



# **Distance Education Certification Program Secondary Provider Application for Subsequent Course Certification**

This application is required for secondary providers seeking certification for a course offered through a delivery method already certified.

# Instructions for using this application

If you are a secondary provider seeking IDECC® certification for the first time or for a new delivery method, please complete this application below. IDECC® reserves the right to “classify” providers and delivery methods based on the information supplied.

- You may use this application for more than one course submitted for certification at the same time using the same delivery method. Please answer each question as completely as possible and answer NA (not applicable) for any question that does not apply to your course(s). You may need to include and identify supplemental documentation for support of different aspects of your course design and delivery.
- To submit your application and supporting documentation, login to the ARELLO-IDECC Course Management System (CMS) at <https://cms.arello.org>. Choose your organization’s name from the drop down list and enter your password. If you forget your password you can have it emailed to the primary contact on file. If your organization’s name does not appear in the list, contact us at 312-300-4800 or email [info@idecc.org](mailto:info@idecc.org) to setup an account. Once logged in to the CMS, click “New Submission” to begin, and follow the directions through the course submission wizard.
- When using the CMS to submit courses, you will have the opportunity to pay the fees via credit card or check. If you choose to pay by check, mailing instructions will be included on your invoice. Your application will not be reviewed until application fees are paid in full and all applicable documentation has been received.
- If this is your first time using the CMS, look for the Help buttons throughout the site which will give you more information on terminology and processes.
- Applications must be completed and submitted electronically via the Course Management System. Accompanying documentation can be provided in PDF or other standard electronic document format.
- Once payment has been received, the application has been completed and supporting documentation is uploaded via the course management system, a reviewer will be assigned within 5-10 days and results of the initial review will be posted in the course management system and sent to you by email within 30 days of submission.
- A provider who submits an incomplete application will have 30 days to comply with IDECC® application requirements. If a provider fails to submit a complete application, the application will be cancelled and fees forfeited.
- All application fees are non-refundable.
- Once the provider receives the first review of the submission from IDECC®, the provider must respond and participate in the review process within 45 days. If the provider has not responded within that timeframe, the application will be deemed abandoned and fees forfeited. If the deficiencies have been remedied, the course will undergo a final review.
- IDECC® has supplied a copy of the Distance Education Evaluation form at the end of the application. Providers are encouraged to use this evaluation framework for their evaluations. Providers will need to submit tabulations/ comments at time of recertification.

# Terms of Agreement

I hereby give the IDECC® and its agents permission to respond to inquiries from IDECC® members regarding the status of this application as follows:

1. If this application is pending
2. If the course(s) has/have been certified or not
3. The date the course(s) was/were certified

I further understand that IDECC® jurisdictions will be notified should there be a change in the certification status or if it is discontinued for any reason.

**Course Provider Name:**

**Contact Person for Course Submission:**

**Course Name(s):**

***By submitting this application, I hereby attest that:***

- All information contained in this form is true and correct and that I have read and am familiar with the IDECC® Distance Education Standards and course review policies.
- The instructors designated for this course have taken, completed, and reviewed the course and are familiar with its instructional design and content.
- I understand that providing any inaccurate information on this form will disqualify me from having any courses certified by IDECC® or from being an instructor for any IDECC® certified course.
- I understand that if I earn certification for this course, substantial changes must be reported to IDECC® prior to implementation. This includes changes in clock hours, major content revisions, new administration or owners, etc., must be submitted to IDECC®.
- I understand my course may be audited at any time during the certification period to verify the course is offered as certified.
- My organization will not represent a course that has been substantially altered, from what was originally certified, to a regulatory agency as “certified” even if the jurisdiction does not require the certification.
- My organization will not offer the course outside the parameters (including courses hours and exam requirements) listed on the summary certificate when representing the course as certified.
- My organization’s learning management system used for these courses is capable of tracking the amount of time it is taking students to complete the courses(s).

**I have read the above requirements and have provided the information truthfully.**

IDECC® reserves the right to make contacts as necessary to verify the integrity of any of the information provided in this application.

# IDECC® Provider Checklist and Reviewer Comments

<b>Directions for Provider:</b> Place an X in the Provider Checklist Column (far right) to attest the following standard and/or policy has been addressed.	IDECC® Use Only		Provider Checklist	
	Yes	No	Yes	No
<b>Mission Statement</b>				
- The mission statement of the organization and associated standards are in compliance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Course Design</b>				
- The orientation has been submitted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Objectives provided in measurable terms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Learning model clearly defined ( <i>typically mastery based learning</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- LMS has capability to track time spent in course. ( <i>This is not mandating seat time.</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Instructional strategies are appropriate for distance education delivery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Qualified individuals are involved in support of the learner and the course delivery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Interactivity</b>				
- Interactivity is sufficiently implemented by learning strategies throughout the course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Course Delivery</b>				
- Course(s) supported by qualified individuals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Instructors are sufficient and qualified to instructionally support the course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Written policies are provided for course instructors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Course is free from technical malfunctions ( <i>based upon the limited review.</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Equipment and Learning Environment</b>				
- Course(s) are in compliance with the Standards for equipment and learning environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Student Support Services</b>				
- School polices are available prior to student enrollment and comply with the Standards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Course meets the Standards for instructional AND technical support availability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Instructors are qualified to support the course and offer instruction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Instructors associated with the course(s) have earned the CDEI™ designation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Evaluation and Assessment</b>				
- The evaluation tool has been submitted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Is the final exam proctored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Is the final exam be offered with a proctor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other observations, deficiencies, or review notes:				

Notes to reviewer from provider:

A large, empty rectangular box with a thin black border, intended for providing notes to the reviewer.

