

Distance Education Certification Program Secondary Provider Application for Subsequent Course Certification

This application is required for secondary providers seeking certification for a course offered through a delivery method already certified.

Instructions for using this application

If you are a secondary provider seeking ARELLO® certification for the first time or for a new delivery method, please complete this application below. ARELLO® reserves the right to "classify" providers and delivery methods based on the information supplied.

- You may use this application for more than one course submitted for certification at the same time using the same delivery method. Please answer each question as completely as possible and answer NA (not applicable) for any question that does not apply to your course(s). You may need to include and identify supplemental documentation for support of different aspects of your course design and delivery.
- To submit your application and supporting documentation, login to the ARELLO-IDECC Course Management System (CMS) at https://cms.arello.org. Choose your organization's name from the drop down list and enter your password. If you forget your password you can have it emailed to the primary contact on file. If your organization's name does not appear in the list, contact us at 312-300-4800 or email info@arello.org to setup an account. Once logged in to the CMS, click "New Submission" to begin, and follow the directions through the course submission wizard.
- When using the CMS to submit courses, you will have the opportunity to pay the fees via credit card or check. If
 you choose to pay by check, mailing instructions will be included on your invoice. Your application will not be
 reviewed until application fees are paid in full and all applicable documentation has been received.
- If this is your first time using the CMS, look for the Help buttons throughout the site which will give you more information on terminology and processes.
- Applications must be completed and submitted electronically via the Course Management System. Accompanying documentation can be provided in PDF or other standard electronic document format.
- Once payment has been received, the application has been completed and supporting documentation is
 uploaded via the course management system, a reviewer will be assigned within 5-10 days and results of the
 initial review will be posted in the course management system and sent to you by email within 30 days of
 submission.
- A provider who submits an incomplete application will have 30 days to comply with ARELLO® application requirements. If a provider fails to submit a complete application, the application will be cancelled and fees forfeited.
- All application fees are non-refundable.
- Once the provider receives the first review of the submission from ARELLO®, the provider must respond and participate in the review process within 45 days. If the provider has not responded within that timeframe, the application will be deemed abandoned and fees forfeited. If the deficiencies have been remedied, the course will undergo a final review.
- ARELLO® has supplied a copy of the Distance Education Evaluation form at the end of the application. Providers are encouraged to use this evaluation framework for their evaluations. Providers will need to submit tabulations/comments at time of recertification.



Terms of Agreement

I hereby give the ARELLO® and its agents permission to respond to inquiries from ARELLO® members regarding the status of this application as follows:

- 1. If this application is pending
- 2. If the course(s) has/have been certified or not
- 3. The date the course(s) was/were certified

I further understand that ARELLO® jurisdictions will be notified should there be a change in the certification status or if it is discontinued for any reason.

| Course Provider Name: | |
|---------------------------------------|--|
| Contact Person for Course Submission: | |
| Course Name(s): | |

By submitting this application, I hereby attest that:

- All information contained in this form is true and correct and that I have read and am familiar with the ARELLO®
 Distance Education Standards and course review policies.
- The instructors designated for this course have taken, completed, and reviewed the course and are familiar with its instructional design and content.
- I understand that providing any inaccurate information on this form will disqualify me from having any courses certified by ARELLO® or from being an instructor for any ARELLO® certified course.
- I understand that if I earn certification for this course, substantial changes must be reported to ARELLO® prior to implementation. This includes changes in clock hours, major content revisions, new administration or owners, etc., must be submitted to ARELLO®.
- I understand my course may be audited at any time during the certification period to verify the course is offered
 as certified.
- My organization will not represent a course that has been substantially altered, from what was originally certified, to a regulatory agency as "certified" even if the jurisdiction does not require the certification.
- My organization will not offer the course outside the parameters (including courses hours and exam requirements) listed on the summary certificate when representing the course as certified.
- My organization's learning management system used for these courses is capable of tracking the amount of time it is taking students to complete the courses(s).

I have read the above requirements and have provided the information truthfully.

