



Application for Prior CEU Approval—Business Page

Mark all that apply and those that are indicated by "*" are required fields:

- New Vendor
- Existing Vendor
- Renewal Application

*Select the type of application you are applying under:

- Regular—Application with payment. See application fee schedule below.
- In-service—Fee free application for employee-employee training. Monies not to be exchanged on any level of participation.
- Instructor—Fee free application for face-to-face teaching for the "instructor only" at a post secondary school CEUs awarded are for the instructor only.
- Marketing Contract
- PMCC—Current license **owned** by the sponsoring organization

1. *First event date: _____ *Number of CEUs requested: _____

Company Tax ID# _____ For Profit Non Profit

*Sponsoring organization: _____

*Website: _____ *Email: _____

*Address: _____

*City: _____ State: _____ Zip code: _____

*Work phone: _____ Fax: _____

2. Contact person at your organization for this program/product:

*Name and title: _____

*Work phone: _____ Fax: _____ *Email: _____

NOTE: Person's name listed as the contact will appear on AAPC's web page and could be contacted by AAPC representatives.

3. *An approved title cannot be changed: Title of program/product as it will appear in all marketing materials: _____

4. *Presenter/Instructor name and title including credentials: _____

Presenters without a credential, (eg, CPC®, CPG-H®, CPG-P®, RN, MD, CCS-P, JD) or professional license relevant to the subject matter must provide a resume for consideration of CEUs. Credentials with an apprentice status will not be approved as a presenter/instructor.

Vendor Registration Fee (VRF)

If you are submitting a regular application and your company is a For Profit company, a Vendor Registration Fee (VRF) of \$360 is due with the first paid application of the new year, The VRF covers the calendar year, January–December. This includes the first application fee of \$150 for up to 8 CEUs. Each subsequent application will have an application fee dependant on the number of approved CEUs. Please refer to the fee schedule below.

Application Fee for all Regular applications, "For Profit" and "Non Profit" (Per individual application)

\$150 1–8 CEUs	\$50 *Reevaluation fee when a request, with additional information is made within 30 days of a denial or approval
\$300 9–16 CEUs	\$50 **Nonrefundable fee for applications that are denied by AAPC or withdrawn by the vendor
\$450 17–24 CEUs	\$50 ***Late fee for applications received less than 21-30 days prior to marketing deadlines or first event date
\$600 25–32 CEUs	\$50 ****Fast Track fee for a requested rush approval
\$750 33–40 CEUs	

****All Applicants please note the asterisks above: late fees, fast track fees, reevaluation fees, and the nonrefundable fee may apply to all types of application submissions.

- Company check or money order enclosed payable to AAPC (no cash)
- MasterCard Discover American Express Visa

Credit card number: _____ Expiration date: ___/___/____ (mm/yyyy) Amount: \$ _____

Authorized signature: (Check the blue box below or sign) _____

Print card holder's name **exactly** as it appears on the card: _____

Print **exact** credit card billing address: _____

I certify these statements are true, realizing any false statements may cause denial/revocation of CEU credit or probation of vendor status. I certify that I will provide CPC® credentialed holders with quality programs in which they can receive CEUs. I will provide qualified personnel to facilitate and present each event. I certify that content and instructional methods are appropriate in meeting the timely need of the sponsoring organization.

Signature and title: _____ Date: _____

(Check the blue box above or sign)

Instructions for submitting your completed application is on the last page of the application form.



Online Education—Distance Learning Courses Application and Guidelines for Prior CEU Approval

Education is the fundamental element of CEUs
[click here to link to the current year's guidelines](#)

*Section 1: Type of course/training:

- Self study web-based training and required post-test w/information rich rational, no additional media (A word count will be performed.)
- Self study web-based training with audio and required post-test. (A word count may be performed.)
- Distance Learning Course—Typically multi-platform (A word count may be performed.)

Section 2: Have you included rationale with post-test? Yes No

How many recorded audios? _____ Combined time of all audios: _____

Are the online slides synchronized with the audio(s)? Yes No

Does the training include PDFs? Yes No How many PDFs? _____

For review purposes, the CEU analyst must have access to a detailed agenda, outline, and/or access to website.

Web address: _____

Non-expiring login/username: _____ Non-expiring password: _____

Section 3: To ensure that the appropriate CEU assignment is made for Web-based curriculum, the number of words in the curriculum is determined. One CEU is awarded for every 7,000 words. If the CEU analyst is unable to perform a word count, a visual review will be performed and CEUs will be awarded accordingly.

1. *I am submitting screen shots in a word document for word count computation. Yes No
2. The post-test requires 10 questions per requested CEU (40 question maximum). Number of questions: _____

NOTE: The post-test must be reviewed and corrected by the sponsoring organization. The participant must pass with a score of 70 percent or greater to be awarded the CEUs.

