Continuing Education Provider Information

The Cooper Institute (CI) is pleased to offer an approved provider program for continuing education providers. Approved provider status helps CI certificants identify contact hour options for renewal. CI currently offers one credentialing certification: The Cooper Institute Certified Personal Trainer (CI-CPT). Renewal is required for the CI-CPT every three years.

Requirements to Earn Provider Approval

The Provider Application Form must be completed in full for field-related continuing education offerings. Approved provider status is considered based upon the information provided in the application. There are five (5) pages in this packet. All information requested on pages two through five (2-5) must be completed or the application will not be reviewed.

This application may be used by the following provider types:
- **Single-source** providers are responsible for planning, developing, and implementing the continuing education activity. Single-source providers also include multi-presentation conferences where a conference coordinator is responsible for assembling the conference schedule, learning objectives, speaker bios, and presenter evaluations.
- **Multiple-source** providers are those which offer continuing education opportunities which do not originate from the provider organization (i.e., a “reseller”).

CI approval is granted to organizations whose programs fully meet the approval requirements. Continuing education providers which provide or endorse individual programs, meetings, or courses which do not meet or only partially meet approval standards will not be granted approval.

Contact Hour (CH) Criteria for CI-CPT Renewal

CI-CPT renewal guidelines require that the education/learning activity meet **both** of the following:

1. The activity must relate to one or more of the four performance domains covered by the exam:
   - Core Knowledge
   - Health and Medical Review; and Fitness Assessment
   - Fitness Training: Design, Implementation, and Evaluation
   - Professional Responsibilities
2. The activity must build upon or enhance the base-level knowledge that is covered by the certification exam (that is, repeating basic personal trainer knowledge is not acceptable).

Continuing education providers who offer basic personal trainer education programs in addition to other field-related offerings are still eligible to be an approved provider. Participants should be notified that only continuing education which meets CI’s criteria will be accepted for CI-CPT renewal.

CI Contact Hour Categories

CI classifies CH opportunities into one of two categories:
- **Category 1 CH**: live instruction; online learning or home study that requires passing a test for completion. No limits to count toward renewal.
- **Category 2 CH**: online learning or home study that does not require passing a test or only includes a “self-test”. Limited to 10 CH for renewal.
Continuing Education Credit (CEC) Guidelines

Generally, 1 hour of education = 1 Contact Hour or Continuing Education Credit. Calculate CH/CEC to the nearest quarter hour. Introduction/Welcome presentations, product demonstrations, sales presentations, or other presentations that do not serve to provide an education (learning/knowledge) component, breaks (rest periods, breakfast/lunch/dinner), workouts and testing/exam sessions are not counted toward credit. Activities (workouts) which are included as an application portion of a structured, learning objective-based presentation may be counted as credit.

Approval Periods

Approved provider status is based on a static three year cycle. Providers may apply for approval at any point during the three year cycle. The following chart shows the static three year cycle.

<table>
<thead>
<tr>
<th>Application Submitted During:</th>
<th>Approval Cycle</th>
<th>Approval Expires</th>
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<tbody>
<tr>
<td>2015</td>
<td>Calendar years 2015-2017</td>
<td>December 31, 2017</td>
</tr>
<tr>
<td>2016</td>
<td>Calendar years 2016-2017</td>
<td>December 31, 2017</td>
</tr>
<tr>
<td>2017</td>
<td>Calendar year 2017</td>
<td>December 31, 2017</td>
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Other Information

Each program must be planned with the goal of providing high-level professional continuing education and should, at a minimum, include learning objectives, a presentation outline/agenda/syllabus including presentation length, and speaker qualification(s).

CI reserves the right to decline approval to providers promoting products, individuals, and/or programs that appear to be based on unsound principles and/or which contain content conflicting with CI’s research and education mission.

A “CI Approved Provider” number will be assigned to approved continuing education providers. The provider is responsible for including the approved provider number on certificates of completion to CEC participants at the end of each program. The completion certificate must accurately reflect the number of contact hours actually completed by the participant.

A “CI Approved” logo in .jpg and .png formats is available for the approved provider to use in printed and online materials.

Please submit Provider Application Form and payment to:

Juli Doyal, Certification Manager
The Cooper Institute
12330 Preston Road
Dallas, Texas, 75230
Phone: 800-635-7050
Fax: 972.341.3227
Email: cicb@cooperinst.org

Method of payment:

☐ Check # __________ Credit Card (check one): ☐ MasterCard ☐ Visa ☐ AmEx ☐ Discover

Cardholder Name:________________________________________________________

Card #:________________________________________________________________

Exp. Date:________________________ Security Code:________________________

Billing Address:________________________________________________________
Provider Application Form

Provider Contact Information

Applicant Organization: ________________________________

Primary Contact: ________________________ Phone: _________________

Email Address: ________________________________

Mailing Address: ________________________________________

Website Address: ________________________________________

Goal/Mission Statement: ________________________________

Provider References

Continuing education opportunities are approved and accepted by the following organizations:

☐ American College of Sports Medicine (ACSM)
☐ American Council on Exercise (ACE)
☐ National Academy of Sports Medicine (NASM)
☐ National Strength and Conditioning Association (NSCA)
☐ Other Organization: ____________________________

If your organization’s continuing education has not been approved and accepted by one or more of the programs listed above please provide two professional references.

