



**AMERICAN COLLEGE**  
**of SPORTS MEDICINE**<sup>®</sup>  
**LEADING THE WAY**

## **ACSM Approved Provider Application**

**Approved Providers are reviewed and approved entities which can offer continuing education credits for all of their educational offerings for a three year period.**

**ACSM Mission Statement: The American College of Sports Medicine advances and integrates scientific research to provide educational and practical applications of exercise science and sports medicine.**

## **ACSM Approved Provider Guidelines**

### **All application and program materials must be in English**

1. Providership is granted on a 3 year basis (renewable upon passing future audits).
2. All educational programs offered by the applicant will be included in the 3 year providership period. ACSM will not approve only certain portions of programs, meeting or courses.
3. The program should be so planned and executed that continuing professional education takes place. The setting should be conducive to education. If in a distance education format there should be opportunity for on-line interaction and communication with course instructors (discussion boards, etc.).
4. Courses should include didactic sessions or workshops, an opportunity for questions and answers, and informative handouts. If in a distance education format, students should have the opportunity to seek clarification on questions in an interactive format.
5. The pre-conference announcements and brochure for the program should make apparent the goals of the program, an outline of presentations, and the names of speakers – including a breakdown of the times for all sessions. There should be clear assurance the subjects will be covered, that the listed speakers will give the presentations, and that the attendees will be educated in sports medicine, health and nutrition sciences.
6. A non-refundable Application Fee of \$500 plus the appropriate programming fees must be submitted along with the Application. (Regional Chapter Annual Meetings and other ACSM educational programs are not required to submit the application fee).
7. Timely application is important. Your program is evaluated by a group of reviewers across the . The completed application must be submitted to the ACSM Professional Education Committee for approval at least 6 weeks in advance of the desired announcement of your providership. Lead Program Administrator will be notified of accept/reject status approximately 2 weeks after completed application is reviewed.
8. Printed materials indicating the program has been granted ACSM Approved Provider Status must contain the following statement (Note: This statement cannot be used until official approval has been granted).

*The American College of Sports Medicine's Professional Education Committee certifies that (name of organization) meets the criteria for official ACSM Approved Provider status from 20XX-20XX.*

An ACSM CEC certificate of completion will be granted to all approved providers. This may be provided to your attendees so that they may document the number of CECs claimed for the activity. It may be utilized at any of your courses, events or programs during the approval period. ACSM will not track CECs accrued from approved providers in ACSM's membership database.

9. Event Promotion – Once approved, ACSM providers will be added to the education section of our website, provided with a specific provider logo, certificates and approval documentation for use in promotion materials, websites, etc.
10. Limitations to Endorsement – ACSM reserves the right to deny providership status for course content. Applicants should refrain from submitting the following programs for consideration as they will not be considered appropriate ACSM provider criteria:
  - a. Programs that appear to solely promote individuals (businesses or certifications) or products (e.g. fitness equipment) regardless of the educational content will not be considered. There must be educational content in the program that will provide continuing education and not appear to be self-promotional in nature.
  - b. Programs focusing on workouts or workout instruction only are not considered appropriate for providership.
  - c. Programs that require individuals to only pay a certification fee as part of the program will not be considered, unless reviewed and approved by the ACSM certification committee prior to PEC review.

Note: Exceptions to 10 A&B will be considered for programs focusing on individuals, individual products or exercise modalities when reviewed and endorsed (on the application) by the ACSM certification committee prior to PEC review. The intent of an exception is for well-established content that serves the programming needs of current ACSM certified individuals (i.e. ACSM Certified Group Exercise Instructors, ACSM/ACS Certified Cancer Exercise Trainers).

11. It is the policy of ACSM to decline providership of workshops/programs (by virtue of content) that are largely duplicative of ACSM sponsored workshops. It is the policy of ACSM to decline approved providership of workshops/programs that conflict in content, timing and geographic location with sponsored ACSM programs (i.e. Annual Meeting, Regional Meetings, ACSM Team Physician Course, Certification workshops/courses, etc.).
12. College Curriculum – ACSM does not extend providership to college courses for CECs but will review courses that are outside of the college curriculum. (ACSM certified individuals can turn in their transcripts documenting their classes and will receive 10 times the academic unit toward their continuing certification requirements. Contact the ACSM Certification Department for details on this process).
13. The lead program administrator should describe in writing any changes from the original application and any unique programs or concerns in program implementation to the ACSM office immediately upon change. They should also sign the form under the ‘testaments’ section on the next page verifying adherence to the above guidelines.
14. At the time of an approved event, the program administrator is responsible for distributing complete ACSM CEC certificates to those desiring ACSM CECs. It will be the responsibility of the attendee to submit certificates to his/her certifying body(ies) for recertification requirements.

