

# Application for Approval of a Continuing Education Course Instructions

The University of the State of New York  
The State Education Department  
Office of the Professions  
State Board for Podiatry  
www.op.nysed.gov/prof/pod/

**Pease Note: Sponsors whose courses are approved by the CPME (Council on Podiatric Medical Education), AMA, AOA, or which have ACCME approval automatically qualify for approval in New York State. NO APPLICATION TO NYSED APPLICATION IS REQUIRED.**

**THREE COPIES** of the application form and all supporting material must be submitted to the NYS Education Department, State Board for Podiatry, Room 2W, Education Building, 89 Washington Avenue, Albany, NY 12234-1000. Additional copies of this application may be photocopied as needed. Advertising and marketing material must accompany this application- this material must state that course(s) is open to anyone. A separate application is required for each course for which approval is sought.

Applications must be received at least **90 days prior** to the date on which continuing education courses are scheduled to begin. The State Board for Podiatry will review and approve courses after they have been presented **only** in special circumstances.

Courses offered outside the state will only be approved if it can be demonstrated that the course is also offered within the state so that it can be audited if necessary. Under no circumstances will a course be approved if it is offered on a cruise or other location that would prohibit audit by a State Board member or staff.

**The awarding of continuing education credits is based on a contact hour which is equivalent to 50 minutes of an organized learning activity.**

**Time for breaks, meals, etc. may not be included in the calculation for contact hour award. The "Educational Component" of the session MUST be specifically noted within the program as DISTINCT from social and other business matters**

The content of continuing education courses must consist of that body of information necessary to keep a podiatrist current on diagnosis and treatment of diseases or anomalies of the foot. Courses are divided into **Category A** and **Category B**.

- **Category A** courses include that body of information that deals directly with podiatric medicine and surgery, including the diagnosis and treatment of diseases or anomalies of the foot, methods and techniques of diagnosis, treatment of diseases of the foot, and reviews of basic modalities of diagnosis and treatment. Certification or recertification courses in cardiopulmonary resuscitation which are offered by the American Red Cross or the American Heart Association and include AED (Automated External Defibrillator) training shall be awarded 2.0 **Category A** credits.

- **Category B** courses include areas of health sciences related to podiatric medicine and surgery and courses dealing with podiatric practice issues such as ethics or risk management.

Instructors of each course must be members of the faculty of a college of podiatric medicine accredited by the Council on Podiatric Medical Education, or authorities in the health sciences specially qualified, in the opinion of the State Board for Podiatry, to conduct such courses.

## Instructions for completing Item IV, "Program Schedule"

Lecture Title: List each lecture or topic to be covered.

### Beginning and Ending Times:

**Indicate the exact starting and ending times of each educational session or lecture.**

**Time devoted to non-instructional activities such as registration, coffee breaks, meals, post-testing, evaluation, discussion, etc. must be indicated and are NOT considered eligible for CE credit.**

One 15-minute break is required for every three hours of instruction; a 30-minute lunch/dinner break is required for programs running six hours or longer.

Speaker: List the presenter for each lecture or topic. Please note that information pertaining to each instructor must be provided in item VIII, "Instructors/Speakers" (page 4 of the application form).

Educational Objective: List objectives in terms that indicate desired learner outcomes.

## Marketing Materials

A draft copy or mock-up of the brochure, flyer, etc. used for advertising purposes must be included with the application. The announcement must include the program title; a brief summary of the topic(s) to be covered; the name of the organization providing the program and contact information for that organization; the date, time and location of the program; number of credits hours to be awarded; the names and qualifications of the instructors; cost to participants; the organization's refund and cancellation policies; and a statement indicating New York State Education Department's State Board for Podiatry approval. It must also indicate that the program is open to anyone who is interested in attending.

## Completion Certificates

Providers must issue a Certificate of Completion to licensed practitioners who have completed a course/education activity for continuing education hours. The Certificate of Completion must contain the following information:

- title of the course, program, or education activity and the identification number assigned to it by the New York State Education Department
- date and location of the course
- attendee's name
- number of hours completed
- verification by the provider of attendance
- a statement indicating that the course has been approved for podiatric continuing education credits by the New York State Education Department's State Board for Podiatry

## Records

The sponsor of the continuing education course must submit to the State Board for Podiatry, within 60 days after completion thereof, the names of those podiatrists who have participated, together with the number of hours each has satisfactorily completed. This information shall be forwarded to:

New York State Education Department  
State Board for Podiatry  
Room 2W, Education Building  
89 Washington Avenue  
Albany, NY 12234-1000

Records of participation in continuing education courses must be maintained by the sponsoring organization for **at least six years after completion** of the continuing education coursework. These records shall include, but not be limited to: a description of the course of instruction; a listing of faculty; a certified attendance sheet for each participant listing the course(s) attended, the name of the participant, the license number, credit hours granted, and the signature of an authorized individual attesting to the above; and a copy of any advertising/marketing materials. These records shall be available at any time for the inspection of the State Education Department.