ARELLO® reserves the right to make contacts as necessary to verify the integrity of any of the information provided in this application.



| ARELLO® Provider Checklist and Reviewer Comments | | | | | | |
|---|-----|------------------------|-----|-----------------------|--|--|
| Directions for Provider: Place an X in the Provider Checklist Column (far right) to attest the following standard and/or policy has been addressed. | | ARELLO® Use Only | | Provider Checklist | | |
| | Yes | No | Yes | No | | |
| Mission Statement | | | | | | |
| - The mission statement of the organization and associated standards are in compliance. | | | | | | |
| Course Design | | | | | | |
| - The orientation has been submitted. | | | | | | |
| - Objectives provided in measurable terms. | | | | | | |
| - Learning model clearly defined (typically mastery based learning) | | | | | | |
| - LMS has capability to track time spent in course. (This is not mandating seat time.) | | | | | | |
| - Instructional strategies are appropriate for distance education delivery. | | | | | | |
| - Qualified individuals are involved in support of the learner and the course delivery. | | | | | | |
| Interactivity | | | | | | |
| - Interactivity is sufficiently implemented by learning strategies throughout the course. | | | | | | |
| Course Delivery | | | | | | |
| - Course(s) supported by qualified individuals. | | | | | | |
| - Instructors are sufficient and qualified to instructionally support the course. | | | | | | |
| - Written policies are provided for course instructors. | | | | | | |
| - Course is free from technical malfunctions (based upon the limited review.) | | | | | | |
| Equipment and Learning Environment | | | | | | |
| - Course(s) are in compliance with the Standards for equipment and learning environment. | | | | | | |
| Student Support Services | | | | | | |
| - School polices are available prior to student enrollment and comply with the Standards. | | | | | | |
| - Course meets the Standards for instructional AND technical support availability. | | | | | | |
| - Instructors are qualified to support the course and offer instruction. | | | | | | |
| - Instructors associated with the course(s) have earned the CDEI™ designation. | | | | | | |
| Evaluation and Assessment | | | | | | |
| - The evaluation tool has been submitted. | | | | | | |
| - Is the final exam proctored? | | | | | | |
| - Is the final exam be offered with a proctor? | | | | | | |
| Other observations, deficiencies, or review notes: | | | | | | |



| Notes to reviewer from provider: | | | | |
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Course Application

Not applicable

Course Specifics

| ur | se specifics |
|----|---|
| 1. | Name of Course(s): |
| 2. | Number of Clock Hours: |
| 3. | Name of course developer (primary provider): |
| 4. | Please provide course access for the reviewer assigned to your submission. If you are able to provide a student view and reviewer view, please note the access codes for each. This access must go through the portal/website your primary provider has set up for you. |
| | Note: If there are questions asked throughout the course to verify student identity, please provide the correct answers below. |
| 5. | How do you wish to classify the difficulty level of this course? (Check one) Note: any course labeled as intermediate or advanced should utilize higher level learning strategies appropriate for the sample audience. Advanced Intermediate Basic |
| 6. | Does this course require prerequisites? If so list all prerequisites: Yes |



Co

| urs | se Design |
|-----|---|
| 1. | How is the orientation provided to the student? Please upload the orientation specific to this course. |
| | Please provide a copy of or link to the course syllabi and/or manuals for this course. Syllabi and student manuals should contain the following items. By placing a check next to item below, verify each applicable item is located in the student manual or orientation area of the course. Instructor contact information Any broadcast schedules and any broadcast repeats Student material required, (such as software, specialized Internet providers, etc.) Testing information Grading information Distance site locations Library and resource information Deadlines Registration periods Fees and refunds ADA information Mailing procedures Technology support services available to students Completion and assignment time lines Prior learning assessment policies: i.e., pre tests/post tests Prerequisites |
| 3. | Please provide your course objectives in the space below, or reference where they can be found in the course. It you note them below, please indicate if they are the course objectives or individual module objectives. |
| 4. | After enrolling in this class, how long does a student have to complete it before he/she must begin again? How and where is this communicated to the student? |



| 5. | Please indicate what level of experience in the field related to the course: Beginner Some Experience Experience Professional Other – please explain |
|-----|---|
| 6. | Please indicate what level of educational experience is needed: High School Some College Undergraduate degree Post Graduate degree |
| 7. | Does your course require mandated seat time? Yes No |
| 8. | Does your course have time tracking functionality? Yes No |
| 9. | Interactivity is an important element in distance education. Please explain how interactivity is promoted in this course. Describe how any of the following strategies are utilized to achieve interaction in the course: |
| | Learner-to-content: |
| | Learner-to-instructor: |
| | Learner-to-learner: |
| 10. | In what ways does the administrative philosophy promote interactive course delivery strategies? |
| 11. | What sections of this course do you believe will require the most instructional support by an instructor? |



