**ACE cosponsor agreement**

**between two non-ACE providers**

**AGREEMENT** made the \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 20\_\_,

**between**

CE provider submitting the application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**and**

Cosponsor organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Description of cosponsored activity**

|  |  |  |
| --- | --- | --- |
| **Compliance with ACE standards for continuing education activities** | **Cosponsor initials** | **CE provider submitting application initials** |
| **Cosponsor** agrees to follow ACE standards in all aspects of course development, monitoring, and evaluation. |  |  |
| **CE provider’s** social work consultant is involved in all phases of program development, monitoring, and evaluation. |  |  |
| **CE provider** submitting the application agrees to oversee all administrative processes and procedures and ensure adherence to ACE standards and requirements. |  |  |
| **CE provider submitting the application and cosponsor** agree that CE programs must meet all ACE standards. |  |  |
| **CE provider submitting the application and cosponsor** agree to adhere to ethical business practices. |  |  |
| **CE provider submitting the application and cosponsor** agree to include the ACE course approval information\* in promotional materials and certificates of completion. The CE provider submitting the application to ACE agrees to provide appropriate information and oversight regarding use of ACE approval information and jurisdictional acceptance of ACE approval to cosponsor. |  |  |
| **CE provider submitting the course and cosponsor** agree that ACE identifying information and recognition numbers\* may only be used for courses for which a written cosponsor agreement and appropriate oversight by the CE provider are in place and only for specific courses that have been approved for ACE credit as a cosponsored course by ASWB ACE and have an ASWB ACE course ID number and course approval dates assigned. |  |  |

**\*Sample ACE course approval statement** (Conference session approval statements may differ slightly.**)**

[Course name], [course number], is approved by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program to be offered by [provider name] as an individual course. Individual courses, not providers, are approved at the course level. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. ACE course approval period: [dates]. Social workers completing this course receive [number] [type] continuing education credits.

**Financial agreement**

**Indicate who is responsible for each item below. When the cosponsor is responsible, the CE provider must provide a description of the oversight monitoring activities and timeframe.**

|  |  |  |
| --- | --- | --- |
| **Continuing education administration** | **cosponsor** | **CE provider** |
| Registration |  |  |
| Determining CE credit for ASWB ACE application purposes |  |  |
| Certificate of credit/course completion |  |  |
| Grievance policy |  |  |
| Requests for accommodations for disability |  |  |
| CE provider’s description of administrative oversight for cosponsor items indicated above: | | |

|  |  |  |
| --- | --- | --- |
| **Promotional material** | **cosponsor** | **CE provider** |
| Websites advertising courses, events, and programs to the public |  |  |
| Printed materials advertising courses, events, and programs to the public |  |  |
| Electronic communication advertising courses, events, and programs to the public |  |  |
| CE provider’s description of promotional material oversight for cosponsor items indicated above: | | |

|  |  |  |
| --- | --- | --- |
| **Instruction/content development** | **cosponsor** | **CE provider** |
| Course development (content and materials) |  |  |
| Bibliography and references |  |  |
| Selection of instructor/ presenter/author |  |  |
| Verification of instructor/presenter/author credentials |  |  |
| Identification of course level (beginner, intermediate, advanced) |  |  |
| Required topics |  |  |
| Educational objectives |  |  |
| Intended audience |  |  |
| Outline/agenda |  |  |
| Distance learning requirements |  |  |
| CE hours offered |  |  |
| Evaluation |  |  |
| Evaluation summary and analysis |  |  |
| Course assignments |  |  |
| Posttests (if applicable) |  |  |
| CE provider’s description of instruction/content development oversight for cosponsor items indicated above: | | |

|  |  |  |
| --- | --- | --- |
| **Record keeping – Collection, maintenance, and retention for at least seven years** | **cosponsor** | **CE provider** |
| Personnel records |  |  |
| Participant records |  |  |
| Documentation of complaints or grievances |  |  |
| Requests for accessibility accommodations |  |  |
| CE provider’s description of record keeping oversight for cosponsor items indicated above: | | |

|  |  |  |
| --- | --- | --- |
| **Security, identity, and attendance verification** | **cosponsor** | **CE provider** |
| Security measures to protect course participants’ personal information |  |  |
| Identity verification |  |  |
| Attendance documentation (sign-in, sign-out records) |  |  |
| CE provider’s description of security, identity, and attendance oversight for cosponsor items indicated above: | | |

**CE provider submitting the application and cosponsor acknowledge by signature of the designated authority below that they have read, understand, and agree to all terms and conditions of the ACE cosponsor agreement.**

**CE provider**

CE director signature \_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Printed name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cosponsor**

Manager/CE director signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_