

# CCE Program Approval Application

The ICF CCE Program Application review normally takes 4 weeks. In order to properly publicize your event, we suggest that you submit the application at least 90 days in advance.

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Before starting the application, please review the following tips:

- Applications must be completed in one sitting as applicants are not able to start the application and continue completing it at a later time.
  - Use one of the following compatible Internet browsers to avoid issues with submitting your information: Google Chrome, Mozilla Firefox, Safari.
  - **If you are delivering training that only qualifies as Resource Development CCE you are not eligible for the CCE Program Approval Process. Please [CLICK HERE](#) for more information.**
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May NOT be used to apply.

# Organization Information

Please provide the following information for the organization seeking approval.

**Name of Organization:** \*

**Mailing address:** \*

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

**Website:** \*

**Phone Number (Please include the country code/area code):** \*

## Organization Description

Please provide a brief description of the organization that is delivering the program. Keep in mind this information will be used for ICF review, and will also be posted to the Training Program Search Service for prospective students to find out information regarding your program.

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## Contact Information

Please provide contact information for the ICF application contact. This person, and only this person, will be contacted by the ICF regarding the application process. This person agrees to ensure that the training organization adheres to all CCE Approved Program provider criteria, ICF Program Accreditation Code of Conduct, and the ICF Code of Ethics.

**First Name, Last Name: \***

First Name

Last Name

**Contact email address: \***

**Who made payment (individual ICF Profile): \***

**What email address did you use when you purchased the application? \***

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# Program Description and Details

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Name of Program: \*

## Program Description

Please provide a detailed description of your program. Keep in mind this information will be used for ICF review, and will be posted to the Training Program Search Service for prospective students to find out information regarding your program.

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**Program Delivery Method: Please indicate how your training program is delivered: \***

- In-Person: None of the program may be completed as distance learning
- All of the program may be completed as distance learning
- Part of the program may be completed as distance learning

**Program Hours Delivery Method: Please indicate how your program hours are delivered. You may choose one of the following options: \***

- Synchronous Learning (SL): Refers to a learning environment allowing synchronous (real-time) interactions between faculty and students.
- Asynchronous Learning (AL): Refers to a learning environment outside of real-time interaction between faculty and students.
- Blended Learning (BL): Refers to a learning environment in which training is delivered through a combination of both Synchronous Learning and Asynchronous Learning.

**Program Language: Please indicate in what language(s) your program is delivered: \***

- Afrikaans
- Arabic
- Catalan
- Chinese
- Croatian
- Czech
- Danish
- Dutch
- English

Hold down CTRL to select multiple

**Target Audience: Please indicate the target audience for your training program: \***

**Attendance: Please indicate how you monitor student attendance: \***

**Learning Objectives: Please indicate what students will learn from your program: \***

**What coaching specialties are present within this program? \***

- ADD/ADHD
- Business/Organizations
- Career/Transition
- Coaching other Coaches

You may select up to seven (7) options.

**Program Requirements: Please indicate what requirements students must meet in order to receive a certificate of completion: \***

**Program Dates: Please indicate the date(s) in which the training will be delivered: \***

If the program is approved, this information will be used on the Training Program Search Service

**Optional: Please list pricing information for this program:**

If the program is approved, this information will be used on the Training Program Search Service

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# Detailed Program Schedule

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Please ensure the program schedule contains the following: Number of hours, instructional time, instructor(s), description, and CCE category (Core Competency or Resource Development).

A sample detailed program schedule is available for you to download below. Using this form will make the program review process easier and more efficient.

**Please upload your detailed program schedule: \***

No file chosen

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## Instructional Time

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**Please document the total number of hours for this program: \***

	Core Competency	Resource Development
Number of Synchronous Hours	<input type="text"/>	<input type="text"/>
Number of Asynchronous Hours	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>

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# Program Instructor Information

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Please upload a document with the following information for each instructor delivering the program: Coaching credentials and experience, educational background, and training experience. \*

Upload a File

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# Program Materials

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Please supply program materials that provide a description of the curriculum to clearly demonstrate the content and method of delivery. Please submit at least one of the following:

- Course Materials: Student or instructors manual, handouts, PowerPoints, or any other materials for your program.
- Promotional Materials: Fliers, brochures, or any other marketing pieces for your program.

**Please upload any program materials: \***

Upload a File

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# Blended Learning

You have indicated that your program is being delivered via Blended Learning; which is a learning environment in which training is delivered through a combination of both Synchronous Learning and Asynchronous Learning. For more information refer to the ICF Blended Learning Requirements.

