



## **ALTCQI CEU Pre-Approval Procedures**

Organizations seeking continuing education pre approval for Certified Risk Managers, Long Term Care or Assisted Living, must complete the Pre-Approval application and submit the form along with the requested information. Pre-approval is not required but highly recommended to assure Certified Risk Managers that the session has been approved by the ALTCQI and CEUs may be applied toward re-certification.

An individual, organization, or sponsor of continuing education applies for a pre-approval number and, provided that the instructor and the program remain the same, may use the pre-approval number repeatedly for one (1) year.

All requests for pre-approval must be received by mail, fax or email no later than 30 days prior to the educational session. Submit all Pre-Approval requests to:

ALTCQI  
Attention: Joy Cornelius  
2200 Woodcrest Place, Ste. 200  
Birmingham, AL 35206  
Fax 1.205.414.2678  
joy@altcqi.org

### **Purpose of continuing education pre-approval:**

- To assure participants those sessions attended meet continuing education requirements for Certified Risk Manager re-certification.
- To assure sponsors and instructors of educational sessions that their presentation(s) meet continuing education requirements for Certified Risk Manager re-certification.
- To provide sponsors of continuing education a marketing tool for their educational sessions.

### **Review process:**

- The ALTCQI will review the information submitted.
- The contact person listed on the application will be notified if the session has been approved.
- If the session is approved, the contact will be provided with a pre-approval number.
- This number may be used on publicity tools and certificates of attendance for this educational session.
- It is recommended that applications be submitted 60 - 90 days prior to the date of the educational session.
- Publicity material may not state "ALTCQI pre-approved" until the number is assigned.
- Publicity material may state "ALTCQI pre-approval of this session has been applied for".
- Requests submitted less than 30 days prior to the educational session may not be approved.

**ALTCQI Application  
for  
Continuing Education Pre-Approval**

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Contact person: \_\_\_\_\_

**Seminar Information:**

Title of Educational Session: \_\_\_\_\_

Number of Instructional Hours: \_\_\_\_\_ (Do not count breaks, meals, or other non-instructional time.)

Date of the session: \_\_\_\_\_ Location: \_\_\_\_\_

Will this session be offered more than one time during the next 12 months?  Yes  No

If yes, List dates and locations offered:

\_\_\_\_\_  
\_\_\_\_\_

Is this session intended for  Long Term Care  Assisted Living?

**The following information must accompany this application:**

Purpose and 3 objectives stating how this session pertains to risk management, quality improvement, and/or direct resident care

Publicity tool

Time outline which includes breaks, meals, and/or other non-instructional time

Instructor(s) name(s) and a brief description of qualifications

**ALTCQI Use Only**

Date application received: \_\_\_\_\_  Approved  Denied

Number of hours approved: \_\_\_\_\_ Approved for:  LTC  AL

Approval number: \_\_\_\_\_ Approved by: \_\_\_\_\_