



ACTIVITY DIRECTOR Request for Continuing Education Approval

INDIVIDUAL APPLICATION

Name of Applicant: _____

Phone: _____ Email: _____

Applicant Address: _____

Title of Educational Offering: _____

Date of Offering: _____ Location of Offering: _____

Sponsor of Offering: _____ Sponsor Phone: _____

Sponsor Address: _____

Please describe the value of this offering to the Activity Director Profession: _____

Check the category that best describes this offering (CHECK ONLY ONE):

- | | | |
|--|---|--|
| <input type="checkbox"/> Management | <input type="checkbox"/> Regulations | <input type="checkbox"/> Train-the-Trainer |
| <input type="checkbox"/> Patient Health | <input type="checkbox"/> Therapy | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reporting/Records | <input type="checkbox"/> Leadership Programming | Explain: _____ |

Total Number of Educational Hours Being Requested: _____

(60 minutes = 1 educational hour – Do not count breaks or lunch in the total)

Signature of Individual Requesting Approval _____ Date _____

FOR NMHCA OFFICE USE ONLY

Action Taken:

- Approved for _____ Hours
- Not Approved Reason: _____

NMHCA Representative Responsible for Determination _____ Date _____

Check List for Documents to be Enclosed with Request:

- Application Form
- Overall Description of Course
- Timeframe for all Education Activity
- Review Fee (\$25.00)
- Instructor Credentials
- Certificate of Completion

Incomplete applications will be returned without review. It is the responsibility of the applicant to ensure all information is included in brochures submitted. If the brochure fails to include all information, it is the applicant's responsibility to obtain and submit the necessary information.

Mail all required information to:

NMHCA
2329 Wisconsin St NE, Suite B
Albuquerque, NM 87110
(505) 880-1088

PLEASE RETAIN A COPY OF ALL FORMS FOR YOUR FILES

To ensure compliance, Activity Directors should follow the steps outlined below:

- ❖ Obtain 15-hours of continuing education annually.
- ❖ Once completed, fill out the Activity Director Request for Confirmation of Continuing Education (15-Hour Letter) form.
- ❖ Attach the form to copies of certificates of completion for the courses taken.
- ❖ Mail the form and copies of the certificates to NMHCA. (Submit this form when you complete 15 hours of continuing education)
- ❖ NMHCA will mail a letter within 4-weeks verifying that requirements have been met for the year.

Activity Directors should also be aware of the time line. **HINT: The anniversary date of when the 40-Hour Course was completed is very important.** Continuing education hours must be accrued annually. However, the education-year begins in the month that the Basic Course was completed. For example:

December, 1998	Course Completed - Don't have to do anything else for an entire year;
December, 1999	Time to start accruing CE hours;
December, 2000	Must have completed 15 hours and submit proof of completion to NMHCA for verification; Also time to start getting 15 more CE hours;

By allowing your 15-Hour letter to expire, you are placing the facility in jeopardy of being non-compliant with State Regulations. **Late Renewals are subject to a \$50.00 late fee.**

How do I get 15-hours of continuing education credit each year?

Courses offered by NMHCA that are appropriate for Activity Directors are automatically approved. Whether or not a course is approved for Activity Directors is stated on the educational brochures/flyers. An average of 100 hours of continuing education credits is available each year through NMHCA. Information on our educational offerings is included in our monthly newsletter, which is sent to the attention of the administrator of your facility. Likewise, brochures/flyers are also sent to the administrators of all member facilities.

What if I want to take a course not offered by NMHCA?

Courses not offered by NMHCA or not submitted for prior approval by the sponsor must be submitted for approval by the individual wanting to count them as part of the 15-hour requirement.

An application packet should be completed, accompanying documents attached and review fees submitted for each course for which you are seeking approval.

