



**Childbirth
And
Postpartum
Professional
Association**



2017 CAPPA CONTACT HOUR FORM

PLEASE PROVIDE DETAILS BELOW FOR EFFICIENCY IN PROCESSING YOUR CAPPA CEU APPLICATION. IF YOU HAVE ANY QUESTIONS PLEASE CONTACT MARKETING@CAPPA.NET.

Company Name:	
Company Website:	
Company Address:	City: State: Zip:
Primary Contact Name:	
Primary Contact Title:	
Primary Contact Phone: ()	
Primary Contact Email:	
Secondary Contact Name:	
Secondary Contact Phone: ()	
Secondary Contact Email:	
Title of Workshop/Program:	
Purpose of Workshop/Program:	
Dates Offered:	
# of Continued Education Hours Requested: <small>(# applicable, 50 minutes = 1 CAPPA CEU)</small> _____	
Signature/Title:	
Date:	

**Check the options you would like, sign and date.
Mail the form, items from checklist and payment to:**

CAPPA
PO Box 547
Flowery Branch, GA 30542
OR

Call to Make Payment: 770.965.9777 / Scan & Email Application to:

*Please note:
Verbal agreements, conversations, or assurances are not valid. Only terms written in this contract will be honored.
For more information contact: marketing@cappa.net*

CAPPA CONTACT HOUR APPLICATION: CONTENT OUTLINE, TIME SCHEDULE & CHECKLIST

Price Chart: CAPPA CONTACT HOURS		Includes:	
For Profit and Non-Profit Contact Hours	\$10.00/ <small>contact hour</small>	Application Fee: Per Presentation Day (Maximum of \$40.00 per day) Offerings of same course good through one calendar year * See below for Contact Hour Checklist, Outline & Schedule	\$
Contact Hour / Marketing Packages		CAPPA offers a variety of ways to market your training depending on your budget, including but not limited to email notifications to members within a regional area. *Contact marketing@cappa.net for more information.	\$

**CAPPA reserves the right to deny approval based on conflict of interest, inappropriate content, content of a legal nature, content of a controversial nature.*

BEHAVIORAL OBJECTIVES	COURSE CONTENT OUTLINE	TIME ALLOTMENT	INSTRUCTOR & METHOD	EVALUATION TOOL/METHOD
	<i>Main topics and subtopics</i>	<i>Schedule & total time in minutes</i>		<i>Document attainment of behavioral objectives: i.e. post-test, demonstration, etc.</i>

Contact Hour Application Checklist

- Course Outline and Description
- Outline of Behavioral Objectives, Content and Time Schedule, Instruction Method, and Evaluation Method of the Learner
- Faculty Qualifications
- Copy of General Program Evaluation Tool (each session must have this as well)
- Copy of all handouts, including dated bibliography
- Copy of Brochure (may be a draft copy)
- Copy of Certificate of Attendance * MUST INCLUDE: Contact Hours, Date of Training, title of Training, Place for Name of Recipient
- Application Fee
- Name/Address of Person Holding Attendance records (3 Years)
- Submit hard copy (copies) of entire application

**Contact CAPPA with questions: marketing@cappa.net*