Due to system requirements, this application must be completed in an Adobe program. Other programs could corrupt the file and cause the application be considered incomplete.

**AMERICAN COLLEGE OF SPORTS MEDICINE****Application for ACSM Approved Provider**

Submit at least 6 weeks prior to the first planned meeting/course date.

All application and program materials must be in English.

Please provide the application and supporting materials via electronic documents.

No hand written applications will be accepted.

**SECTION 1: Contact Information**

NAME OF ORGANIZATION		
LEAD PROGRAM ADMINISTRATOR'S NAME (will serve as the main contact person who is responsible for all components of the provider processes for the entire approved period)		
MAILING ADDRESS		
CITY	STATE/PROVINCE	ZIP/POSTAL CODE
TELEPHONE NUMBER	E-MAIL ADDRESS	
WEBSITE LINKING DIRECTLY TO WHERE CECS CAN BE FOUND		

**Type of Organization (select one):**

ACSM Regional Chapter

Sole Proprietor

Official ACSM Partner

Accredited College/University

Corporation

Not-for-Profit Organization

Other/List:

**Provide the overall educational mission of your organization:**

**Description of your audience (i.e. health and fitness instructors, dietitians, etc.):**

**Please check the ACSM Certifications below for which your programs would be appropriate:**

[ACSM Certified Personal Trainer](#)

[Exercise is Medicine Credential](#)

[ACSM Certified Group Exercise Instructor](#)

[ARP/ACSM Certified Ringside Physician](#)

[ACSM Certified Exercise Physiologist](#)

[ACSM/NCHPAD Certified Inclusive Fitness Trainer](#)

[ACSM Certified Clinical Exercise Physiologist](#)

[ACSM/ACS Certified Cancer Exercise Trainer](#)

[ACSM Registered Clinical Exercise Physiologist](#)

[ACSM/NPAS Physical Activity in Public Health Specialist](#)

**Accreditations:** List the names of any other organizations by whom you have been accredited:

ORGANIZATION NAME	APPROVAL DATE	VALID THROUGH DATE

Have you ever been denied for endorsement/accreditation from any entity:      Yes      No

If yes, please provide details:

**Certifications:** Please list all of the current certifications that your organization offers, if applicable.

Are any of the courses you are planning to offer certifications?      Yes      No

**Are you NCCA Accredited?**

Yes      No

**Sponsorship Information:**

Below is information listing any sponsor who has provided financial or other gifts support toward your meeting or course. If you have no sponsors, proceed to the Testament section

**Name of sponsor/sponsoring organization/company:**

**Check *each* category in which they donated:**

Cash

Gift-in-Kind (i.e. supplies, products, equipment)

Unrestricted Grant

Other (list the details of the gift(s)):

**Testaments** - Lead program administrator must thoroughly read and check each box, then sign below:

1. I attest that the information provided in this application has been read and completed with accurate information.
2. I understand I must contact ACSM if my role changes or someone else becomes the lead program administrator.
3. I understand that I must pay the non-refundable application fee and any appropriate programming fees with completed application.
4. I will comply with the audit requirements when due and send appropriate documentation and renewal fees by the deadlines indicated.
5. I will comply with the audit requirements when due by providing any updates/changes in programmatic or other content when requested at any time within the 3 year approved provider period.
6. I understand that any future meetings/programs added after the approval date of my providership may be reviewed during the audit process, and I may have to provide documentation of its content.
7. If approved, this providership is to be used exclusively for the purposes stated.
8. I understand, if approved, ACSM may use content from our courses/meetings/self-tests, etc., to post on the ACSM Online Learning Platform for CECs.
9. I understand that if there are any variances to the application data, I must communicate these changes to ACSM immediately upon change.
10. I understand that my ACSM Approved Providership may be terminated if my organization does not comply with the application, testaments, or abuse the privileges granted. I understand that this may result in revoking all opportunities to offer ACSM credits at any future course, meeting, or educational venture hosted by my organization.
11. I understand that if my application is denied, the \$500 application fee is non-refundable and if my providership is terminated, I will not be refunded the application/programming fees.