Contact Name: ________________________ Phone: _________________

Company/Organization: ________________________________________

E-mail Address: ________________________________________

Relationship: ____________________________________________
  (Example: end-user, subject matter expert, professional association, etc.)

Contact Name: ________________________ Phone: _________________

Company/Organization: ________________________________________

E-mail Address: ________________________________________

Relationship: ____________________________________________
  (Example: end-user, subject matter expert, professional association, etc.)
Continuing Education Provider Type – check only one

☐ Single Source – planned continuing education activities originate within your organization (includes coordinator-led conferences and events)
☐ Multiple Source – continuing education activities are provided as a reseller product or service

Provider Information - Provide a thorough description for each of the following.

<table>
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<tr>
<th>Provider Information</th>
<th>□ Yes</th>
<th>□ No</th>
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<tr>
<td>Procedure or system used to calculate continuing education credits.</td>
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<tr>
<td>Procedure or system used to identify those participants who have successfully completed the CEC offering.</td>
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<tr>
<td>System used to identify CEC needs and planning (and/or updating) of programs to meet needs.</td>
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<td>Procedure for identifying/involving Subject Matter Experts in the planning/implementation process.</td>
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<td>Provider’s procedures for internal program evaluation (not participant evaluation).</td>
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As a program provider do you:

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<th>As a program provider do you:</th>
<th>□ Yes</th>
<th>□ No</th>
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<tr>
<td>Have written policies for the refund of fees and complaint resolution?</td>
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<td>Have one person designated to serve as CE administrator?</td>
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<td>Have a system in place for securely maintaining participant records for a minimum of 3 years?</td>
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<td>Provide participants with a clear statement of observable and measurable learning outcomes?</td>
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<td>Ensure that instructors and SMEs are directly involved in planning and conducting each learning activity?</td>
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<td>Ensure that the course content is organized in a logical manner?</td>
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<tr>
<td>Establish satisfactory completion requirements for each activity based on the purpose and intended learning outcomes?</td>
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<tr>
<td>Determine during the activity planning period the method that will be used to assess achievement of learning outcomes?</td>
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<td>Notify participants in advance if formal learning assessments are a requirement of satisfactory completion and/or earning of CECs?</td>
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<td>Provide a method for program evaluation by the participants?</td>
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Fees

Fees are standardized regardless of number of programs or amount of credits offered. Due to the amount of time involved in provider application review, application fees cannot be waived or refunded. See page 2 for payment methods.

☐ Standard Provider - $300 ($300 nonrefundable)
  Includes application review and, if provider is approved, CI Approved logo in .jpg and .png formats.

☐ Provider Plus - $900 ($300 nonrefundable)
  Includes Standard Provider benefits plus an “Approved Provider” listing and link on CI’s website.

Provider Agreement

☐ I agree to notify CI of any material changes that occur which affect my organization’s ability to provide quality programs.
☐ I agree that my organization will provide programs which increase the integrity and vitality of the personal training field.
☐ I agree that my organization will comply with any audit programs or requests for additional information.
☐ I agree that my organization will maintain a primary CE contact with CI.

My signature indicates that I agree with the statements provided above and that the information provided in this application is true and correct.

Primary Contact Signature Required __________________________ Date __________________________

Print Name __________________________

Please allow 4-6 weeks for application review and processing.
**Program Data – CI Category 1 Contact Hours**

Provide the following information for up to 5 continuing education program offerings that contain live (one-on-one or group interactions with instructors and/or participants to achieve learning objectives); or which are online/home study/self-guided courses that require passing an achievement test for program completion. Providers with fewer than 5 separate programs must provide information on all programs. Providers with more than 5 separate programs must provide information on a minimum of 5 programs. Supporting documentation or a brochure for each program containing all requested information can be submitted instead of completing the chart.

<table>
<thead>
<tr>
<th>Course/Program Name (Conferences with multiple locations/presenters/sessions must provide information for each CH activity.)</th>
<th>Location (city, state, or web address)</th>
<th>Presenter/Subject Matter Expert (presentation title, presenter name and degree/credential/qualified experience)</th>
<th>Content outline, Course Syllabus, Agenda, Learning Objectives, and/or Study Guide</th>
<th>Proposed CH - see page 2 for calculation guidelines</th>
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**Program Data – CI Category 2 Contact Hours**

Provide the following information, for up to 5 continuing education program offerings that are online/home study/self-guided that either do not require an end-of-course achievement test, or that only include a self-test. Providers with fewer than 5 separate programs must provide information on all programs. Providers with more than 5 separate programs must provide information on a minimum of 5 programs. Supporting documentation or a brochure for each program containing all requested information can be submitted instead of completing the chart.

<table>
<thead>
<tr>
<th>Course/Program Name (and web address, when applicable)</th>
<th>Presenter/Subject Matter Expert (name, degree/credential/qualified experience)</th>
<th>Content outline, course syllabus, agenda, learning objectives, and/or study guide</th>
<th>Learning Objectives Assessment Method (i.e., Q&amp;A session, self-test, achievement test, pre/post test, performance demonstration, etc.)</th>
<th>Proposed CH - see page 2 for calculation guidelines</th>
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