**Is Asynchronous Learning pertaining to the ICF Core Competencies incorporated within the course content?**

- Yes
- No

**How will participation for the recorded content be verified? \***

**How will this content be delivered? (e.g. learning management system, YouTube, MP3, etc.) \***

**Access to or an example of how the content is being delivered must be provided for ICF Staff to review. Please provide any pertinent information, such as passwords or private links, in the field below.**

**If you have materials that may be uploaded (video or recording) please provide those materials in the "Choose File" field below:**

No file chosen

**How will the instructor verify demonstration of learning? \***

- Triad/Fishbowl (practice with instructor)
- Testing
- Journaling/Paper
-

Please briefly describe this demonstration of learning: \*

Please upload any sample documents for this demonstration of learning:

Upload a File

Please upload any additional sample documents for this demonstration of learning:

Choose File No file chosen

Please upload any additional sample documents for this demonstration of learning:

Choose File No file chosen

Please provide any additional information on the Blended Learning Portion of your program below:

Please upload any additional materials for the Blended Learning portion of your program:

Choose File No file chosen

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# Statements of Agreement, Compliance and Limitations

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We acknowledge that we agree to the following:

We agree to defend, indemnify and hold harmless the ICF in the event of any claim made against the ICF related to the possible approval/accreditation of our program.

We represent or attest that the program is and will be taught in alignment with the ICF Definition of Coaching, Code of Ethics, Core Competencies and the Code of Conduct.

We represent or attest that the program will generate and maintain documented student records, including evaluations of each student's progress and attendance/participation for each individual training course.

We agree to abide by the decision/recommendations of the ICF.

We agree that the ICF and its appropriate committees or members have our permission to audit and or validate the accuracy of any and/or all information provided in the application process.

We agree that when an ICF staff member or a reviewer determines that there is insufficient documentation to make a final decision on the application, the Program will collect and submit additional documentation.

We agree to notify the ICF of all changes to the program including but not limited to:

- New Ownership or new organizational partner
- New contact person or contact information
- New training location or new delivery method
- New program name
- New class added or a class removed (no need to notify ICF about minor changes to class curriculum)
- New Certificate
- New Director of Training (ACTP Only)
- Major change to the exam process (ACTP only)

We agree that the ICF has the right to audit our training program at any time to ensure continued compliance with ICF ACTP, ACSTH and CCE requirements.

We agree to cooperate with audits of conformance to all ICF ACTP, ACSTH and CCE requirements, including a review of files, classes, faculty, student records and interviews with students and staff by an authorized ICF auditor.

We agree that all audit costs incurred by the ICF will be reimbursed to the ICF by the training provider.

We agree to honor the rules and regulations of the ICF approval/accreditation process. We further agree that the ICF has sole discretion to issue, amend or revoke the rules and regulations governing such approval/accreditation. We agree to abide by any decision of the ICF regarding the matters of approval/accreditation, including changes in regulations, and the revocation of credentials, approvals, or accreditation.

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We understand and agree that the application fees for ACTP, ACSTH and CCE are review fees and do not guarantee program approval.

We understand that all fees for ACTP, ACSTH and CCE are non-refundable.

ICF retains the right to increase fees without prior notice.

We acknowledge that the approval or accreditation of this program if granted will apply only to the program listed in this application. It will not apply to any other program operated by the organization.

Furthermore, we acknowledge that the approval or accreditation of this program, if granted, will apply only to the program operated by the owner(s) listed in this application. It will not apply to and cannot be used by any franchisee, licensee, or secondary distributor of any kind or by any program that does not use the existing infrastructure described in the application and administered directly by the program owner/s and/or Director of Training (ACTP). Any such programs are considered new programs and must file separate, independent applications for approval or accreditation.

All programs shall be in compliance with copyright laws of its home country and the countries within which it operates for the source and ownership of materials and training content used in your training program. If not uniquely developed by your agency, the agency must have authorization, i.e., licensing, etc. to use these materials/content.

Documentation should include the signed statement below regarding compliance with copyright laws and ownership. If the program is utilizing licensed content, upload a copy of the license agreement or statement from your licensor stating that you have a license to use the material.

\*

I agree to the above Program Accreditation Terms & Conditions

**Full Name \***

First Name

Last Name

**Date of agreement: \***

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# Application Submission and Review Process

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**Thank you for completing this application.** Please double-check prior to submission to ensure that your application is complete. Please also make sure that you have signed the terms on the previous page of this application. Click the submit button below to send your completed application to the ICF.

Following submission of your application you will receive an automated notice letting you know that the application has been submitted. Please know that applications are processed in the order in which they are received.

Submit

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