| Online By a live proctor By an online proctor That course evaluation format is used for this course to evaluate distance delivery? FORS ease list the instructor(s) that is/are supporting this course. |
|--|
| By a live proctor By an online proctor That course evaluation format is used for this course to evaluate distance delivery? FORS |
| By an online proctor That course evaluation format is used for this course to evaluate distance delivery? TORS |
| That course evaluation format is used for this course to evaluate distance delivery? FORS |
| <u>'ORS</u> |
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| case list the liistractor(s) that is are supporting this course. |
| |
| id the instructor have a role in the design of the course? Yes No |
| is required the instructor monitor student progress and have access to the LMS. Please indicate that you have ained your instructor and notified of the responsibilities. Please upload a copy of the manual you supply the structor for this purpose. Yes No |
| is required the instructor have taken the course. Please upload a certificate of completion, or the equivalent, ocumenting completion of this course. |
| as your instructor completed the Instructor Qualifications Form? Yes No |
| as the owner or instructor associated with the course been convicted of a felony or other criminal activity or ad disciplinary action taken against a professional license? Yes No If yes, please explain |
| |



| 7. | What methods will you employ to effectively monitor student progress? Monitor the course's LMS Monitor by phone or email Automated email messages during the course Other – please explain |
|-----|--|
| 8. | How often are the methods in Question 7 performed? |
| 9. | What communication tools are used to support the course and how are they used? Email Telephone Forums Other – please explain |
| 10. | Please let us know the number of instructional or administrative staff who will be involved in the distance delivery of this course? Full-time? Part-time? Responsibilities of administrative staff are: |
| 11. | Please list the name(s) of the instructors who will be teaching this course. Each Instructor for this course must complete the <i>Instructor's Qualification Form</i> . |

Summarize the strengths and weaknesses of your course. This should point out where the course is strong and where improvement is needed. If you are certifying multiple courses using this application, list the strengths and weaknesses for each course.

Strengths:

Weaknesses or areas needing improvement:



Distance Education Course Evaluation Form

This form can be used as a guide for creating your own evaluation form. Please note that ALL the items on this form will be considered at recertification. This evaluation form is meant to represent the minimum requirements for what needs to be on your organization's course evaluation form.

| Name: | | | | | |
|---|----------|---|---|---|------|
| Course: Completion Date: | | | | | |
| School: Delivery Me | ethod: _ | | | | |
| Instructor: | | | | | |
| Instructor: | low | | | | high |
| Demonstrated knowledge of course content | 1 | 2 | 3 | 4 | 5 |
| Encouraged feedback and questions | 1 | 2 | 3 | 4 | 5 |
| Responded to my questions quickly | 1 | 2 | 3 | 4 | 5 |
| Instructor's support of student | 1 | 2 | 3 | 4 | 5 |
| Instructor/student interaction | 1 | 2 | 3 | 4 | 5 |
| Content/Materials: | | | | | |
| Orientation was thorough and clear | 1 | 2 | 3 | 4 | 5 |
| Organization of content | 1 | 2 | 3 | 4 | 5 |
| Course objectives clearly stated | 1 | 2 | 3 | 4 | 5 |
| Content was what I expected | 1 | 2 | 3 | 4 | 5 |
| Value of resource materials | 1 | 2 | 3 | 4 | 5 |
| Delivery Method: | | | | | |
| Satisfied with my learning experience | 1 | 2 | 3 | 4 | 5 |
| Course provided interactivity with instructor | 1 | 2 | 3 | 4 | 5 |
| Course provided interactivity with other students | 1 | 2 | 3 | 4 | 5 |
| Program met my needs | 1 | 2 | 3 | 4 | 5 |
| Degree of problems with self paced instruction | 1 | 2 | 3 | 4 | 5 |

How was the orientation session accomplished?

If this was a pre or post license course, were you given either state exam information or original licensing information in the orientation session?

Who answered your questions regarding course content?

Were they able to sufficiently help you? If not, please explain.

What suggestions do you have to improve this program?