

ABMDI COURSE ACCREDITATION PROCEDURES AND GUIDELINES

The ABMDI is providing guidelines to be used in evaluating proposed training. The Guidelines shall be updated as necessary and approved by the Board at their annual meeting(s).

The following guidelines are used to evaluate proposed training:

1. Any course approved for continuing education credit by one of the following groups or agents will be accepted including any Internet course and/or any telecourse that is interactive in its design or has a local facilitator: **American Medical Association, Category I; American Bar Association; American Nursing Association; Emergency Medical Services; Peace Officer Standards and Training; Pennsylvania coroners Association; and National Board of Certified Counselors.**
2. Any course offered by an education institution that has been accredited by one of the National Accrediting Educational Associations, e.g. **Southern Association of Colleges and Schools, North Central Association of Colleges and Schools**, etc.
3. Any programs not included in 1 or 2 above must be reviewed by the ABMDI using the attached Request for Course Accreditation Form in order to be considered for approval.
 - a. Requests must be submitted at least 60 days prior to the program date, to allow time for review and notification.
 - b. The ABMDI will review the materials submitted with the Request for Course Accreditation Form and will determine whether the course meets ABMDI standards for accreditation.
4. All courses claimed for CEU must receive approval **prior** to instruction.
5. A course accreditation number will be issued for approved courses.
6. Re-accreditation of previously approved courses requires only the Request for Course Accreditation Form (without attachments) including a statement on the Form that there have been no significant changes to the content of the course.
7. Curriculum changes will require new accreditation/review.
8. There will be a \$50 fee for courses not approved by #1 or #2.

REQUEST FOR COURSE ACCREDITATION BY THE ABMDI

() Original Accreditation

() Re-Accreditation

Date request received by ABMDI: _____

1. Requested by (Department or Agency): _____

2. Mailing Address: _____

Street or P. O. Box

City

State

Zip

3. Contact Person: _____

Telephone Number: _____ Fax: _____

E-mail: _____

Web Page: _____

4. Total Course Hours Requested: _____

5. Course Title: _____

6. Course Brochure must be attached. (date received: _____)

7. Provide documentation showing hours granted by the following:

AMA (date received: _____)

ANA (date received: _____)

EMS (date received: _____)

POST (date received: _____)

NBCC (date received: _____)

Educational accrediting agency: _____ (date received: _____)

8. For original accreditation, the following documents must be attached to this form and labeled appropriately:

Attachment 1 Curriculum vitae of all instructors (date received: _____)

Attachment 2 Copy of course materials/outlines (date received: _____)

Attachment 3 Copy of course schedule including

actual hour(s) of instruction (date received: _____)

Total Hours Approved _____

Course #: _____

Accreditation Expires: _____

Hours must apply specifically toward: Interacting with Federal, State and Local agencies; Communication; Interacting with families; Death Investigation; Identifying and preserving evidence; Maintaining ethical and legal responsibilities; Scientific and medical knowledge; Coping with job related stress.

Disapproved: _____ Explanation: _____