****

**Accreditation Application for Online Courses/Curricula**

**To apply for accreditation**

Review the Accreditation Requirements on the APPA website

Complete the APPA Accreditation Application for Online 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.

**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 for which the course/curriculum is accredited are finalized.

1. **BACKGROUND INFORMATION**

Organizations or individuals providing online 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>

1. 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 process of being considered.

<click to explain>

1. **Course Title**: <click to enter title>
2. **Date course completed**: <click to select date>
3. **Type of course** (*check all that apply*):

|  |  |
| --- | --- |
|  | Self-paced web-based courses |
|  | Self-paced CD-ROM |
|  | Recorded webinar |
|  | Other (please specify): <click to enter other> |

1. **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> |

1. **Number of learners expected to take this course**: <click to enter number>
2. **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>

1. **COURSE DELIVERY PLAN**
2. Please describe how this course will be delivered (e.g., posted on the agency’s website or learning management system, mailed as a CD-ROM; etc.).

<click to enter description>

1. This course is designed for

|  |  |
| --- | --- |
|  | Open/public access |
|  | Restricted users (please describe): <click to describe> |

1. This course will be provided:

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

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

<click to describe>

1. **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> |

1. Requested number of contact hours for learners who satisfactorily complete all required course components: <click to enter number>

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

Please describe the method the submitting agency used to determine the number of requested contact hours.

<click to describe>

1. 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 online training

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

|  |  |
| --- | --- |
|  | Sample certificate attached |

1. **TRAINING NEEDS ASSESSMENT**

The training 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> |

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

<click to enter title>

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

<click to enter title>

1. **COURSE CONTENT**

The course content and instructional methodologies used for online 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 interact with the material 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>

1. 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>

1. Course Content

Please provide a detailed description of the course content (e.g., course script, storyboard, lesson plans, etc.). The course content should include detailed information about what is being covered in each topic area. Detailed course content information can be attached as a separate document to the application, if preferred. Please indicate what is attached.

*Note: If no written detailed course content is available, then it may be necessary for APPA to review the final online version of the course. Due to the amount of time needed to review courses online in their entirety to assess their adherence to accreditation requirements, additional costs will likely be incurred. Please call to discuss this with APPA prior to completing your application package.*

|  |  |
| --- | --- |
|  | Course content attached |

 OR <click to enter course content>

1. **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) |
|  | Case study  |
|  | Reflections |
|  | Other (please specify): <click to enter description of other ways learning is assessed> |

1. 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> |
|  | Course analytics (e.g., test analytics, etc.) <click to describe> |
|  | Other (please specify): <click to enter description of other ways the course will be evaluated |

1. **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 |
|  | 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):**

|  |  |
| --- | --- |
|  | Instructor |
|  | 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):**

|  |  |
| --- | --- |
|  | Instructor |
|  | 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 |

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

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

<click here to enter information>