# Course Application

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## Course Specifics

1. Name of Course(s):
  
  
  
  
  
  
  
  
  
  
2. Number of Clock Hours:
  
  
  
  
  
  
  
  
  
  
3. Name of course developer (primary provider):
  
  
  
  
  
  
  
  
  
  
4. Please provide course access for the reviewer assigned to your submission. If you are able to provide a student view and reviewer view, please note the access codes for each. *This access must go through the portal/website your primary provider has set up for you.*

Note: If there are questions asked throughout the course to verify student identity, please provide the correct answers below.

5. How do you wish to classify the difficulty level of this course? (Check one)  
Note: any course labeled as intermediate or advanced should utilize higher level learning strategies appropriate for the sample audience.  
Advanced  
Intermediate  
Basic
6. Does this course require prerequisites? If so list all prerequisites:  
Yes  
No  
Not applicable



5. Please indicate what level of experience in the field related to the course:

- Beginner
- Some Experience
- Experience Professional
- Other – please explain

6. Please indicate what level of educational experience is needed:

- High School
- Some College
- Undergraduate degree
- Post Graduate degree

7. Does your course require mandated seat time?

- Yes
- No

8. Does your course have time tracking functionality?

- Yes
- No

9. Interactivity is an important element in distance education. Please explain how interactivity is promoted in this course. Describe how any of the following strategies are utilized to achieve interaction in the course:

Learner-to-content:

Learner-to-instructor:

Learner-to-learner:

10. In what ways does the administrative philosophy promote interactive course delivery strategies?

11. What sections of this course do you believe will require the most instructional support by an instructor?



12. Please upload a copy of the assessments with your submission.
13. How are the exams administered?
  - Online
  - By a live proctor
  - By an online proctor
14. What course evaluation format is used for this course to evaluate distance delivery?

## **INSTRUCTORS**

1. Please list the instructor(s) that is/are supporting this course.
  
2. Did the instructor have a role in the design of the course?
  - Yes
  - No
3. It is required the instructor monitor student progress and have access to the LMS. Please indicate that you have trained your instructor and notified of the responsibilities. Please upload a copy of the manual you supply the instructor for this purpose.
  - Yes
  - No
4. It is required the instructor have taken the course. Please upload a certificate of completion, or the equivalent, documenting completion of this course.
  
5. Has your instructor completed the Instructor Qualifications Form?
  - Yes
  - No
6. Has the owner or instructor associated with the course been convicted of a felony or other criminal activity or had disciplinary action taken against a professional license?
  - Yes
  - No
  - If yes, please explain

7. What methods will you employ to effectively monitor student progress?

Monitor the course's LMS

Monitor by phone or email

Automated email messages during the course

Other – please explain

8. How often are the methods in Question 7 performed?

9. What communication tools are used to support the course and how are they used?

Email

Telephone

Forums

Other – please explain

10. Please let us know the number of instructional or administrative staff who will be involved in the distance delivery of this course? Full-time? \_\_\_\_\_ Part-time? \_\_\_\_\_

Responsibilities of administrative staff are:

11. Please list the name(s) of the instructors who will be teaching this course. Each Instructor for this course must complete the *Instructor's Qualification Form*.

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Summarize the strengths and weaknesses of your course. This should point out where the course is strong and where improvement is needed. If you are certifying multiple courses using this application, list the strengths and weaknesses for each course.

Strengths:

Weaknesses or areas needing improvement:

## Distance Education Course Evaluation Form

*This form can be used as a guide for creating your own evaluation form. Please note that ALL the items on this form will be considered at recertification. This evaluation form is meant to represent the minimum requirements for what needs to be on your organization's course evaluation form.*

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

Course: \_\_\_\_\_ Completion Date: \_\_\_\_\_

School: \_\_\_\_\_ Delivery Method: \_\_\_\_\_

Instructor: \_\_\_\_\_

<b><u>Instructor:</u></b>	low				high
Demonstrated knowledge of course content	1	2	3	4	5
Encouraged feedback and questions	1	2	3	4	5
Responded to my questions quickly	1	2	3	4	5
Instructor's support of student	1	2	3	4	5
Instructor/student interaction	1	2	3	4	5

<b><u>Content/Materials:</u></b>	1	2	3	4	5
Orientation was thorough and clear	1	2	3	4	5
Organization of content	1	2	3	4	5
Course objectives clearly stated	1	2	3	4	5
Content was what I expected	1	2	3	4	5
Value of resource materials	1	2	3	4	5

<b><u>Delivery Method:</u></b>	1	2	3	4	5
Satisfied with my learning experience	1	2	3	4	5
Course provided interactivity with instructor	1	2	3	4	5
Course provided interactivity with other students	1	2	3	4	5
Program met my needs	1	2	3	4	5
Degree of problems with self paced instruction	1	2	3	4	5

How was the orientation session accomplished?

If this was a pre or post license course, were you given either state exam information or original licensing information in the orientation session?

Who answered your questions regarding course content?

Were they able to sufficiently help you? If not, please explain.

What suggestions do you have to improve this program?