

Nutrition & Dietetics Training Program/Indian Health Service  
Continuing Professional Education Prior Approval Request Form

For NDTP Use Only:  
Program Number: \_\_\_\_\_  
Date Received: \_\_\_\_\_

**Program Title:** \_\_\_\_\_

**Program Date(s):** \_\_\_\_\_

**Program Location (City and State):** \_\_\_\_\_

**Program Provider:** \_\_\_\_\_

**Target Audience:**  RD  DTRs  Other: \_\_\_\_\_

**Estimated number of RDs/DTRs in Attendance:** \_\_\_\_\_

**Check here if program is closed/by invitation only**

**Program Chair:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

This person will receive CPE Reporting Forms and participant inquiries.

**Address:** \_\_\_\_\_

\_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Number of CPEUs Requested:** (60 minutes = 1 hour) \_\_\_\_\_

**Major Sessions:** \_\_\_\_\_ **Exhibits:** \_\_\_\_\_ **Posters:** \_\_\_\_\_

**CPEU Learning Need Code(s):** \_\_\_\_\_

For a seminar, indicate the CPE level for each session/presentation. See back of form for more information.

**CPEU Level:** \_\_\_\_\_ Indicate the appropriate CPE level for the program.

For a Seminar, indicate the CPE level for each session/presentation. (Definitions of CPE levels on the back of this form.)

**Activity Type:** \_\_\_\_\_

**Required Documentation:** The following information must be provided along with this completed form:

1. Title(s) of presentation(s) with learner educational objectives describing anticipated outcomes.
2. Timing outline, including time spent for registration, introduction, welcomes, coffee and meal breaks and discussion. A reactive discussion is required for all group activities.
3. Information regarding target audience.
4. Program evaluation tool.
5. Qualifications of speaker(s)/instructor(s) on topic(s) presented. (CV)
6. Signed Disclosure Form(s). (See attached form.)

**Submit 4 weeks in advance. Email or Fax to:**

Rob Collison, MS, RD, CSG, CDE  
Clinical Nutrition Specialist  
4212 N. 16th Street  
Phoenix, AZ 85016  
Phone: 602-263-1200 x1057  
Fax: 602-263-1649  
E-mail: Robert.Collison@ihs.gov

As a Program Provider, I verify that the content of this continuing program is education beyond the basic preparation required for initial entry into

the profession for the Registered Dietitian and/or the Dietetic Technician, Registered. \_\_\_\_\_

Signature of Program Provider

Date

For NDTP Use Only: Request for Prior Approval of CPE:

Learning Need Code: \_\_\_\_\_

Date Approved \_\_\_\_\_

Maximum allowable hours: \_\_\_\_\_ Approved by \_\_\_\_\_

Disapproved by \_\_\_\_\_

10/09 MS

# Nutrition & Dietetics Training Program/Indian Health Service

## Continuing Professional Education Prior Approval Request Form

**Read the Instructions carefully and submit only completed form with all required documentation.**

### General Information

The Indian Health Service, Nutrition and Dietetics Training Program (NDTP) is a Continuing Professional Education (CPE) Accredited Provider with the Commission on Dietetic Registration (CDR). The **contact person** is the individual who will receive the CPE reporting forms and participant inquiries. This person will also return appropriate attendance lists to N&DTP.

The request form and all supporting documentation must be received by N&DTP no less than 4 weeks before the scheduled program date to allow time for processing. Submit the approval earlier if you plan to advertise the number of clock hours attendees will receive.

**Approvals will not be granted if the request form is not completely filled out and the required documentation is not included. Incomplete requests will be sent back to the contact person.**

### Reporting Requirements

RDs/DTRs under the *Professional Development Portfolio* track their own CPE hours on their *Portfolio Activities Log* and:

- Do not need to report CPE hours to CDR
- Do not sign CDR rosters or sign in sheets
- Do not apply on individual CPE request forms

**Program Dates and Location:** If various dates or locations, please attach a list

**Number of CPEs Requested** (60 minutes = 1 CPE hour)

An activity must be at least one full hour to qualify. Fractions of an hour are rounded up after 30 minutes and rounded down at 29 minutes.

### CPE Level.

Use the following definitions to identify the appropriate level of the workshop or for each individual session if appropriate. This information must be included in the program materials

**Level 1:** Little or no prior knowledge of the areas(s) covered. The focus is to increase core knowledge.

**Level 2:** General knowledge of literature and professional practice in the area(s) covered. The focus is to enhance knowledge and application.

**Level 3:** Thorough knowledge of literature and professional practice within areas covered. Focuses on synthesis of recent advances and future directions.

### Learning Need Code

Identify the appropriate learning need code(s) for the program or for each individual session for a Seminar. Refer to CDR Professional Development Portfolio Learning Need Codes in PDP manual or by visiting <http://www.cdrnet.org/PDFs/2008%20Guide%20Appendix%20D.pdf>

For NDTP Use Only: Request for Prior Approval of CPE:

Learning Need Code: \_\_\_\_\_

Maximum allowable hours: \_\_\_\_\_ Approved by \_\_\_\_\_

Date Approved \_\_\_\_\_

Disapproved by \_\_\_\_\_

10/09 MS