

APPROVED PROVIDER PROGRAM 2024

ORGANIZATION APPLICATION

Please complete SECTIONS ONE and TWO of this application. Once completed, proceed to the payment and submission portion at the bottom of this form.



625 N. Washington Street
Suite 302
Alexandria, VA 22314-1936
www.smeps.org



Organization Name	
Organization Contact	Title
Organization Address	
City, State, Zip	
Phone	Email

SECTION ONE

Does your organization currently provide continuing education/training programs?

Yes No

Does your organization have its own certification program?

Yes No

Please check the category which best classifies your organization.

Armed Forces	<input type="checkbox"/>
Professional/Trade Association	<input type="checkbox"/>
Business/Industry	<input type="checkbox"/>
College/Univerity	<input type="checkbox"/>
Community Agency/Organization	<input type="checkbox"/>
Certifying/Approval Body	<input type="checkbox"/>
Government Agency	<input type="checkbox"/>
Hospital/Health Care Organization	<input type="checkbox"/>
Labor Organization	<input type="checkbox"/>
Vocational/Technical School	<input type="checkbox"/>
Acreditation Agency	<input type="checkbox"/>
Other	<input type="checkbox"/>

If other, please list.

SECTION TWO

SMPS approved providers agree to follow the [SMPS Educational Standards](#) for exceptional educational programming. Please address each section below and provide narratives, and relevant sample links if applicable, on how your organization will meet the educational standards. For more information, please visit www.smeps.org/approved-provider-program/.

- Each activity is planned in response to educational needs that have been identified for a target audience.

- Each activity has a clear and concise written statement of intended learning outcomes.

- Qualified instructional personnel are involved in planning and conducting each activity.

- Content and instructional methods are appropriate for the intended learning outcomes of each acvity.

- Participants must demonstrate their attainment of learning outcomes.

- Participants are provided the opportunity to evaluate each learning activity.

SUBSCRIPTION RATES AND PAYMENT INFORMATION

Please review and choose your applicable subscription rate and submit payment. Then save this application form for your personal records and submit the form via email to: SMPS VP, Professional Advancement, Natalie Gozzard at natalie@smeps.org. Please allow SMPS 10 business days to process and approve this application. Questions? Contact Natalie Gozzard at natalie@smeps.org.

FOR-PROFIT	NON-PROFIT	MINORITY-OWNED
\$749	\$599	\$449
SUBMIT PAYMENT	SUBMIT PAYMENT	SUBMIT PAYMENT