



Public Protection Through Quality Credentials

# Professional Development Activity (PDA) Program Review Application

NCCAOM Provider #: ACHB \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Indicate the category of and the review fee payment:

Payment Method: \_\_\_\_\_

- \$50  1 Day Course (9 PDA Points or lower)
- \$150  Seminar (multiple day course-same subject)
- \$250  Conference/Symposium
- \$75  Distance Learning/On-Line
- \$350  Ten or more courses (submitted at one time)

- Check or money order
- Credit Card      Visa \_\_\_\_\_      MasterCard \_\_\_\_\_
- Credit card # \_\_\_\_\_
- Expiration Date: \_\_\_\_\_
- Name of Card Holder \_\_\_\_\_
- Zip Code \_\_\_\_\_

*Review fees are non-refundable & do not guarantee acceptance*

Course Title: \_\_\_\_\_

Name of Presenter/Instructor: \_\_\_\_\_ Keyword Search: \_\_\_\_\_

Is the Presenter/Instructor a NCCAOM Diplomat?  Yes  No

Is the Presenter/Instructor free of any disciplinary order, suspension, investigation, or probation by any licensing, certification, accreditation, or law enforcement organization?  Yes  No

*If "No" is checked, please provide information on a separate sheet of paper*

Will you be advertising for this course?  Yes (attach sample)  No

How will you document the students fulfillment of the program requirements?      Attendance      Final Assessment

Select the type of program and attach the required documents to the application.

### **Live Presentations** (1 day course, seminar, teleseminar or 10+ courses)

- Program Description - How does it relate to Asian/Oriental Medicine?
  - Goals and Objectives - 3 to 5 bullet points
  - Presenter/Instructor Professional Resume - We do NOT accept biographical sketches
  - Detailed Agenda - Calculated by quarterly increments
  - Sample Sign-in Sheet
  - Sample Certificate
- Include on both sign-in & certificate:  
Sponsor name, course title, instructor, date, PDA Points awarded, & your  
NCCAOM Provider #: ACHB \_\_\_\_-\_\_



**Conferences and Symposiums**

- Program Brochure with Course Descriptions
  - Presenters Biographical Sketch
  - Detailed Agenda - Calculated by quarterly increments
  - Sample Sign-in Sheet
  - Sample Certificate
- Include on both sign-in & certificate:  
Sponsor name, course title, instructor, date, PDA Points awarded, & your  
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**Distance Learning/On-Line Courses**

- Program Description - How does it relate to Asian/Oriental Medicine?
  - Goals and Objectives - 3 to 5 bullet points
  - Sponsor's Professional Resume - We do NOT accept biographical sketches
  - Detailed Content Outline - Calculate time frames for educational activities
  - Sample End of Program Assessment-Test, Quiz, Paper, etc.
  - Sample Certificate
- Include on both the assessment & certificate:  
Sponsor name, course title, instructor, date, PDA Points awarded, & your  
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Mail the the completed application to:

**NCCAOM**  
**PDA Coordinator**  
**76 South Laura Street, Suite 1290**  
**Jacksonville, FL 32202**

*Completed Application Includes:*

Signed Application Form  
Review Fee  
Supporting Documents

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By signing below, I affirm that the materials supplied herein are accurate, true, true and correct in all respects, and that the PDA Provider will abide by the NCCAOM policies, procedures, Code of Ethics, and the specific Provider Reponsibilities as outlined in the Professional Development Activity (PDA) Provider Agreement Application submitted to NCCAOM. I understand the review process takes approximately 4 to 6 weeks.

Authorized Signature: \_\_\_\_\_

Date \_\_\_\_\_

Print Name: \_\_\_\_\_