Will You Be Ready?

**New BOC Approved Provider Program Enhancements Announced for 2016**

In 2016, BOC Approved Providers will be required to meet a higher set of standards in order to offer continuing education (CE) programs to Athletic Trainers. The *Standards for BOC Approved Providers* were developed to encourage a more rigorous CE experience for Athletic Trainers and assure protection of the public.

The Standards govern administration, business practices, content, development and instruction, assessment, and review and evaluation. Approved Providers must be in compliance with the Standards when they go into effect January 1, 2016.

Organizations planning to participate as an Approved Provider in 2016 and beyond should take note of important changes relating to the new Standards and other program updates. These include the following:

- A renewal application will be required. The early bird application window will be open June 1-September 30, 2015, and offers a discounted 2016 renewal fee. The application will be available on the BOC website. The BOC will send email reminders with further details.
- Home study courses will no longer be individually approved by the BOC. Instead, BOC Approved Providers will apply for blanket approval of home study courses, as they do for live Category A programs.
- The current audit system will be dissolved. Instead, BOC Approved Providers will be required to complete an annual report.

*(Continued on Page 14)*
Dear BOC Approved Provider,

Here at the BOC, we are hard at work preparing for the rollout of the 2016 Standards for BOC Approved Providers. Because the Standards raise the bar for continuing education programs, we’re doing everything we can to help you prepare for these new requirements and maintain your status as a BOC Approved Provider.

So, what resources are available to you as you assure compliance with the new Standards? Fortunately, there are a lot!

As you may have seen in your email, we are currently offering a series of webinars dedicated to the individual topics covered within the Standards. An introductory webinar, offered on March 24th and now available online, provided an overview of the new Standards. The next 4 webinars explore each of the Standards, and the final webinar will show how to submit a successful BOC Approved Provider application.

The webinar schedule is as follows (presentations that have already occurred are accessible via the BOC website and archived on our YouTube channel):

- **March 24:** Looking Ahead: Compliance with the 2016 Standards for BOC Approved Providers (recording currently available online)
- **April 7:** Standards 1 & 2: Administration and Business Practices (recording currently available online)
- **April 21:** Standards 3 & 4: Content, Development and Instruction
- **May 5:** Standards 5 & 6: Assessment, Review and Evaluation
- **May 19:** Submitting a Successful BOC Approved Provider Application

In addition to the webinars, we have created a variety of resources and example materials for you to easily download and adapt for your own programs. These resources, which include everything from a speaker release form to tips on creating measurable learning objectives, are available on our website.

Finally, in this issue of AP Update, we are especially pleased to share tips from a fellow provider on how to offer BOC Approved Evidence Based Practice (EBP) Programs. Aaron Sciascia, MS, ATC, NASM-PES, has successfully guided several organizations through the EBP application process. We know you’ll find his insight and experience valuable.

As always, I want to thank you for being a BOC Approved Provider and for your dedication to the athletic training profession.

Jessica Roberts, MS Ed, ATC
Professional Development Coordinator
Tips from a BOC Approved Provider

A Strong EBP Application Begins with a Strong Clinical Question

Editor’s note: The following tips were provided by Athletic Trainer Aaron Sciascia, Aaron is Coordinator at Shoulder Center of Kentucky, a BOC Approved Provider of Evidence Based Practice Programs.

By Aaron Sciascia, MS, ATC, NASM-PES Coordinator, Shoulder Center of Kentucky

The Evidence Based Practice (EBP) requirements recently put forth by the BOC are innovative measures that are placing Athletic Trainers at the forefront of continued educational requirements. In a manner of speaking, EBP is meant to serve as a quality control measure where clinical practice methods can be critically reviewed in order to help clinicians be more efficient and effective in the care they deliver.

This is not to say that practicing clinicians should only utilize methods with literature support. There are a number of practice-based concepts that have allowed clinicians to have success in either evaluating or treating patients where little to no evidence exists supporting the concept. However, the ever-changing healthcare landscape has created a need to move forward beyond the “because we have always done it that way” mindset.

