



Distance Education Certification Program

Secondary Provider Application for Recertification

This application is required for secondary providers seeking recertification for a course that is currently 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, go to arello.org and click on the CMS Login, or follow this [ARELLO® CMS](#). Choose your organization’s name from the drop down list and enter your password. This will log you in to the course management system (CMS). If you forget your password you can have it emailed to the designee on file with ARELLO®. If your organization’s name does not appear in the list, contact ARELLO® at 312-300-4800 to setup an account or email info@arello.org. Once logged in to the CMS, click “New Submission” and follow the directions through the course submission wizard. When using the CMS to submit a course you will also have the opportunity to pay the fees via credit card or check. The CMS will provide you with directions on where and how to send the course materials and check. Your application will not be fully processed unless application fees are paid in full and all applicable documentation has been received.
- Prior to using the CMS for the first time, providers need to read the “CMS Read Me” file located on the login page of the CMS. This will provide an overview of how the CMS will be used to process courses.
- Applications must be completed and submitted electronically via the ARELLO® online 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 through 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.

Course Application

Course 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. Total number of students the provider has enrolled in this course during the past three years:

Course Design

1. Has anything about this course changed since you received certification?
2. What is the overall percentage of students who completed the course(s).
3. What was the average length of time between the time a student enrolled in the course and the time the student officially completed the course?
4. Please provide documentation that confirms the course has taken students the appropriate amount of time to complete. This documentation should be a report generated from your LMS.
5. Please provide the number of instructional staff who was involved in the delivery of this course?
6. How many students were assigned to an instructor at any given time?
7. The course should be evaluated by the students. Please attach the evaluations, either all or a tabulation, for each question of your evaluation. Please provide this for each course submitted on this application.
8. Who conducted the tabulation of the course evaluations? What is their relationship to your organization and what are their qualifications for this function?

9. Has the monitoring of student progress changed in any way? If so, please explain.

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 Method: _____

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

<u>Content/Materials:</u>					
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

<u>Delivery Method:</u>					
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?