

# BELTSS FORM E-1

Application for Registration as a  
Provider of Continuing Education Courses

## PROVIDER INFORMATION

Organization, Address, and Phone Number

Name, Title, Phone Number of Continuing Education Coordinator and Email Address

## OWNERSHIP INFORMATION

Ownership is . . . Individual <input type="checkbox"/> Partner <input type="checkbox"/> Corporation <input type="checkbox"/>	Provider type... Preferred <input type="checkbox"/> Certified <input type="checkbox"/> Limited <input type="checkbox"/>
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## IF ACCREDITED SCHOOL . . .

Name of Accrediting Body

Date of Initial Accreditation

## BENEFITS TO ADMINISTRATORS

Describe the educational benefits an administrator will receive from attending the continuing education programs.

## PHYSICAL FACILITIES, DELIVERY METHODS AND INSTRUCTIONAL MATERIALS

Describe the physical facilities, delivery method, and instructional materials available or planned for the continuing education courses

## PRESENTER QUALIFICATIONS

Please provide examples of presenter/educator qualifications (resume/CV), for those who have recently presented on may provide courses in the future.

### CERTIFICATE OF AGREEMENT

I agree to abide by the following rules as a provider of continuing education as required by the Board of Executives of Long-Term Services & Supports.

- Yes     No    (a)    This agency agrees to comply with all pertinent Ohio Laws and Rules and BELTSS policy and procedures regulations as a condition of approval as a provider agency of continuing education.
- Yes     No    (b)    The content, length, and instruction of programs provided by this agency shall be consistent in quality with standards deemed acceptable to the Board, and shall be of value in developing skills in long-term care administration (see rule 4751-1-06).
- Yes     No    (c)    I understand that E-2 Program Approval Applications must be received by the Board at least sixty (60) days prior to the presentation date of the program or a 60-Day Waiver Request Form (if applicable) must be completed and attached (see Amended Rule 4751-1-08).
- Yes     No    (d)    Administrators and instructors of this agency shall have suitable qualifications in the field of specialization.
- Yes     No    (e)    This agency shall provide adequate facilities, delivery methods, and appropriate instructional materials to carry out continuing education programs.
- Yes     No    (f)    Enrollment in programs is open to all regardless of race, color, creed, sex, religion or national origin
- Yes     No    (g)    This agency will provide facilities that are accessible to individuals who are disabled.
- Yes     No    (h)    This agency will include an evaluation component and attendance at all programs offered and submit such documentation to the board immediately following the presentation of each program, within thirty (30) days.
- Yes     No    (i)    This agency will indicate on any promotional literature disseminated the BELTSS approval number issued by the Board.
- Yes     No    (j)    This agency will furnish to each program attendee a certificate of attendance and satisfactory completion which includes the following information: provider's name, title and date of program, BELTSS approval number, attendee's name and license number (if applicable), and the number of continuing education hours earned by the attendee. The attendee's name will be printed on the certificate before it is issued. The certificate must be signed by a program coordinator.
- Yes     No    (k)    This agency will ensure that (.25) clock hours of continuing education is earned by fifteen (15) minutes of classroom instruction. No partial credit shall be granted to administrators attending only part of a program.
- Yes     No    (l)    This agency will ensure that all continuing education programs are open and offered to the public.
- Yes     No    (m)    I understand that approval of this request designates this agency as a registered provider of continuing education programs. If approved, I understand that the E-1 application must be submitted to and approved by the board on a **bi-annual basis**. A new applicant becoming a provider will initially be granted for a one-year probationary period.
- Yes     No    (n)    I understand that failure to comply with rules or to meet standards, refusal to allow reasonable inspection or to supply information upon request of the board or its representatives are cause for revocation of my providership status. I agree to supply sufficient information to allow reasonable inspection of course requests consistent with BELTSS provider standards.
- Yes     No    (o)    All statements made in this application are true to the best of my knowledge and belief.

***This approval only applies to continuing education programs conducted solely by the organization named in the application and may not be used as approval for programs conducted in whole or in part by any other organization. Any such other organization must obtain separate approval from BELTSS for its programs. I understand that the Board may desire and seek additional information if necessary. I also understand that the Board may withdraw or refuse to renew the Provider Status of any provider that fails to comply with this agreement and with Board rules.***

\_\_\_\_\_  
Signature of Authorized Provider Representative

\_\_\_\_\_  
Title of Authorized Provider Representative

\_\_\_\_\_  
Date

**One (1) copy of this application must be returned via mail or email:  
Board of Executives of Long-Term Services & Supports  
246 N. High Street, 1<sup>st</sup> Fl  
Columbus, OH 43215  
lhedrick@age.ohio.gov**

**If you have any questions, please do not hesitate to contact the Board's office.  
PHONE (614) 466-5114    FAX (614) 466-0271    <http://www.beltss.ohio.gov>**