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## I. Course (Please include a copy of the brochure, flyer, etc. used for advertising purposes)

A. Title \_\_\_\_\_  
(print title exactly as it will appear in any promotional material)

B. Specific address where course will be given

C. Specific date(s) of Course (do not include dates that involve purely recreational/social activities)

D. Total number of **instructional** hours \_\_\_\_\_

The awarding of continuing education credits is based on a contact hour which is equivalent to 50 minutes of an organized learning activity.

Time for breaks, meals, etc. may **not** be included in the calculation for contact hour award.

## II. Sponsoring Organization

A. Name \_\_\_\_\_

B. Address

## III. Course Coordinator

A. Name \_\_\_\_\_

B. Title \_\_\_\_\_

C. Telephone \_\_\_\_\_

D. Email address \_\_\_\_\_

#### IV. Course Schedule

Date	Lecture Title	Beginning Time	Ending Time	Speaker	Educational Objective

Please include time devoted to non-instructional activities such as registration, coffee breaks, meals, post testing, evaluation, etc. One 15-minute break is required for every three hours of instruction; a 30-minute lunch/dinner break is required for programs running six hours or longer.

**V. Course Content**

The course content includes (check all that apply):

- Podiatric Medicine
- Podiatric Surgery
- Health Sciences Related to Podiatric Medicine and Surgery
- Podiatric Practice (Risk Management, Medicare/Medicaid Changes, Practice Management, etc.)

**VI. Course Evaluation**

Which of the following methods are used by the sponsor to measure participant achievement of objectives? (check all that apply, **and include a copy of each form.**)

- Pretest and Post-Test
- Other (specify)

Which of the following methods are used by the sponsor to measure participant satisfaction? (check all that apply, **and include a copy of each form.**)

- Comment Cards
- Follow-Up Survey
- Other (specify)

**VII. Attendance**

How are the participants' attendance at and/or completion of activities verified?

**VIII. Instructors/Speakers** (use a separate on-page sheet for each instructor; do **not** submit a CV)

A. Name \_\_\_\_\_

B. Address

C. Telephone number \_\_\_\_\_

D. Present Position (title and description)

E. Brief Description of qualifications to teach this program

**Please note:** If any substitutions in lecturers are to be made, the credentials must be submitted to the State Board for Podiatry and approved in writing by this office prior to the course.

**Checklist: Please make sure that the following items are included with your application**

- Application (original plus 2 copies)
- Marketing Materials
- Course Schedule, including date, lecture title, start and end times, speaker, educational objective (Page 2 of the Application Form)
- One-Page Information Sheet for each Instructor
- Completion Certificate
- Course Evaluation Tool (Participant Achievement)
- Course Evaluation Tool (Participant Satisfaction)
- Speaker Attestation Form (for each Speaker)

**Return With All Additional Materials Directly To:** New York State Education Department, Office of the Professions, State Board for Podiatry, 89 Washington Avenue, Albany, NY 12234-1000.

# Speaker Attestation Form

The University of the State of New York  
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State Board for Podiatry  
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**Instructions:** This attestation is to be completed by speaker(s) at Podiatry Educational Programs in New York State that are requesting the approval of CME credits for their event. The Information provided herein will be used in part to determine the appropriate category and number of CME credits granted.

Speaker's Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Sponsor Institution and Event Organizer \_\_\_\_\_

Date(s) of Educational Program \_\_\_\_\_

Location of Educational Program \_\_\_\_\_

Topic of Presentation \_\_\_\_\_

Anticipated Duration of **Your** Educational Presentation (including related question/answer/discussion period) \_\_\_\_\_

**I hereby affirm that I have provided accurate information regarding the upcoming CME event.**

**I also confirm that I have provided relevant academic goals and objectives to the event organizer(s) and have disclosed all relevant commercial relationships.**

\_\_\_\_\_  
Speaker's Signature

\_\_\_\_\_  
Date