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## Application Package for NAAC Continuing Education Credits

Thank you for your interest in providing NAAC® Approved Continuing Education Credits to your conference/workshop participants. Submit one completed application package per offering via fax, e-mail or regular mail (see above for contact information) at least 30 days in advance of your event. Include Course Outline or Registration Brochure and handouts/student materials with your application.

Criteria for Approval: Only content applicable to ambulance billing and coding is eligible for NAAC CEUs. A list of subject areas can be found on the application. NAAC reserves the right to deny approval of any application. Should an application be denied, correspondence addressing the reason for the denial will be provided along with an opportunity for re-evaluation of the application. Deadlines for re-evaluation will depend on date of event and processing time.

NAAC™ Certification: One CEU is awarded for each clock hour of instruction whether in the classroom, via web-based training or webinar/audio conference. Each approved offering will be awarded a unique NAAC CE course identifier which participants can use for tracking their continuing education in the NAAC system. A PDF of the Certificate of Completion, which includes all appropriate NAAC information, will be provided. Each participant must receive a copy of this certificate upon completion of the course. Substitutes for this certificate are prohibited.

Approved Advertising/Signage: Upon approval of an application, the following statement must be included in all brochures, event signage and other advertisements pertaining to the offering(s):

***“This course has been approved by the National Academy of Ambulance Coding (NAAC®) for \_\_\_ continuing education units.”***

NAAC will also allow use of the “NAAC CEU Approved” logo for promotional purposes as well as “NAAC Approved” or “CAC Approved” in the title, headline or body of an approved event’s marketing materials. The logo may be used in any promotional materials for the training, but the logo must be used “as is,” and must not be modified without prior NAAC approval. It is permissible to resize the logo as necessary to fit your publication needs.

Upon Completion of Your Event, you must submit an electronic version of your attendee list, in Excel® or comma delimited text format, which includes name, address, phone number and e-mail, to NAAC at [customerservices@ambulancecoding.com](mailto:customerservices@ambulancecoding.com).

*All approved courses will be included on the NAAC web site with a link to your registration site (if provided), and will be marketed to a nationwide audience of ambulance billing and coding professionals seeking programs offering NAAC CEUs.*

**If you have Adobe Acrobat™, you may complete this form on your computer, save it as a document, and e-mail it to Customer Service at [customerservices@ambulancecoding.com](mailto:customerservices@ambulancecoding.com). If you only have Acrobat Reader™, you may complete the form on your computer, print it and fax or mail it to us at the address or fax number listed above.**

NAAC® CEU Approval Application  
**Cover Sheet**

*If applying for a multi-course event, please complete the Cover Sheet once and the Course Information Form for each individual course within the event. (Please note that repetitious information is not required, e.g., one common presenter for three classes – only one CV required.)*

Please check one:  Original Application \_\_\_\_\_  
(Date of Application)

Re-evaluation Request \_\_\_\_\_  
(Original Denial Date)

Please check one:  Seminar/Workshop/Conference     Web-based Training  
 Webinar/Audio Conference

Submitting Organization Contact Information:

Organization Name: \_\_\_\_\_

Mailing Address (address, city, state, zip): \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Web Site: \_\_\_\_\_

Contact Person for this Event:

Name & title: \_\_\_\_\_

Mailing Address (address, city, state, zip): \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Event Details:

Event Name: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_

Location: \_\_\_\_\_ City & State: \_\_\_\_\_

**NAAC CEU Approval Application  
Cover Sheet, Page 2**

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**NAAC CE Accreditation Application Fee:** (Per individual course/session)

Original application	\$25 per 1 hour
Re-evaluation of denied application	\$10 per 1 hour
Expedited Review Fee** (< 29 days prior to event)	\$100 per event

\*\* Applications received less than 15 days prior to scheduled program cannot be guaranteed to be reviewed for approval, in which case current fees will be refunded.

**Payment Information:**

Company check or money order enclosed payable to NAAC (no cash)

Visa

MasterCard

American Express

Credit card number: \_\_\_\_\_

Expiration date: \_\_\_\_/\_\_\_\_ (mm/yy) Approved Amount \$\_\_\_\_\_

Please sign the following where provided: ***"I certify that the above statements are true, realizing any false statements may be cause for denial/revocation of CEU credit."***

Name and title: \_\_\_\_\_  
*(If completing form electronically, please type name and title)*

Date: \_\_\_\_\_

**NAAC® CEU Approval Application**  
**Course Information Form**

**Title of Course** (as it will appear in all marketing Materials): \_\_\_\_\_

\_\_\_\_\_

**Total CEU instruction hours requested for this course:** \_\_\_\_\_

**Presenter Name(s) and title(s), including credentials (please attach a copy of each presenter's CV or resume):**

\_\_\_\_\_

\_\_\_\_\_

**Subject Area (check all that apply):**

- |   |   |
|---|---|
| <input type="checkbox"/> HCPCS Coding                               | <input type="checkbox"/> Anatomy, Physiology, Medical Terminology |
| <input type="checkbox"/> Patient Care Documentation                 | <input type="checkbox"/> Ambulance Billing Procedures             |
| <input type="checkbox"/> Appeal Procedures                          | <input type="checkbox"/> Claim Preparation or Processing          |
| <input type="checkbox"/> HIPAA (Privacy, Security, Confidentiality) | <input type="checkbox"/> ICD-9 (10)/Condition Coding              |
| <input type="checkbox"/> Claim Reviews and Auditing                 | <input type="checkbox"/> Medicare Regulations                     |
| <input type="checkbox"/> Other (specify) _____                      |   |

**Brief course description:**

**List three (3) learning objectives for this presentation** (e.g., Upon completion of this course, participants will...:)

**Web-based Training** (complete only if you are providing this course via web-based training):

- a) If self-paced, how long does the student have to complete the course once they begin? \_\_\_\_\_
  - b) If self-paced, what is the expected average time frame for completion of the course? \_\_\_\_\_
  - c) Do you offer a scored post test, with user-printable certificate which includes their score?  Yes  No
  - d) What is the date that the program will be available: \_\_\_\_\_
  - e) What is the web address of the program: \_\_\_\_\_
  - f) Please provide a non-expiring Login/User Name for NAAC's use: \_\_\_\_\_
  - g) Please provide a non-expiring Password for NAAC's use: \_\_\_\_\_
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**Webinar/Audio Conference** (complete only if you are providing this course via webinar/audio conference):

- a) When will the course be offered? \_\_\_\_\_
- b) How will the participants access the event? \_\_\_\_\_
- c) Is there a forum for Q & A following the presentation?  Yes  No
- d) How do participants gain access to handouts? \_\_\_\_\_