

CBDM CHAPTER/DISTRICT PRIOR APPROVAL APPLICATION

CHAPTER/DISTRICT: _____

STEP 1 - PROGRAM INFORMATION

Program Start Date: _____ Program End Date: _____
(Attach a list for additional dates/locations)

Program Title: _____

City: _____ State: _____

Estimated Number of CDM, CFPP Attendees: _____

STEP 2 - CERTIFICATES & NUMBER OF CE HOURS REQUESTED

Number of Certificates/Prior Approval Numbers Requested: _____

Day 1 Number of CE: General _____ Sanitation/Safety _____ Ethics _____ Food Show _____ Daily Total _____

Day 2 Number of CE: General _____ Sanitation/Safety _____ Ethics _____ Food Show _____ Daily Total _____

Day 3 Number of CE: General _____ Sanitation/Safety _____ Ethics _____ Food Show _____ Daily Total _____

Special Event CE: General _____ Sanitation/Safety _____ Ethics _____ Food Show _____ Daily Total _____

Total Possible CE Hours _____

- Do not count time for introductions, breaks, lunch, etc.
- Please indicate Sanitation and Ethics hours on agenda.
- Food show hours are equivalent to the amount of time designated in printed program brochure. Please submit vendor list.
- Food/Trade Shows are limited for CDM, CFPPs to report five CE hours per three-year recertification period.

STEP 3 - COMPETENCE LEVELS & TOPICS

Competence Level (Refer to Appendix C): [] Level I [] Level II [] Level III

Competence Topics (List up to four. List complete topic vs. just the category - see Appendix D):

STEP 4 - PROGRAM CHAIR/COORDINATOR INFO

This individual will be contacted for any missing information and/or follow-up to the program.

Company Name/Chapter Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail Address: _____

STEP 5 - REGISTRATION CONTACT INFO FOR PROGRAM

This information will be used to market the program in the Find CE provider search on the ANFP website.

Contact Name: _____

Phone Number: _____

E-mail Address: _____

URL: _____

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STEP 6 - DESCRIPTION OF OVERALL PROGRAM

To be used on the "Find CE" provider search on the ANFP Website

STEP 7

Please include the following documents along with this application:

- Speaker/Trainer/Instructor Resume/Bio/CV
- Program Objectives
- Program Agenda with Timeline
- Program Evaluation
- Sample Certificate

*** Incomplete applications will not be processed.**

Application Submission

Submit Prior Approval Application by e-mail to priorapprovals@CBDMonline.org.

Contact us with any questions or concerns via phone at 800.323.1908 or e-mail at priorapprovals@CBDMonline.org.

STEP 8 - METHOD OF PAYMENT*

**Only applicable if you are submitting the application less than 30 days prior to the start of your program/event and need to pay the \$50 fee to expedite approval.*

Credit card payments may be made by calling 800.323.1908.

Please complete and submit this application form to priorapprovals@CBDMonline.org.

I attest to reading the CBDM Prior Approval Handbook for Chapters in its entirety and agree to abide by all CBDM policy.

Signature _____

Date _____