The traditional biomedical model of healthcare where expert opinion was the standard is being eclipsed by what is known as the biopsychosocial model, which considers the patient as the consumer, and quality care is defined as those methods which fall under evidence based medicine. Exposing more practicing Athletic Trainers to the evidence based medicine approach where patient values, clinician experience and the best available evidence can be integrated to reform clinical practice should have a positive impact on the care we as Athletic Trainers deliver to our patients. Having developed and received approval for a number of EBP sessions, there are a few tips we can offer regarding proposal creation.

Developing a well-established PICO question

The crux of the EBP proposal development lies with the clinical question. The Centre for Evidence Based Medicine advocates the use of the Patient/Problem, Intervention, Comparison, Outcome (PICO) method as a quality control measure where clinical practice methods can be critically reviewed in order to help clinicians be more efficient and effective in the care they deliver.

Exposing more practicing Athletic Trainers to the evidence based medicine approach where patient values, clinician experience and the best available evidence can be integrated to reform clinical practice should have a positive impact on the care we deliver to our patients.

The resultant search allowed the formation of a specific clinical question: “In patients undergoing isolated superior labral repair (I) were the rates of returning to pre-injury level of play (O) equal between overhead and non-overhead athletes (P)?”

Tip #1

Individually search each term before combining terms and creating distinct phrases.

Constructing the clinical question and searching the literature will take time. You will be required to search the terms individually and in combination, extract, read and review articles, and decide which articles should be retained. We suggest you allot at least 4-6 hours for this step; however, the time will vary based on your experience with conducting literature searches and reviewing manuscripts. Topics with relevance if there is no gap identified in the knowledge. Even the best constructed clinical questions can have little effect if the knowledge gap is not accurately identified.

Tip #2

Highlight the knowledge gap based on the literature and your clinical experience.

Even the best constructed clinical questions can have little relevance if there is no gap identified in the knowledge. The best constructed clinical questions can have little relevance if there is no gap identified in the knowledge. The best constructed clinical questions can have little relevance if there is no gap identified in the knowledge.

Continuing with the previous example, we did not know if overhead athletes return to pre-injured levels of activity following labral repair. After reading the literature related to return to pre-injured levels of play for overhead athletes following labral repair, there were 2 gaps identified. First, the return to play rate was variable where papers reported between 20-90% return. The concern is that the wide range of return to play rates does not supply practitioners with solid information to discuss with their patients prior to electing to undergo surgery. Additionally, overhead athlete and non-overhead were not consistently defined across all articles, so the return to play rates are article specific based on the definition used.

Second, all of the return to play rates reported came from follow-up questions directed to patients 2-10 years after surgery. The resultant search allowed the formation of a specific clinical question: “In patients undergoing isolated superior labral repair (I) were the rates of returning to pre-injury level of play (O) equal between overhead and non-overhead athletes (P)?”

Tip #3

Combining the search terms and creating distinct phrases.

We know from our clinical experience overhead athletes can return to sport after arthroscopic labral repair, but we did not know if the athletes return to pre-injured levels of activity. Using return to play for overhead athletes following arthroscopic labral repair as an example, the terms to search would include those found on the table on the next page.

<table>
<thead>
<tr>
<th>Patient or Problem</th>
<th>Intervention</th>
<th>Comparison</th>
<th>Outcome</th>
<th>Final PICO Combination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Athlete</td>
<td>SLAP</td>
<td>N/A</td>
<td>Return to Athlete and Overhead or Throwing</td>
<td></td>
</tr>
<tr>
<td>AND</td>
<td>OR</td>
<td></td>
<td>AND</td>
<td></td>
</tr>
<tr>
<td>Overhead</td>
<td>Superior Labrum Anterior Posterior</td>
<td>Play</td>
<td>AND</td>
<td>Rotator cuff or SLAP or Superior Labrum Anterior Posterior or Superior Labrum and Shoulder</td>
</tr>
<tr>
<td>OR</td>
<td>OR Superior Labrum</td>
<td>Competition</td>
<td>OR</td>
<td>Return to and Play or Competition or Activity or Sport or Pre-injury Levels or Preinjury Levels</td>
</tr>
<tr>
<td>Throwing</td>
<td>OR Superior Labrum AND Shoulder</td>
<td>OR</td>
<td>OR</td>
<td>Activity OR Sport OR Pre-injury Levels OR Preinjury Levels</td>
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<td></td>
<td>OR Superior Labrum AND Shoulder</td>
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treatment. This is a concern as well because return to pre-injured level of play was strictly based on the patient's opinion and no measure of pre-injured level of activity or physical function was obtained before injury occurred. These identified concerns now serve as justification for you to offer a clinical solution or recommendation later in the proposal to overcome the gap(s) and possibly enhance clinical practice.

Selecting the correct assessment based on learning objectives

The learning objectives should be purposefully developed and worded to accurately convey your goals for the individuals who will attend your EBP session. The wording of your learning objectives will actually dictate the manner in which you will assess learning. For example, if you utilize a learning objective where you intend for a participant to “recall” or “recognize” information, then you will likely distribute a quiz or test to adequately assess participant knowledge after you delivered your session. When utilizing a “test,” it is recommended that a pre-test be administered prior to the beginning of the session in order to determine if your audience is already knowledgeable on the topic. The post-session test results can then be compared to the pre-test results to determine if knowledge has improved following delivery of the material. We suggest electronic testing platforms for large venues (100 or more session participants) to reduce some of the administrative burden with grading and inputting test results. Other learning objective notations, such as the word “execute,” afford you the opportunity to have your participant show you a hands-on skill or other lab based activity which can be assessed via checklist or scoring rubric. This option also allows you to provide verbal feedback to your participants.

Tip #3

Utilize the tip sheet the BOC has developed to assist you in creating proper learning objectives and assessment methods.

Utilizing the evidence to provide clinical practice recommendations

This component of the proposal is the portion most practicing clinicians are paying to hear. The proposal reviewers will want to know that you connected the dots between the supporting literature (if any) and the clinical skill, technique, concept or approach you are discussing. It is not enough to utilize a current concepts or opinion article even from well-known authors as support.

Additionally, while you or your proposed faculty may have the accolades as experts within a topic or area, professional merit alone does not justify your proposed clinical recommendations. It is necessary to cite peer-reviewed literature to supplement your clinical experience no matter how well versed you or your faculty is with the material. Manuscripts categorized as having higher levels of evidence should be retained because they should have undergone more scientific rigor, thus providing more solid evidentiary support. However, a high level of evidence does not equate to sound article quality. This is where your skills at critically reviewing the literature become imperative to the EBP format. The session participants will be relying on you to provide them with the best references to support or refute a clinical method, which is a hallmark of evidence-based medicine. Remember, quality trumps quantity.

Tip #4

The use of critical appraisal checklists (STROBE, QUADAS, PEDro, etc.) can assist you in verifying if a manuscript is of greater or lesser quality.

Reach New Heights with the BOC’s Advertising Services

Take advantage of the everything the BOC has to offer you.

We have the largest and cleanest list of ATs in the United States and internationally. Whether you are a researcher, employer, educational provider, retail vendor or BOC Approved Provider, we will help you succeed. Leave the stress of marketing to us with these services:

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Why should you sponsor the BOC State Regulatory Conference in July?

Increase the visibility of your organization at this unique event in Omaha, Nebraska, which brings together state leaders in athletic training and Certified Athletic Trainers - and to all Athletic Trainers after the conference!

Your company will be represented in the following locations:

- The BOC website
- Pre-event marketing materials
- Event program
- Post-event highlights distributed by both the BOC and NATA

Let Athletic Trainers know you support their profession. Check out the sponsorship levels on the BOC website. We look forward to partnering with you!

Contact Mindy Lindquist, Sales and Marketing Manager, with questions at (877) 262-3926 ext. 119 or MindyL@bocatc.org.
In-Depth Look: An AT for an Auto Racing Pit Department

Gene Monahan is the Athletic Trainer for Hendrick Motorsports. His focus is on the Pit Department, where he works with the athletes involved with pitting race cars on race day.

Describe your setting:
My setting is newly created and designed with an athletic training facility in the same structure as the HMS Pit Department gymnasium, locker room and facilities. We have a fully staffed conditioning and strengthening department. Our team works together closely to have our athletes conditioned, prepared and cared for in terms of prevention, treatment and rehabilitation of injuries.