Lead program administrator's signature:

Date:

## SECTION 2: PROGRAM DATA FOR LIVE COURSES/MEETINGS

**List in chronological order the titles, dates, and locations (if known), of programs/courses you will be holding in the next 3 years. Attach a short description of content and lectures being presented, number of CECs to be offered, and number of attendees expected per each course.**

We will allow a promotional brochure in lieu of the content below as long as all of the details are included. The brochure must clearly define: course dates, presentations, dates/times of presentations, lectures, short descriptions of content, number of CECs to be offered, and number of attendees expected.

List Titles, Dates and Locations (if known) of programs/courses you will be holding in the next 3 years (if you are not in the planning stages yet, we will allow submission of programs you held within the last year):

***Example: 2016 Health and Fitness Summit and Expo, March 29 – April 1, 2016, Orlando, FL; 19.5 CECs, 1000 Attendees***



**SECTION 2a: PROGRAM DATA FOR ONLINE COURSES ONLY**

**If you do not offer online courses proceed to Section 2b:**

List titles, duration of online courses (start and end dates), URLs, any exam requirements, number of CECs offered, and number of expected participants below. Please attach a document with short descriptions of content and lectures presented.

There should be opportunity for on-line interaction and communication with course instructors (discussion boards, etc.). List what those opportunities are.

**SECTION 2b: PROGRAM DATA FOR CORRESPONDENCE COURSES ONLY**

**If you do not offer correspondence courses, proceed to Section 2c:**

List below titles, length of correspondence courses, books, workbooks (or brochures/other reading materials required for the courses) number of CECs offered, number of expected participants, and any exam requirements of courses. Attach a document with short descriptions of content and lectures presented.

We will allow a promotional brochure in lieu of the content below as long as all of the details requested above are included.

**SECTION 2c: PROGRAM DATA FOR HOME STUDY SELF TESTS**

**If you do not offer home study self- tests, proceed to Section 3:**

List below titles, duration of tests (i.e. if there is an expiration date), books, workbooks, ( or brochures/other reading materials required for the tests) number of CECs offered, and number of expected participants. Attach a document with short descriptions of content and lectures that participants will be tested on. Also attach an example article and self- test.

**SPEAKER ROSTER INFORMATION FOR LIVE PROGRAMS/COURSES**

On a separate sheet, attach the following information for all of your presenters.

**Name**

**Highest Degree Earned and Field of Study:** List the highest degree and discipline from an accredited college/university (i.e. Ph.D. in Exercise Physiology)

**Speakers' experience:** For each speaker, identify the specialty area of the individual, then list the number of total years' experience as it relates to education (i.e. "obesity" and "nutrition" – 6 yrs.)

**Brief titles of presentations** made relevant to each specialty area listed and years of experience

**ACSM Certifications:** list only the current **ACSM** certification(s):

ACSM Certified Personal Trainer  
ACSM Certified Group Exercise Instructor  
ACSM Certified Exercise Physiologist  
ACSM Certified Clinical Exercise Physiologist  
ACSM Registered Clinical Exercise Physiologist  
Exercise is Medicine Credential  
ARP/ACSM Certified Ringside Physician  
ACSM/NCHPAD Certified Inclusive Fitness Trainer  
ACSM/ACS Certified Cancer Exercise Trainer  
ACSM/NPAS Physical Activity in Public Health Specialist

**Course:** of the courses you are submitting, in which one(s) is this speaker presenting?

**ACSM Member:** respond YES only if the speaker is currently an ACSM member in good standing with dues paid to date

**ACSM Fellow:** respond YES only if the speaker is currently an ACSM Fellow in good standing with dues paid to date

### SECTION 3: CONTINUING EDUCATION CREDITS (CECs)

Credit Formula Chart		
1 hour of education*	=	1 CEC
* non-overlapping lectures; does not include breaks, lunches, dinners, workouts, evaluation time, etc.		

It will be the sole responsibility of the organization lead administrator and staff to determine the maximum number of CECs that attendees can earn at these educational venues. Be sure to calculate only non-overlapping educational hours (using the chart above as a guide). Then, you can provide information on the CECs available to your attendees. During the approved validation period, providers will be given official certificates of completion to use at your events.

