

**APPLICATION FOR ACCREDITATION AS A SPONSORING
ORGANIZATION OF CONTINUING EDUCATION PROGRAMS**

1. Name and address of Sponsoring Organization:

- a. Organization Name: _____
- b. Address: _____
- c. City: _____
- d. State: _____
- Zip Code: _____
- e. Telephone: _____
- f. Email: _____

2. Contact Information:

- a. Name of Contact Person: _____
- b. Title: _____
- c. Telephone: _____
- d. Email: _____

3. Sponsoring Organization Information:

- a. How long has this Organization been providing planning and zoning related Continuing Education (CE) programs?

- b. In what other States have you been approved or active, if any?

- c. Approximately how many CE programs or activities do you conduct annually? Include approximate number of credit hours.

4. Attachments:

- a. Provide course outlines or brochures describing the content, identifying and showing the professional qualifications of the instructors, listing the times devoted to substantive topics and showing the dates and locations of the last two CE programs which you sponsored. Prior conference brochures identifying the above information will suffice.
- b. If typically teach specific course topics rather than general broad range conferences, please submit copies of the materials distributed to attendees at the last two CE programs.

- c. Provide at least one example of an evaluation form used in the last two years, or prepare a generic evaluation form that you propose to use for review by the SCPEAC. Each program must be evaluated.

5. Method of Advertisement:

- a. Describe the ways in which you intend to let potential attendees know about these program offerings.

6. Certification. By submitting this application, the Sponsoring Organization agrees to:

- a. Allow in-person observation, without charge, of all CE activities by the SCPEAC Committee members. Any food, travel or lodging costs will be the responsibility of the Committee member(s).
- b. The Sponsoring Organization acknowledges that its “approved sponsor” status may be withdrawn for violations of the regulations or failure to comply with the agreements and representations contained herein and as may be required by the SCPEAC.

i. Sponsoring Organization: _____

ii. Name of Representative: _____

iii. Title: _____

iv. Phone: _____

v. Email: _____

vi. Signature: _____

vii. Date: _____

Application and all Materials may be submitted in one of the following means:

1. Electronic submission to each of the committee members listed below via email; or
2. Hardcopy via U. S. Mail, 1 copy each to each committee member; or
3. Electronic submission of the application via email to all committee members, and submit hardcopy supporting materials via U.S. Mail to each member, if materials not available electronically.
4. Please cc all applications to the Chairman's assistant, Krista Wiedmeyer at kristaw@hiltonheadislandsc.gov

To access committee members email and postal addresses visit the link below:

<http://www.scstatehouse.gov/scpeac/members.htm>

NOTICE OF DECISION

7. The following action has been taken by the SCPEAC on this application:

- ☐ ACCREDITED as a Sponsoring Organization
- ☐ DENIED ACCREDITATION as a Sponsoring Organization
- ☐ RETURNED for more information

i. Reason: _____

8. If accredited:

a. Date of accreditation: _____

b. Certification is valid until: _____

Signature of SCPEAC Representative: _____

**For further information, contact Mr. Stephen Riley, Chairman,
843-341-4701 or steve@hiltonheadislandsc.gov**