## Accreditation Application for Classroom-Based Courses/Curricula

**To apply for accreditation**

Complete the APPA Accreditation Application for Classroom-Based Courses/Curricula

Submit the Application and required supplemental materials to:

> Darlene Webb
> American Probation and Parole Association
> c/o The Council of State Governments
> 701 E. 22nd Street, Suite 110
> Lombard, IL 60148
> (859) 244-8207
> dwebb@csg.org

*Electronic submission via email is preferred, but not required. If submitting hard copies via mail, please submit 3 copies of the full application package and materials.

**Review Period**

Allow 30-45 days for review.

**Cost for accreditation:**
- APPA Member price: $25.00/contact hour*
- Non-member price: $50.00/contact hour*

*Additional costs may be incurred based on the amount of material to review. If additional costs will be assessed, APPA will discuss additional costs with the submitting agency prior to beginning the review process.

**Please do not send payment with application**. Payment due upon approval of accreditation and once contact hours are finalized.

I.    **BACKGROUND INFORMATION**

Organizations or individuals providing training shall be formally organized and should have a commitment to the professional development of probation and parole practitioners. In order to be considered for accreditation by the American Probation and Parole Association, the sponsor/provider must comply with the following criteria as established by the APPA Training Accreditation Committee. The following information is to be completed for the overall training or workshop.

1.  Application Date : <click to select date>

2.  Submitting agency information

    **Submitting Agency**: <click to enter Submitting Agency>

    **Contact Person**: <click to enter name>

    **Address**: <click to enter address>

    **City, State, and Zip**: <click to enter city, state, zip>

    **Phone**: <click to enter phone>

    **Fax**: <click to enter fax>

    **Email**: <click to enter email>

3.  Is this course accredited or seeking accreditation from other accrediting bodies?

    ☐   Yes
    ☐   No

If yes, please indicate what additional accreditations this course has received and/or what accreditations it is seeking.  Indicate in the description if the accreditations have been approved or are in progress of being considered.

<click to explain>

4.  **Course Title**: <click to enter title>

5.  **Date course completed**: <click to select date>

6. **Type of course** (*check all that apply*):

☐ Training course

☐ Workshop

☐ Other (please specify): <click to enter other>

7. **Target Audience** (*check all that apply*):

☐ Pretrial staff

☐ Probation staff

☐ Parole staff

☐ Detention/Institution staff

☐ State/county

☐ Federal

☐ Tribal

☐ Victim service providers

☐ Managers/supervisors

☐ Line/direct supervision staff

☐ Other (please specify): <click to enter other>

8. **Number of learners expected to take this course**: <click to enter number>

9. **Dates the course will be made available**:

Start Date: <click to select date>

End Date: <click to select date>

If course availability dates are unknown, please explain: <click to explain>

II.    **COURSE DELIVERY PLAN**

1.  Please describe how this course will be delivered (e.g., at a  Training Academy, at a conference, as a standalone event, etc.).

    <click to enter description>

2.  This course is designed for

    ☐    Open/public access

    ☐    Restricted users (please describe): <click to describe>

3.  This course will be provided:

    ☐    Free

    ☐    For a charge (please indicate cost of course): <click to enter cost>

4.  This course will be marketed/promoted via the following types of methods:

<click to describe methods>

III.     **REQUIREMENTS FOR SATISFACTORY COMPLETION/REQUESTED CONTACT HOURS**

Each course must have specific requirements for satisfactory completion.

1. Please indicate the course components that learners **MUST** complete to satisfactorily complete the course (check all that apply).

   ☐   Pre-test

   ☐   Mid-course/module exams (passing score =  <number> )

   ☐   Post-test (passing score = <number> )

   ☐   Post-course evaluation/survey

   ☐   View/Access specific lesson files

   ☐   Other (please specify): <click to enter other>

2. Requested number of contact hours for learners who satisfactorily complete all required course components (based on clock hours of classroom-based training, minus breaks):   <click to enter number>

   **(Note: APPA will be responsible for determining and assigning the final approved contact hours to this course)**

3. At a minimum, the course should provide learners a certificate of completion which includes:
   • Course Title
   • Date  course completed
   • Name of organization
   • Name of participant
   • Number of contact hours
   • Name, title, and signature of authorizing person at agency providing the training

   Please attach a copy of the template for the certificate of completion to the accreditation application package.

   ☐   Sample certificate attached

IV.      **TRAINING NEEDS ASSESSMENT**

The training or workshop must be responsive to the needs of the target audience and relevant to the learners' professional development, continuing education, and/or job requirements. Training needs assessments should include the identification of the gap between what the learner knows and what the learner needs to know.

