

APA PROVIDER PROGRAM APPLICATION

The sections below should be completed with each course title submission.

PART I: PROVIDER TERMS OF AGREEMENT

This agreement is between the American Payroll Association (APA) and _____ (“Provider Name”) regarding the provider’s participation in the APA’s Provider Program. This agreement goes into effect when signed by the provider and the application has been approved by the APA. The Provider agrees to the following:

- Provider agrees to securely retain records documenting who has attended approved programs, and that such records be made available to an attendee if requested. Proof of attendance should be retained for a minimum of six (6) years.
- APA will issue a non-transferable RCH logo to be used only in a manner specified by APA. Providers are prohibited from displaying the logo on materials referring to courses that have not been approved by APA. The RCH logo must be imprinted on a certificate of completion or other proof of attendance.
- APA will issue an assigned course code(s) for each educational event approved. The course code(s) must be imprinted on a certificate of completion.
- Provider agrees to issue APA one (1) complimentary course registration upon request to any approved education event for a designated APA representative to ensure compliance with the established criteria and terms of agreement of the Provider Program.
- Provider agrees to furnish APA with program records, including but not limited to marketing and program materials, attendee lists, evaluation reports and facilitator’s credentials, if selected for audit.
- Provider agrees to notify APA immediately of any significant content or program time change for an existing pre-approved educational event.
- Provider agrees to conduct their educational events in an ethical manner that respects the rights and worth of the people they serve.
- APA reserves the right to revoke a Provider’s approval status if it is determined that the Provider is in violation of one or more of the terms of agreement.
- If a Provider’s status is revoked they are not eligible to submit a Provider application for 12 months following notice of revocation of approved status. A Provider may appeal the revocation of an education program or the ability to claim Provider status to APA’s Certification Board.

First and Last Name (please PRINT): _____

Title: _____ Company: _____

Signature: _____ Date Signed: _____

PART II: PROVIDER CONTACT INFORMATION

Please complete all sections. If necessary, attach required supporting documentation in PDF or Excel/Word document. Be sure to **SAVE** this form to your Desktop prior to filling out.

1. Please complete the below information on behalf of the Continuing Education/Training Organization. Be sure to update this information with the APA when necessary.

Company/Organization Name: _____

Website Address: _____

Address: _____

City, State, Zip Code: _____

2. Please complete the below information of the main Point of Contact on behalf of the Continuing Education/Training Organization. Be sure to update this information with the APA when necessary.

Contact Name: _____

Contact Email: _____

Contact Phone Number: _____

Contact Fax Number: _____

3. Please answer the following questions.

1. Indicate on which of the following document(s) the APA RCH logo will be displayed (check all that apply)

Marketing Materials

On-Site Materials

Certificate of Program Completion

Proof of Attendance

2. Indicate the approximate number of different payroll-related continuing education events your organization anticipates conducting during the upcoming calendar year.

of Programs: _____

3. Are your organization's continuing education programs approved by another entity or entities?

YES

NO

If yes, please list the entity/entities: _____

4. Does your organization ensure that its education programs are held in facilities that provide an environment conducive to learning?

YES

NO

PART III: COURSE SUBMISSION FORM

Complete the following items for each course submission. Incompletes may be rejected and denied approval. If additional space is needed, please submit on a PDF or Excel/Word file type. Be sure to **SAVE** this form to your Desktop prior to filling out.

Session Topic and Content

❖ Course Title _____

- Has this exact course been submitted to APA or offered for RCHs before? YES NO

- If yes, please list title here _____

❖ List all possible date(s) the course will be offered during the calendar year of submission (MM/DD/YYYY)

❖ Write a Brief Course Description (minimum 50 words, or more).

Exam Content Outline or KSA Domain(s)

Refer to the following to help you identify the appropriate payroll content area(s):

- FPC [Exam Content Outline](#) and/or Knowledge Skills and Abilities (KSAs)
- CPP [Exam Content Outline](#) and/or Knowledge Skills and Abilities (KSAs)

❖ List all applicable Exam Content Topic(s) or KSA Domain(s) for the course.

❖ Identify content as: Strictly Educational **OR** Product/Software

❖ List the number of RCHs for the expected contact time to be awarded: _____ RCHs.

*The total number of RCH awarded is based on the content selected (educational vs. product/software), agenda, topic, and course outline of each program (not including breaks and/or non-educational activities). APA reserves the right to revise this number. A copy of the program agenda is **required** for verification purposes.*

- ❖ Indicated the format of delivery. Is this course a(n):
 - In-person course
 - Conference/Seminar course/Multi-session course
 - Instructor-led computer or webinar course
 - On-Demand web-based course
 - College accredited course

Learning Objectives

- ❖ State at least three (3) clearly relevant learning objective or industry related purpose for the program. A learning objective completes the phrase, “At the end of this program, the learner will be able to...”
 - 1)
 - 2)
 - 3)

Facilitator Credentials and Evaluation

- ❖ Provide a short description of the process your organization uses to identify and screen facilitators to determine if they are competent in the subject matter being offered and have the knowledge and skills to facilitate your educational event. You may include instructor names, titles, and years of related experience.

- ❖ Describe the process used by your organization to monitor and provide feedback for the facilitators and the program overall. Please provide a sample evaluation used for your education program.

Student Evaluations and Proof of RCHs

In-Person Course or Live Webinar

Each participant who satisfactorily completes a course **must receive a certificate or some other form of official confirmation of course completion** from the Provider.



Attention: Review the section on Web-based Training Requirements within the Approved Provider Information Packet for further details.

Fill in details on next page.

- ❖ Include a short description of the process your organization uses to provide participants with **proof of earned RCHs**; include the delivery method and type of proof (i.e. certificate, transcript, via e-mail, mail, software, etc).

Monitoring the participation of attendees is **required** to verify that attendees are participating during the duration of the course. For Live Webinars, the monitoring system must be frequent (at least every 10 - 20 minutes) and cannot be predicted by the participants (ex: interactive poll questions). If polling questions are used, **at least three poll questions must be used within a 60-minute time frame.**

- ❖ Describe the process used by your organization to monitor attendee participation during the course.

- ❖ Describe the process used by your organization to track attendance and course completion.

Online Courses or Recorded Webinars

In addition to the above requirements, if a course is online/on-demand (without a live instructor) or is recorded, the below must be included in the provider course submission.

Each online/on-demand course or recorded webinar participant must satisfactorily complete an online assessment tool (quiz, etc.) in order to obtain certificate and credit. APA Providers of web-based programs must require participants to successfully complete a final examination with a minimum-passing grade of **at least 80%, a letter grade of “B” or course 3.0 GPA** before issuing RCH credits.



Attention: Review the section on On-Demand Training Requirements within the Approved Provider Information Packet for further details.

- ❖ Describe the test delivery method and the online assessment tool (quiz, etc.) that will be used by the organization to determine if attendees will receive a certificate or some other form of course completion confirmation.

CONTACT INFORMATION

Submit all documentation via e-mail or U.S. mail to the below address.



Attention: For quicker processing, e-mail is the best way to submit courses for review. If sending electronically, please submit documentation in PDF or Excel/Word file type. **Do not paste supporting information into the body of e-mail.** Be sure that you have read the Approved Provider Information Packet in its entirety. All items must be filled out and supporting documentation must be attached for each course submission. Your application may be rejected for improper submittal.

E-mail:

Providers@americanpayroll.org

OR

U.S. Mail:

American Payroll Association
Attn: Certification Department
660 N. Main Ave, Suite 100
San Antonio, TX 78205