

# Distance Education Certification Program Primary Provider Application for Recertification – Synchronous Course Submission

This application is required for primary providers seeking recertification for a synchronous course that is currently certified.

#### Instructions for using this application

If you are a primary provider seeking ARELLO® recertification for a course that is currently certified, please complete this application below. This application will need to be submitted prior to the course certification expiration date. If recertification is requested within 90 days of the course expiration date, there will be a late recertification fee of \$100.00 applied to your total.

- 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 <a href="https://cms.arello.org">https://cms.arello.org</a>. 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 <a href="mailto:info@arello.org">info@arello.org</a> 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 ARELLO® 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 ARELLO®, 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.
- ARELLO® 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 ARELLO® and its agents permission to respond to inquiries from ARELLO® members regarding the status of this application as follows:

1. If this application is pending

this application.

- 2. If the course(s) has/have been certified or not
- 3. The date the course(s) was/were certified

I further understand that ARELLO® 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:
<ul> <li>All information contained in this form is true and correct and that I have read and am familiar with the ARELLO® Distance Education Standards and Policies and Procedures.</li> </ul>
<ul> <li>The instructors designated for this course have taken, completed, and reviewed the course and are familiar with its instructional design and content.</li> </ul>
<ul> <li>I understand that providing any inaccurate information on this form will disqualify me from having any courses certified by ARELLO® or from being an instructor for any ARELLO® certified course.</li> </ul>
<ul> <li>I understand that if I earn certification for this course, substantial changes must be reported to ARELLO® prior to implementation. This includes changes in clock hours, major content revisions, new administration or owners, etc., must be submitted to ARELLO®.</li> </ul>
<ul> <li>I understand my course may be audited at anytime during the certification period to verify the course is offered as certified.</li> </ul>
<ul> <li>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.</li> </ul>
<ul> <li>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.</li> </ul>
<ul> <li>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).</li> </ul>
I have read the above requirements and have provided the information truthfully.



ARELLO® reserves the right to make contacts as necessary to verify the integrity of any of the information provided in

## **Course Application**

## **Course Specifics**

1.	Name of Course(s):
2.	Number of Clock Hours:
3.	Total number of students the provider has enrolled in this course during the past three years:
4.	What overall percentage of students completed this course?



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Course	DESIRII

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1.	Yes	bout this course cha	nged since you re	ceived certificatio	n?	
	☐ No If yes, plea	se explain the chang	es that were ma	de.		
2.		nat ARELLO® jurisdic ed for any reason.	tions will be notif	ied should there b	e a change in the co	ertification status or
3.	Please provide	a copy of or link to	the course syllabi	and/or manuals f	or this course.	
CLOCK	HOUR EVIDEN	<u>CE</u>				
1.	<ol> <li>Please provide documentation that confirms the the start and end time for all students who have taken this course in the past three years. This documentation should be a report generated from your approved platform.</li> </ol>					
2.	Please explain hours.	what type of interac	tive elements wa	as used as part of t	the justification for	the approved clock
up	dates to the cou	etion time is not with Irse have been made e additions. (Table pi	. If you have mad	de updates to the		
	Unit	Number of words	Exercises	Quizzes	Video time	PDF/website links
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#### **EVALUATION**

- 1. What course evaluation format is used for this course to evaluate distance delivery?
- 2. Please provide documentation/tabulation for each question on your evaluation instrument. This means the average score on the question for all students who answered it on the form. This is required for all courses submitted for recertification. How many evaluations are included in the tabulations?

#### INS

<u>STRL</u>	STRUCTORS STRUCTORS					
1.	Please list the instructor(s	s) that is (are) supporting t	his course.			
2.	Please explain what role a	additional moderators wei	re used based on the numb	er of students in the course.		
3.	8. What is the average number of students enrolled in and taking the course at one time?					
	Instructor Name	Average # of students	Full/Part time	# of courses assigned to this instructor		
4.	On average, how many times did a student contact the instructor outside of class time?					
5.	Have you uploaded an Instructor Qualifications Form for this course? ☐ Yes ☐ No					
6.	On average, how many times was your administrative/technical support staff contacted for student assistance					



During the past 3 years this course has been certified, please summarize the strengths and weaknesses you have found throughout evaluation. 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: