



Approved Educational Partner Program (AEPP) Application

The AEPP designation recognizes those programs that employ AAERT Certified trainers and have a track record of successfully preparing candidates to sit for AAERT certification exams.

NOTE: With this application, a non-refundable fee of \$150.00 must be submitted.

- Upon acceptance for a three (3) year approval as an Educational Partner, an additional \$150.00 will be invoiced by AAERT for the first-year Educational Partners Approval status.
- Organizations are required to pay an accreditation annual fee of \$300.00 per year to maintain their Educational Partners Approval status. Renewals of Approval status is every three (3) years.
- AAERT reserves the right to revoke any approval granted upon a determination that an institution has submitted false or incomplete information on an application form or submitted documents.

Along with this application, you must also submit the following:

For post-secondary or collegiate educational institute:

- Proof of valid license or certified at the post-secondary or collegiate level by the state in which it operates.

For private educational institute:

- Proof of valid business license by the city or state in which it operates.
- Proof of any valid business or training certifications in the field in which the proposed training courses rely.
- Proof of personal ownership or Articles of Incorporation.
- A list of certification training seminars organized including the focus of the training and the number of participants each year.

For all institutes:

- A program overview with a training agenda. A list of all program materials including textbooks, handouts, websites, and supplemental materials. Note: We may request copies, samples, or extracts of any or all training materials for review
- Submission of the total number of days the course will be offered each Quarter or Semester and the number of minutes of instruction per class.
- A login and password will be required by the AEPP Committee to access your online courses or modules for approval purposes.



Please complete the information below (the name listed below will be the primary contact for the program):

Organization: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: ____ Zip/Mail Code: _____

Country: _____ Phone Number: _____

First Name: _____ Last Name: _____

Title: _____

Email: _____

Website: _____

What other non-CER/CET related certification related training or services does your organization provide?

How many years has your organization provided training relevant to the certification? _____

Has your CER/CET related training program been offered to a group of participants at least two times? YES / NO

PAYMENT INFORMATION

Send completed application with all required documents, and enclose a check or complete the credit card information below for the \$150.00 non-refundable fee to aaert@aaert.org

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| Credit Card #: | Expiration Date: | Security Code: |
| Billing Address: | | |
| Name on Card: | Signature: | |