1.  Methods used to determine needs:

    ☐   Survey

    ☐   Interview key individuals

    ☐   Management performance analysis

    ☐   Focus group

    ☐   Review existing data

    ☐   Other (please specify): <click to enter other>

2.  Brief description of the process for how training needs were assessed:

<click to enter title>

3.  Overview of the results of the training needs assessment:

<click to enter title>

V.    **COURSE CONTENT**

The content and instructional methodologies used for courses should adhere to adult learning principles, be consistent with stated learning objectives, be sequenced to facilitate learning, and permit opportunities for the learner to practice and apply information learned and receive feedback.

1.  Course Outline

Please provide a general course outline that identifies the major topics and subtopics included within the course.

<click to enter course outline>

2.  Learning Objectives

The course must have clear and concise written statements of intended learning outcomes (e.g., measurable behavior performance objectives) for each module/section of the course.  The learning objectives should indicate *what participants will be able to do after completing the course*.  The intended learning outcomes should focus on growth in the learners' knowledge, skills, and abilities during or after course completion and be limited to those that can be assessed through a post-test or other appropriate assessment.  Bloom's Taxomony is a good reference for developing learning objectives (http://www.odu.edu/educ/roverbau/Bloom/blooms_taxonomy.htm).

<click to enter learning objectives>

3.  Course Content

Please provide a copy of the curriculum that provides detailed course content that demonstrates to reviewers the specific nature of the information that is being provided in the course, how the course is sequenced, and how the course applies adult learning principles. For example, the curriculum must include an agenda (that includes specific time frames allotted to each topic area and all breaks) and a lesson plan that outlines detailed information on the subject/topic areas, associated talking points, instructional methodologies being used (e.g., lecture, class discussion, activity, video, etc.), and approximate time frames for each section and overall lesson/module.   Copies of handouts and/or participant manuals used for the course also should be included, if applicable.

Detailed course content information should be attached as a separate document(s) to the application. Please indicate the type of course content that is attached to this application (check all that apply).

☐    Agenda (required)
☐    Lesson plan/Trainer's Manual (required)

☐ Participant Manual

☐ Handouts

☐ Audio/Visual (e.g., PowerPoint slides, video)

☐ Other (please describe) <click to describe>

If you have any additional comments, information, or clarification regarding the course content (or lack of specific types of content) you feel would be helpful to reviewers when reviewing the information provided, please submit it below.

VI.    **EVALUATION**

A process must be established to evaluate major aspects of the continuing education/professional development experience and the extent to which intended learning objectives were achieved.

1.  Assessment of Learning Outcomes

Courses must include method(s) for assessing the intended learning outcomes or performance objectives.  Please indicate which assessment techniques will be used in this course (check all that apply):

- ☐    Pre-test (attach a copy)
- ☐    Post-test (attach a copy)
- ☐    Demonstration
- ☐    Role play
- ☐    Case Study
- ☐    Individual activity with a final product
- ☐    Group activity with a final product
- ☐    Role play
- ☐    Oral test (attach a copy of questions or process)
- ☐    Reflections
- ☐    Other (please specify): <click to enter description of other ways learning is assessed>

2.  Course Evaluation

Applicants also must include information on the methods used for learners to evaluate the course design and their perception of whether the course achieved its intended learning objectives.

- ☐    Post-course participant evaluation/survey  (attach a copy)
- ☐    Follow up interviews (please describe) <click to describe>
- ☐    Other (please specify): <click to enter description of other ways the course will be evaluated

VII.     **INSTRUCTOR/COURSE AUTHOR/SUBJECT MATTER EXPERT INFORMATION**

Course content must be written or provided by competent individuals as documented by appropriate academic training, professional licensing, certification or professionally recognized experience.  Please provide information on the course instructor(s), author(s), and or subject matter expert(s) used in the development and/or delivery of this course.   **You also must attach a resume or curricula vitae for each instructor/course author/subject matter expert to the application package.**

**Role (check all that apply):**

☐     Instructor

☐     Instructional Designer (course author)

☐     Subject Matter Expert

Name: <click to enter name>

Title: <click to enter title>

Agency: <click to enter agency>

Address: <click to enter address>

City/State/Zip: <click to enter city, state, zip>

Phone: <click to enter phone>

Fax: <click to enter fax>

Email: <click to enter email>

☐     Resume/Curricula Vitae attached

**Role (check all that apply):**

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Phone: <click to enter phone>

Fax: <click to enter fax>

Email: <click to enter email>

☐ Resume/Curricula Vitae attached

VIII.     **OPTIONAL: Additional Comments/Information**

If you have additional comments or information you want to provide relevant to this accreditation application package, please describe below.