3. Number of modules or chapters: _____
4. Average time to complete each module or chapter: _____
5. Are there module assignments? Yes No
6. Are there module tests? Yes No
7. How are the module assignments and tests corrected? Electronically Submitted back to sponsoring organization
8. Is there a personal instructor? Yes No
9. Does the instructor give one-on-one mentoring to individual students? Yes No
10. Does the student participate in-group discussion with other students? Yes No
11. Titles of textbooks/workbooks used by the student? (1.) _____
(2.) _____
12. *Please provide a 50 word minimum goal for this educational product.

13. Estimated time to complete the training _____
14. Date the training is available: _____
15. Number of requested CEUs _____



16. Upon completion, is there an exam to earn a credential? Yes No Credential Acronym: _____

17. All applicants may use this area to record additional information you would like the CEU analyst to be aware of.

Section 4: Select the main specialty. The CEU Analyst will make a final decision based on the content of your agenda.

Established Credentialed Specialties

- | | |
|---|--|
| <input type="checkbox"/> Ambulatory Surgery Center — CASC™ | <input type="checkbox"/> General Surgery — CGSC™ |
| <input type="checkbox"/> Anesthesia/Pain Management — CANPC™ | <input type="checkbox"/> Hematology and Oncology — CHOC™ |
| <input type="checkbox"/> Cardiology — CCC™ | <input type="checkbox"/> Internal Medicine — CIMC™ |
| <input type="checkbox"/> Cardiovascular/Thoracic Surgery — CCVTC™ | <input type="checkbox"/> Obstetrics/Gynecology — COBGC™ |
| <input type="checkbox"/> Certified Interventional Radiology/Cardiovascular CIRCC™ | <input type="checkbox"/> Orthopaedic — COSC™ |
| <input type="checkbox"/> Certified Professional Medical Auditor — CPMA™ | <input type="checkbox"/> Otolaryngology — CENTC™ |
| <input type="checkbox"/> Chiropractic – CCPC™ | <input type="checkbox"/> Outpatient Hospital Based Coding — CPC-H® |
| <input type="checkbox"/> Compliance/Fraud & Abuse — CPCO™ | <input type="checkbox"/> Payer— CPC-P® |
| <input type="checkbox"/> Dermatology — CPCD™ | <input type="checkbox"/> Pediatrics — CPEDC™ |
| <input type="checkbox"/> Emergency Department — CEDC™ | <input type="checkbox"/> Physician Based Coding — CPC® |
| <input type="checkbox"/> Evaluation and Management — CEMC™ | <input type="checkbox"/> Plastic/Reconstructive Surgery — CPRC™ |
| <input type="checkbox"/> Family Practice — CFPC™ | <input type="checkbox"/> Rheumatology — CRHC™ |
| <input type="checkbox"/> Gastroenterology — CGIC™ | <input type="checkbox"/> Urology — CUC™ |

Currently Non-Credentialed Specialties *

- | | |
|------------------------------|---------------------------------|
| Interventional Radiology | Oromaxillofacial Surgery |
| Medical Record Documentation | Pathology/Laboratory |
| Medical Record Reimbursement | Physical Therapy |
| Medicare/Medicaid/CMS | Podiatry |
| Neurology | Radiology |
| Behavioral Health | Spinal Surgery |
| Ophthalmology | Inpatient Hospital Based Coding |

*These specialties will not receive CEU's specific to the specialty, however they will be awarded Core A CEU's.

Multi-geographic location: List the dates and zip codes of your scheduled live events. Start with the date and zip code of your first offering.

Date of first event: _____ Zip code of first event: _____

Additional zip codes and dates:

Date: _____ Zip code: _____ Date: _____ Zip code: _____

Date: _____ Zip code: _____ Date: _____ Zip code: _____

*What level of expertise/difficulty is your course? Select one:

- | | | |
|--|---|--|
| <input type="checkbox"/> Apprentice Coder (certified with no experience) | <input type="checkbox"/> Intermediate Coder | <input type="checkbox"/> All experience levels |
| <input type="checkbox"/> Beginner Coder | <input type="checkbox"/> Expert Coder | |

Optional information: What is the price of the product you offer? _____

Thank you for taking the time to complete this Application for Prior CEU Approval. AAPC Vendor Relations Team and CEU Analysts look forward to reviewing and approving your products. Please submit all required pages of your completed application and all required documents to AAPC in any of the below methods.

Click to Email: vendor@aapc.com

Attach your required documentation to the email for use during review of this pending application.

Mail to: AAPC, CEU Vendor Department
2480 South 3850 West, Suite B, Salt Lake City, UT 84120

Fax: 801-236-2258