseling methods and skills, including, but not limited to, the following topics.
5. **Career Development and Counseling**-provides an advanced understanding of career counseling, development and related life factors.
6. **Assessment**-provides an advanced understanding of approaches to assessment and evaluation in counseling practice.
7. **Research and Program Evaluation**-provides an advanced understanding of research methods, statistical analysis, needs assessment and evaluation, and ethical and legal considerations in research.
8. **Counselor Professional Identity and Practice Issues**-provides an understanding of various aspects of professional functioning as graduate-level counselors.
9. **Wellness and Prevention**-provides psycho-educational information for counselors to enhance their ability to promote optimal wellness related to client mental health.

Appendix G

American Speech Language Hearing Association (ASHA)

Mission and Overall Program Improvement

The following requirements for initial ASHA CE Provider approval, as well as for ongoing ASHA Approved CE Provider status. Guidelines clarify and interpret the requirement. Required Practices are mandatory. Additional Effective Practices are suggested but not mandatory.

Requirement 1: Organization

The Provider (organization) must have an identifiable continuing education group or unit with assigned responsibility for administering continuing education courses.

Requirement 2: Responsibility and Control (Administration)

The Provider (organization), through its continuing education group/unit, ensures that the Continuing Education Board (CEB) requirements and procedures are followed.

Requirement 3: Transparency in Course Planning, Delivery, and Marketing

The Provider (organization) must focus their courses on scientific and professional education, not product or service promotion. The Provider must have processes to resolve and disclose conflicts of interest. These processes must also address the management and disclosure of financial and in-kind support of CE courses. Additionally, the Provider must appropriately manage exhibits and advertising associated with CE courses.

Requirement 4: System for Offering and Verifying Continuing Education Units

The Provider (organization) has an established procedure to identify participants who meet requirements for satisfactory completion of the course and who are qualified to earn ASHA Continuing Education Units (CEUs). There is also a system for maintaining permanent participant records for a period of at least 2 years.

Requirement 5: Needs Identification

The Provider (organization) ensures that continuing education courses are planned in response to identified needs of a target audience.

Requirement 6: Learning Outcomes

The Provider (organization) has clear and concise written statements of intended learning outcomes (e.g., behavioral or performance objectives) that are based on identified needs for each continuing education course.

Requirement 7: Planning and Instructional Personnel

The Provider (organization) ensures that qualified individuals are directly involved in determining the continuing education course's purpose, developing intended learning outcomes, and planning and conducting each course.

Requirement 8: Learning Environment and Support

The Provider (organization) ensures that appropriate educational facilities, resource or reference materials, and instructional aids and equipment are consistent with the purpose, design, and intended learning outcomes of each course.

Requirement 9: Content and Methodology

The Provider (organization) ensures that content and instructional methodologies are consistent with stated learning outcomes, are appropriate for learning, and permit opportunities for learners to participate and receive feedback.

Requirement 10: Requirements for Satisfactory Completion

The Provider (organization) ensures that satisfactory completion requirements are established for each course. These requirements are based on the purpose and intended learning outcomes. Participants should be informed of the requirements before participating in the course.

Requirement 11: Assessment of Learning Outcomes

The Provider (organization) ensures that achievement of the course's intended learning outcomes is assessed using procedures established during the course's planning.

Requirement 12: Program Evaluation

The Provider (organization) ensures that in the planning stage of the continuing education course, an evaluation process is established to examine various aspects of the course, such as the needs assessment, logistical and instructional planning, selection and preparation of instructors, course implementation, and extent to which intended learning outcomes are achieved.

The information was extracted from the ASHA CEB Manual. <https://www.asha.org/ce/for-providers/admin/>