Attachments to Application Forms

The following information should be supplied by the individual and the sponsor for an application for continuing education approval to be complete:

- ❖ Program outline or syllabus showing the topics to be covered
- ❖ Schedule or timeline
- ❖ Faculty/trainer list with instructor qualifications
- ❖ Review fee (see below)

Suggested Curricula

NMHCA will consider only superior quality curriculum for continuing education approval in order to support and maintain the professional excellence of Activity Directors. The following bodies of knowledge are indicative of the types of coursework generally recognized as credible by NMHCA:

- < **Regulations, Survey & Legislation** - Example topics might include: Regulations Impacting Activity Professionals, The Activity Department's Role in the Survey Process, etc.
- < **The Therapeutic Role of Activities** - Suitable topics might include those dealing with Recreational Therapy, Speech Therapy, Restorative Therapy, Physical Therapy, Occupational Therapy, Art/Music Therapy, Drama/Poetry Therapy, et al.
- < **Patient Health** - For example, Biological Changes Associated with Aging, Preparing for and Dealing with Death, Holistic Health for the Aging Individual, General Wellness, and Confusion & Mental Dysfunction are suitable topics
- < **The Activity Director as Leader/Manager** - Coordinating a Staff, Recruitment of Volunteers, Patient Assessment, Care Plans, Charting, Incident Reports, Records Maintenance, Cost Control, Media Relations for Activity Professionals, Teaching and Training Methods for Activity Directors are example topics
- < **General Programming** - Creating an Exercise Program for the Elderly, Religious Programming for the Nursing Home Resident, Activities for the Handicapped, Intergenerational Programs, and Planning Parties Outdoors are example topics

Please note that these bodies of knowledge should serve only as examples of suitable coursework. Classes outside these areas, when relevant to the Activity Profession, will likewise be considered.

Activities and Functions NOT Qualifying for Credit Approval

NMHCA will not consider any of the following for educational credit:

- < General business meeting of activity director clubs
- < Meetings of association or club committees or panels
- < Meetings devoted to national, regional or state association duties
- < Meetings for the purpose of social interaction
- < Luncheons or other related meal functions

Exception will be made only in the case of a business meeting that included an educational session earmarked as such (credit will be given for the educational portion **only**) or a "working" lunch. Final decision on whether or not credit is applicable will be the reserved right of NMHCA.

If an individual wishes to request credit for any of the above-mentioned types of activities, justification must be provided indicating how the activity served as an educational opportunity for the attendee.

Fees

An application fee will be charged for all initial applications for continuing education approval. These fees shall be as follows:

- < **Sponsors** \$5 per Contact Hour
- < **Individuals** \$25 per course review.

Applications submitted without payment will be returned without review by NMHCA.

One (1) Contact Hour = 60 Minutes



ACTIVITY DIRECTOR Request for Continuing Education Approval

SPONSOR APPLICATION

Name of Sponsor: _____

Contact Person: _____

Phone: _____ Email _____

Applicant Address: _____

Title of Educational Offering: _____

Date of Offering: _____ Location of Offering: _____

Please describe the value of this offering holds for Activity Directors: _____

Check the category that best describes this offering (CHECK ONLY ONE):

- Management
- Patient Health
- Reporting/Records
- Regulations
- Therapy
- Leadership Programming
- Train-the-Trainer
- Other

Explain: _____

Total Number of Educational Hours Being Requested: _____

(60 minutes = 1 educational hour – Do not count breaks or lunch in the total)

Signature of Individual Requesting Approval _____ Date _____

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Action Taken:

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NMHCA Representative Responsible for Determination _____ Date _____

Check List for Documents to be Enclosed with Request

- Sponsor Application Form
- Educational Offering Sheets
- Instructor Background Sheets/Resumes
- Review Fees (\$5.00 per clock hour)

Incomplete applications will be returned without review. It is the responsibility of the applicant to ensure all information is included

Sponsor Application General Procedures

An individual, group or organization wishing to sponsor continuing education offerings to be provided to a group of Activity Professionals must submit a **Sponsor Application** when requesting continuing education credit. This credit, if approved, will be granted to all Activity Professionals in attendance who complete the educational offering at the predetermined level of proficiency.

