

PROFESSIONAL EXPERIENCE CREDIT FOR CERTIFICATE COURSES

If you have successfully completed an ACPE-approved certificate program and wish to have it count in lieu of one clerkship, complete (and attach) the following information. If the course was a **KU-sponsored certificate** program, you need only complete questions 1-6 –attachments other than the certificate are NOT necessary.

Your request will not be considered if this information is omitted or incomplete.

1. **Attach a copy of your certificate!!**
2. Your name: _____
3. Title of the program: _____
4. ACPE-provider of the program: _____
5. Location : _____ Date(s) attended: _____
6. Total number of CE hours obtained: _____
7. Briefly list course textbooks, resources, and reference material used in the course:

8. Circle what instructional method(s) was (were) used to assure that you could apply the course material?
Case studies
Patient simulations
Documented patient interaction at your practice site
In-class practice of specific techniques
Other (please explain): _____
9. After you completed the course, how did you apply your gained competencies in your practice? (Use the back, if necessary.)

Required Attachments

Attach the following documentation:

- Copy of the program brochure. This **must** include course objectives, faculty, and requirements for successful completion
- Copy of statement of continuing education
- Copy of course Certificate of Achievement or Certificate of Completion (#1 above)