**Basis for selecting satisfactory completion in awarding CECs (please check all that apply):**

Honor system (attendance is not tracked)

Attendance

Program Evaluation (contact ACSM if you would like to see an example of a program evaluation)

Examination

Other (specify):

## SECTION 4: PAYMENT

Include an initial \$500 fee with completed application. Then, add the appropriate programming fees representing the number of CECs you plan to offer during a **3 year reporting period** (reference listed in Section 2).:

**Initial Application Fee**     \$500.00

Number of CECs in 3 yr. period

**Programming Fee\***

\*Add program fee based on chart below by calculating **total # of CECs you intend to offer during a 3 year reporting period.**

# of CECs in 3 yr. period	Programming Fee
1-60 CECs	\$700
61-80 CECs	\$800
81-100 CECs	\$900
101-150 CECs	\$1,000
150+ CECs	\$1,100

### Total due to ACSM

\*(add initial application fee and program fee lines)

#### Payment Example for provider:

Applicant offers a one-day workshop with seven hours of consecutive programming, 1 time a year, for 3 years.

7 Hours/CECs x 3 years = 21 = a \$700 Programming Fee

Fee Calculation:     \$500 Initial Application Fee  
                                + \$700 Programming Fee (7 hrs./yr. X 3 yrs.)

**= \$1,200 Total Amount due to ACSM**  
 with application and applicable attachments

The initial application fee is non-refundable. Application will NOT be processed until payment receipt is confirmed at the ACSM National Office.

Please identify the method of payment:

Mastercard

Card#:

Exp. Date:

Visa

Card#:

Exp. Date:

Discover

Card#:

Exp. Date:

Amex

Card#:

Exp. Date:

Check

Check#

## SECTION 5: REVIEW PROCESS AND ACSM CONTACT INFORMATION

Contact [education@acsm.org](mailto:education@acsm.org) with questions, or call: 317-637-9200 x 108. There is an [FAQ](#) section on our website that may answer some of your questions.

**Timeline:** Completed applications with payment will be reviewed by our Professional Education Committee. Please allow up to 6 weeks for approval. Once the application has been reviewed, you will be contacted via email informing you of the decision. Approved providers will be valid for a period of 3 years, with renewal at the end of that third year. Approval statements, sample certificates of completion forms, audit information and requirements, plus other pertinent details will be forwarded to the lead program administrator listed on this application. Approved providers may use an official ACSM provider logo for a period of three years from approval date, if desired, on any material representing the program(s) within the approved validation period (i.e. 7/15-7/18)

**New Courses:** ACSM will review for approval any future individual meeting(s) or course(s) within the 3 year period once your approved provider status has been granted. Once approved, providers should keep updated files yearly on new offerings for auditing and record-keeping purposes.

## SECTION 6: PROGRAM AUDIT INFORMATION

ACSM has a yearly random audit process in place for all approved providers, in addition to the full renewal at the end of the third year. The lead program administrator will send a yearly report as part of the requirements, and this needs to be sent electronically to the ACSM Education Department at [education@acsm.org](mailto:education@acsm.org). At the end of the third year, you will be required to send the below information as well as any other requested documents. These reports should include any or all of the following documentation:

- Updated program brochures for any event, program or course held within the approved provider validity period. (i.e.: brochures or other promotional material which documents course content, continuing education hours, ACSM provider logo usage, etc.)
- Data documenting the number of individuals attending any of your events
- Any evaluation results for any event held within the approved provider validity period that you initiated
- Updated online or correspondence course outlines, power points, exams or other class materials
- Updated speaker rosters or credentials for any programmatic offerings
- Program planning committee listing(s) and process for how selecting speakers/sessions.
- Any course promotional/marketing efforts (i.e. URLs, electronic promotions, direct mail pieces)
- Speaker bios, CVs or resumes

### Schedule of Audit(s):

If selected, it will be requested at the end of each year. So if you were approved in August of 2015, you will be requested of your audit materials at the end of 2016 and 2017; with the third year being your renewal year.

Renewals will occur at the end of your third year. (i.e. you were approved in August of 2015, you will renew at the end of 2018). Renewal fees and explanations will be communicated to the program administrator before the expiration of the approved provider status period.

## **CHECKLIST ACSM Approved Provider**

Please complete the checklist and return with the application and supporting materials.

Reviewed Guidelines

Contact Information

Organization Information

Testaments

Program Data- including attachments of course outlines/materials

Speaker Roster

Continuing Education Credits

Payment

Review and Audit Process

Email complete application and any supporting materials to [education@acsm.org](mailto:education@acsm.org)

**Please e-mail application and all supporting materials to [education@acsm.org](mailto:education@acsm.org).**