Deadline for Applications

Completed **Sponsor Applications** must be submitted to and received by NMHCA no later than **30 days prior to the course offering**. This 30-day period allows for the turn around time required for return as well as resubmission of incomplete applications, gathering of supplemental information or the like should the initial application be denied approval.

Retroactive Approval Requests

Sponsor applications for retroactive credit will **NOT** be accepted.

Attachments to Application Forms

The following information should be supplied by the individual and the sponsor for an application for continuing education approval to be complete:

- ❖ Program outline or syllabus showing the topics to be covered
- ❖ Educational Offering Sheets
- ❖ Schedule or timeline
- ❖ Faculty/trainer list with instructor qualifications
- ❖ Review fee (see below)

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If an individual wishes to request credit for any of the above-mentioned types of activities, justification must be provided indicating how the activity served as an educational opportunity for the attendee.

Fees

An application fee will be charged for all initial applications for continuing education approval. These fees shall be as follows:

- < Sponsors \$5 per Contact Hour
- < Individuals 1 - 6 Contact Hours - \$5 Total
7 or More Contact Hours - \$10 Total

Applications submitted without payment will be returned without review by NMHCA.
One (1) Contact Hour = 60 Minutes

Response Time

NMHCA will return approval or denial notice within thirty (30) days after receipt of the application packet.

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Action Taken:

- Approved** for _____ Hours
 - Not Approved** Reason: _____
-

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Date

EDUCATIONAL OFFERING INFORMATION SHEET

Learning Objectives:

Please describe the learner outcomes in terms of what the course will teach the Nursing Home Administrative Professional to do. Avoid terms such as "learn how to," "understand," and "recognize." For example, "Ride a bicycle" is a valid learning objective. "Understand how to ride a bicycle" is not.

Upon completion of this course, the student should be able to:

Teaching Methods:

Explain what teaching methods will be used. For example, will you use lecture, audio/visuals, group discussion, questions and answer sessions?

Topics to be Covered:

Please list the main ideas that will be addressed:

On a separate sheet, please give a complete agenda of activity that will take place during the educational program. Include start and end times, all breaks, luncheons, etc.

PLEASE NOTE: Credit hours will not be given for non-learning activity such as breaks and meals unless the mealtime is specifically identified as a "working" period.

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- Not Approved** Reason: _____

NMHCA Representative Responsible for Determination

Date

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Albuquerque, NM 87110
(505) 880-1088**

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Activity Directors Continuing Education Verification Request for Additional Information

Name: Hilda Garcia
Facility: SunBridge Golden Age Care and Rehabilitation
Address: 1201 Norris Street
City: Clovis State: NM Zip: 88101

Your request for continuing education verification is being returned to you for completion. Upon review, we have found the following items or information missing:

Anniversary date of Basic Course completion (need month and year)
Month Completed: _____ Year Completed: _____

Date when your 15 CE Hour Verification Letter expires (d) (This letter is issued each year by NMHCA which verifies that you completed your 15 hour continuing education requirement.)

Last 15 Hour Letter Expiration Date: _____

Other: Neither of the programs you submitted for CE documentation has been pre-approved for CE credit through NMHCA. Additional documentation for both programs showing program outline, schedule with time line for courses and faculty/trainer list with qualifications at \$10 for the review fee. In addition, the CE certificates you sent in total 13.0 hours which is short of the required 15 CE hours. I will be unable to issue a new 15-Hour letter without proof of 15 total hours of continuing education.

Please forward the needed information as soon as possible for expeditious processing to:

NMHCA
4411 McLeod NE Suite G
Albuquerque, NM 87109

Do not send original certificates of completion!
Please submit copies and retain all originals for your records!