



National Certification Commission
for Acupuncture and Oriental Medicine



NCCAOM® PDA Application:

CONFERENCE OR SYMPOSIUM



***National Standards of Continued Competence
In Acupuncture and Oriental Medicine***

NCCAOM®


PDA Department
76 S. Laura Street, Suite 1290
Jacksonville, FL 32202
904-598-1005
www.nccaom.org

February 2017



Dear PDA Provider:

Thank you for submitting your continuing education activity for review with the NCCAOM. For detailed information regarding the NCCAOM PDA program, please see the [NCCAOM® PDA Handbook](#). If you have questions, the PDA Department will be happy to assist you. Please contact us by email at pda@thenccaom.org or by phone at 904-674-2474.

The PDA application process is a paperless system and requires the PDA Provider to complete the application form and submit it electronically with the required documents (pg. 3) and the review payment to pda@thenccaom.org. Paper or faxed applications are not accepted and will be returned to the Provider. Be sure all sections of the application are filled in. The symbol  indicates fields that are automatically loaded to the PDA database which, in turn, feeds the information to the *NCCAOM® PDA Search Engine* and the *NCCAOM® Certificate of Participation*.

A “complete” application consists of all the required documents and payment. The complete application is added to the review queue and reviewed in that order. Expedited reviews are available for individual programs for an additional fee (pg. 7). Applications continue to take approximately 4 to 6 weeks to process. Incomplete applications slow the process and are the responsibility of the Provider to complete.

Once the course is approved, the Provider is notified via email and the U.S. Postal Service. The PDA Provider is required to use the *NCCAOM Certificate of Participation* to issue the approved PDA points to the attendees. The certificate can be customized with the Provider’s logo, responsible party signature, and additional professional continuing education approvals.

The PDA Department would like to thank you for your support and affiliation with the NCCAOM and its Diplomates. The Providers’ continued interest in offering quality educational programs for the acupuncture and Oriental medicine community is much appreciated.

Sincerely,

The PDA Department Staff

pda@thenccaom.org



Conference or Symposium

Definition: A live, face-to-face event spanning several days. Characteristics include professional networking, break-out sessions or “tracks” (several presentations occur at the same time), multiple speakers and varying topics. Attendance is a challenge to track and a second variable (recertification category) also requires monitoring. A Participant Attendance Verification Form is now required to address the two variables.

Required Documentation

- 1) *NCCAOM® PDA Application: Conference/Symposium*
- 2) Conference brochure showing presentation schedule, course descriptions and speaker biographical sketches (bios)
- 3) * [Sample Attendance Record](#)
- 4) * [Sample Participant Attendance Verification Form](#)
- 5) * [Sample Program Evaluation Form](#)
- 6) Sample advertisement or link to website

Helpful Hints

- One hour of active learning is equal to one PDA point.
- One PDA point is divided into quarter hours or 15 minute increments (0.25; 0.50; 0.75; 1.0).
- Safety or ethics topics must be a minimum of one hour to receive a PDA point.
- The lowest PDA point issued is 0.50 or 30 minutes. PDA points that add up to a quarter hour (0.25 or 0.75) will be rounded down to the nearest half-hour.

* Click on the hyperlink to open the form. Save the form to your computer; complete it and submit it with the application.



This symbol indicates information that will be published on the *NCCAOM® PDA Search Engine* and the *NCCAOM® PDA Certificate*.

IMPORTANT: This form must be completed in **Adobe Reader**. Use the Tab key to move from space to space. Shift-Tab will move the cursor back one space.

Section 1. NCCAOM PDA Provider Information

NCCAOM PDA Provider Number:		
NCCAOM PDA Provider Name:		
Address:		
Suite/Building #:		
City:	St:	Zip Code:
Phone:	Country other than U.S.:	
Website:		
Responsible Party:	Title:	
Credentials:		
Address (if different than above address):		
Suite/Building #:		
City:	St:	Zip Code:
Phone:	Country if other than U.S.:	
E-Mail:		
Contact Person:		
Title:		
Address (if different than above address):		
Suite/Building #:		
City:	St:	Zip Code:
Phone:	Country if other than U.S.:	
E-Mail:		



Section 2. Conference Information

Conference Title:

Conference Date(s) and Location: Fill in the information below to post the dates and location of the conference on the PDA Search Engine.

Begin Date	End Date	City	State	Country

Conference Description: Provide a brief overview of the conference and how it relates to Oriental medicine. This section will be posted on the PDA Search Engine and is **limited to 750 characters**. Please provide concise information and check grammar and spelling.

Conference Goals and Objectives: Identify (bullet point) three to five goals & objectives that the participant can apply to their practice and professional development.

Attendance Tracking: Check applicable box or boxes below.

Manual sign-in process

Electronic attendance tracking system

Need assistance incorporating the NCCAOM PDA Certificate

Total PDA Points Requested: _____



Section 3. Attestation and Signature

By signing below, I affirm that the materials supplied herein are accurate, true, and correct in all respects. As a PDA Provider, I agree to comply with the highest ethical standards and all applicable laws to ensure accurate and truthful continuing education presentations and documentation. I agree to abide by the PDA Provider duties and responsibilities and all applicable NCCAOM policies and procedures as outlined in the *NCCAOM® Code of Ethics*, the *NCCAOM® Grounds for Professional Discipline*, the *NCCAOM® Professional Development Activity (PDA) Department and Provider Agreement*, and the *NCCAOM® PDA Product and Service Disclaimer*. I understand that I am responsible for the content of the program advertisement and I assure adherence to ethical standards in advertising the continuing education program truthfully and to avoid misleading the public.

Type the name of the responsible party below. A digital signature is not required.

Responsible Party: _____ Date: _____

Section 4. Submitting the PDA Application

Email the *NCCAOM® PDA Conference Application*, the required documents (pg. 3), and the review payment to pda@thenccaom.org.

Section 5. Using the PDA Logo

The NCCAOM® is pleased to offer our PDA Providers the use of the official PDA logo. The logo may be used in advertising and promoting NCCAOM approved PDA programs. The appearance of the PDA logo will immediately attract the viewer to the course by visually showing the seal of approval by the NCCAOM. The PDA logo signifies a quality education program that has been approved by a leading national organization in the acupuncture and Oriental medicine profession.



Note: The PDA Provider may advertise a program as approved by the NCCAOM® and use the PDA logo only after receipt of the PDA program approval letter. PDA Providers may not use the PDA logo for programs under review but may state “Pending PDA Points” if the *NCCAOM® PDA Program Review and Web Posting Application* has been received by the PDA Department.

PDA Providers may email pda@thenccaom.org to request a jpeg file of the logo for their approved programs.



Section 6. Conference Review Fee

The PDA conference review fee is charged to the Provider for the review of conference materials, use of the PDA logo, and posting of the conference on the PDA Search Engine. Paying the review fee does not guarantee that the conference will be approved by NCCAOM and is non-refundable.

Check the appropriate boxes below:

Conference/Symposium	\$ 300
Expedite Review (optional)	\$ 150

Total Payment: \$

Section 7. Payment Method

Card number:

Card holder name:

Expiration date:

Zip code of billing address:

***** For NCCAOM Use Only *****

Application Received: _____ Expedite Review By: _____

Provider #: _____ Provider Name: _____

Responsible Party: _____ Email: _____

Contact Person: _____ Email: _____

Conf. # _____ Conf. Title: _____

Payment to Accounting: _____ Accounting Received Payment: _____ Batch #: _____

Categories: _____ AOM-BIO _____ SA _____ ET _____ PE-CW

Date Approved: _____ Total PDA's: _____

Notes: