

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
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Alexandria, VA 22314-1936
www.smeps.org

**BUSINESS TRANSFORMED
THROUGH MARKETING
LEADERSHIP.**

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	
Professional/Trade Association	
Business/Industry	
College/Univerity	
Community Agency/ Organization	
Certifying/Approval Body	
Government Agency	
Hospital/Health Care Organization	
Labor Organization	
Vocational/Technical School	
Acreditation Agency	
Other	

If other, please list.

SECTION TWO

SMPS approved providers agree to follow the [SMPS Educational Standards](#) for exceptional educational program-
ming. 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/](http://www.smeps.org/approved-provider-program/).

1. Each activity is planned in response to educational needs that have been identified for a target audience.
2. Each activity has a clear and concise written statement of intended learning outcomes.
3. Qualified instructional personnel are involved in planning and conducting each activity.
4. Content and instructional methods are appropriate for the intended learning outcomes of each acvity.
5. Participants must demonstrate their attainment of learning outcomes.
6. 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