

DHI Continuing Education Provider Application



PROVIDER TERMS OF AGREEMENT

This agreement is between DHI and _____ (“CE Provider organization’s name”) regarding the Provider’s participation in the DHI Continuing Education Provider Program. This agreement goes into effect when signed by the provider and approved by DHI. In submitting this CE Provider Program application, our organization fully understands that it is an application only and does not guarantee CE Provider status.

The Provider agrees to the following:

- The DHI CE Provider Program has been established for organizations that provide recertification continuing education points.
- Complete the DHI Continuing Education Provider Program Application and submit to DHI with the applicable fee.
- The educational activity must be intended as professional education for DHI certificants.
 - a. Providers are advised to take care that the programs for which recognition is being sought are relevant to the continued learning needs of DHI certificants. Refunds will not be given if the programs submitted by the organization do not meet the learning needs of certificants.
 - b. The subject matter and learning objectives of the educational offerings **must** relate to the competencies, as defined for each of DHI’s certifications.
- Education Providers are required to distribute certificates of completion that show the number of DHI CEPs recognized, name of the attendee, name of the event/education, date of the program, and program coordinator and/or signature.
- The Provider must provide a participant evaluation process and solicit feedback to ensure continuous improvement in program content and quality.

The Provider understands:

- DHI reserves the right to revoke a CE Provider’s approval status if the provider is in violation of one or more of the terms of agreement.
- If a provider’s status is revoked, it is not eligible to submit a CE Provider application for 12 months following notice of revocation of approval status. A provider may appeal the revocation of an education program or the ability to claim provider status to DHI.
- If a provider’s status is revoked, it must immediately remove the DHI CE Provider logo from all education offerings and cease using it on any marketing materials, certificates of attendance, or letters of participation. If the provider is an annual provider, its listing will be removed from the Directory of CE Providers.
- It is expected that all providers conduct their business and operations in a legal, ethical, and professional manner. DHI reserves the right to revoke a provider’s status should it determine that a provider has violated any of these principles, without refund of annual fee.

I understand and agree to follow the terms of use of the DHI Continuing Education Provider Program.

First and Last Name (please PRINT): _____

Title: _____

Organization: _____

Signature: _____

Date: _____

Please complete all the information requested below. Incomplete information will delay the processing of your application. If additional space is needed, please submit the documentation on a separate sheet. E-mail completed application to certification@dhi.org.

CONTACT INFORMATION

Application Type: Annual Provider One-Time Activity Rush Fee (for sessions being offered less than 8 wks from date)
 Renewing as an Annual CEP Provider

Primary Name:

Organization Name:

Address:

Phone:

E-mail:

Website:

Approximately how many different door security and safety professional related continuing education offerings do you anticipate conducting during the upcoming calendar year?

Number of programs _____

PROGRAM INFORMATION

Program Title:

Session Topic and Content:

Date of Session(s):

Brief course description (50 words or more):

Learning Objectives:

State at least three clearly relevant learning objectives or industry-related purposes for the program (i.e., At the end of the program, the learner will be able to...".

1.

2.

3.

Course Delivery Method:

Seminar or conference

Webinar (live or archived)

Chapter meeting (educational portion only)

Web-based and other self-study courses

Higher-level academic courses

Session duration: _____

Minimum length is 30 minutes. Time for meals, breaks, social and networking gatherings, planning sessions, business meetings, and similar activities are not included.

Number of points expected to be awarded: _____

(DHI reserves the right to revise this number.)

PAYMENT INFORMATION

Credit Card Number: _____

Expiration Date: _____

CVV: _____

Postal Code: _____

Payments by Check need to be submitted to the DHI Office

DHI

2001 K Street NW, 3rd Floor North

Washington, DC 20006

CHECKLIST

Below please find a checklist to make sure you have completed and are submitting all that is requested to apply to the DHI Continuing Education Provider Application

Your completed application and all required documents must be included for review. This should include:

- Signed Provider Terms of Agreement
- Completed DHI Continuing Education Provider Application
- Attached program educational materials (e.g., agenda, PowerPoint presentations, bios of speakers, copy of certificate of attendance, etc.)
- Payment

If you have any questions, please contact the DHI Certification Team at 202-367-1134 or certification@dhi.org



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