

## REQUEST FOR ACCREDITATION

**Important: Eight (8) months prior to the activity date:**

1. Complete this Request for Accreditation form and email it to the MUSC Department of Psychiatry and Behavioral Sciences Office of Continuing Education (OCE) at [psych-events@musc.edu](mailto:psych-events@musc.edu).
2. OCE reviews submission and grants or denies accreditation.
3. Complete APA Accreditation Agreement (located on our website) and email to [psych-events@musc.edu](mailto:psych-events@musc.edu).
4. OCE provides final number of approved hours, APA logo, and statement for communication pieces.

*\* Please note: requests for APA accreditation received less than 6 months (180 days) prior to the activity date will be subject to a late fee.*

**Event Applicant/Activity Director:** \_\_\_\_\_

Activity Director's Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Activity Title (or working title): \_\_\_\_\_

Activity Date(s): \_\_\_\_\_ Activity Location: \_\_\_\_\_

1. **Type of Activity:**  Live Symposia/Seminar/Conference  Live Video Conference  Live Web Cast  
 Practice-Based PI Project  Enduring Materials (Direct to CD/DVD Education)

**2. Who will have the primary responsibility of planning this educational activity?**

MUSC Department or Academic units, please specify: \_\_\_\_\_

An organization external to MUSC, please specify: \_\_\_\_\_

**3. Is there a planning committee responsible for determining the content of this event? If yes, we will need all members to fill out Declaration of Disclosure forms.**

- Yes  No

**4. Target Audience – who will benefit from your activity? Please list below:**

- Academic Faculty  Hospital Provider  Community Provider  
 Resident/Fellow/Post Graduate Level Student  Medical Student  Other Health Professional

**5. Instructional Level of the Activity (please select one):**

- Introductory  Intermediate  Advanced

**6. Instructional Methods – please list all methods you intend to use in your activity:**

- Workshop  Lecture/Seminar  Panel Discussion

7. Will your activity address patient safety issues (if yes, please describe):

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8. What best practices of new clinical guidelines will your activity address?

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9. How do you know that your target audience is not already using these best practices or new guidelines?

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10. Has this event been executed before?

If yes, please list date of event and total projected attendance:

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11. Please list all business and individuals you plan to contact for exhibiting purposes:

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12: Financial Information:

Projected costs: \$ \_\_\_\_\_ Projected income: \$ \_\_\_\_\_

Estimated payment to MUSC's Department of Psychiatry & Behavioral Sciences: \$ \_\_\_\_\_

(Please reference Conference planning options)

*Please specify the beneficiary and the percentage of your choosing from the conference proceeds?*

- Friends of Mental Health \_\_\_\_\_ %
- MUSC Hope Fund \_\_\_\_\_ %
- Veteran Hope Fund \_\_\_\_\_ %
- Other \_\_\_\_\_
- There will be no beneficiary

**PROPOSED EVENT SUPPORT FROM MUSC'S DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES**

- Attendance by department representative at event
- Speaker(s) (describe)
- Department Promotional Materials (describe): \_\_\_\_\_

**13. Publicity Information:**

**MUSC's Department of Psychiatry and Behavioral Sciences reserves the right to review all materials that include our logo and/or name. Please indicate the types of promotions you plan to do for your event:**

- Press releases sent to:
- Flyer's sent to:
- Public service announcements (PSAs) sent to: \_\_\_\_\_
- Other: \_\_\_\_\_

**14. Accreditation Request (required):**

- American Psychological Association (APA)
- Continuing Medical Education (CME)
- SC Bar Continuing Legal Education (CLE)
- Licensure of Professional Counselors, Marriage and Family Therapist and Psycho-Educational Specialists (SC LLR)
- SC Nursing Association (SCNA)



**I/we have read the MUSC Department of Psychiatry and Behavioral Sciences Benefit Event Guidelines in full, and I/we agree to adhere to those guidelines in planning and executing our event. I/we understand that the guidelines are not comprehensive and that all decisions for the event, including safety precautions, remain the responsibility of the event sponsor. MUSC Department of Psychiatry and Behavioral Sciences does not accept or assume any liability associated with event.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**For OCE Use Only:**

- A. Date Received: \_\_\_\_\_
- B. Approved for OCE Meeting: Yes      No
- C. Date of OCE Meeting: \_\_\_\_\_
- D. Assigned OCE Coordinator: \_\_\_\_\_