As mentioned, the athletic training facility is situated as a private office within the building of our newly designed and constructed weight room and conditioning facility. This also extends to an outdoor field facility for practice, conditioning and competitive exercise. We are fully equipped for our needs and supported via physician staffed personnel connected with Ortho Carolina medical services.

How long have you worked in this setting?
I retired from the New York Yankees as head Athletic Trainer in the fall of 2011 after 39 years. I also worked 10 years in the Yankee organization at the minor league level prior to beginning my tenure in New York in 1973 through 2011.

After retiring and moving to Mooresville, North Carolina, I was recruited by Hendrick Motorsports. I have always been a stock car racing enthusiast, fan and supporter. This was the main reason I retired to Mooresville. Through a close friend involved in racing, I became acquainted and interviewed with Hendrick Motorsports. They discussed a desire to provide quality care to their pit department athletes and to construct this department in a most professional manner. This developed a strong and meaningful relationship, perfect for everyone. I have been involved and serving in this capacity for 3 years.

Describe your typical day:
A typical day begins around 7:45am. Hendrick Motorsports houses 4 complete race car teams. In addition, there is an annual developmental class of recruits who join the organization. There is a total of approximately 65 men. The 48 car and the 88 car practice early in the morning; the 5 car and 24 car personnel, after that. They feature full pit practice and conditioning. These athletes are treated appropriately within the framework of their schedules, and the athletic training facility is usually cleared at about 1:15pm each day. On Sundays, the teams fly very early to the race site, and I return post-race and the teams are prepared for evaluation, treatment and conditioning early every Monday morning.

Racing at the Sprint Cup level, the highest level of stock car racing, begins with the Daytona 500 in mid-February. The season runs each week through early November with the final race of the 36-race points season in Homestead, Florida. They do not race on Easter and usually one or two other weekends only. It is a challenging season for all people in racing. But, it is loved by all!

What do you like about your position?
What I love about my position is simple. I love racing, always have, second only to professional baseball. This position works perfectly for me in retirement. Therefore, I do not actually feel retired at all. This is the perfect job for me at my age and stage, one I cherish and deem essential in maintaining my health, interest, drive and passions. Sharing interactions with the racing community in terms of my learning and appreciating all they do, as well as sharing my lifelong experiences in professional baseball with them, provides extremely rewarding times for all involved. And of course, race day is the ultimate each week – you actually witness the fruits of all the hard work these athletes endure.

What do you dislike about your position?
There is absolutely nothing I dislike about my new position, nor are there negatives of any kind. In retirement, as well as in all of life, if you are not enjoying what you are doing, that is unfortunate. Each day at this new venture in athletic training is interesting, enjoyable and rewarding.

What advice do you have about your practice setting for a young AT looking at this setting?
My advice to anyone interested in developing an athletic training career in the sport of auto racing is to first be certain you have a passion for the sport. As in any endeavor within our profession, there is a very high level of dedication to the racing world and community. You certainly must possess a passion and true internal love of this sport.

Once that is in place, start contacting people in all forms of racing, at all levels. There are many race teams, and many are now developing programs to enhance the efficiency of their personnel. It is extremely important that a young Athletic Trainer, or any dedicated Athletic Trainer, has a great ability to establish a sound and personable relationship with the conditioning personnel who serve crew members and those involved with racing in general. I have learned that athletic training at the racing level dictates that an Athletic Trainer has a sound and appreciable relationship with the strength and conditioning personnel. This only goes to show and prove, I’m constantly learning and developing, even in retirement.

Gene Monahan is the Athletic Trainer for Hendrick Motorsports. Pictured are, from left: Chad Knaus, Crew Chief for Jimmie Johnson; Jimmie Johnson, driver of the 48 car and winner of six Sprint Cup championships; Athletic Trainer Gene Monahan; and Rick Hendrick, owner of Hendrick Motorsports.
Featured BOC Approved Provider:
The Shoulder Center of Kentucky

It is critical that Athletic Trainers are able to identify BOC Approved Providers when looking at advertisements or program materials. The BOC recognizes BOC Approved Providers who follow the guidelines set forth in the BOC Approved Provider Guidebook. A BOC Approved Provider is featured in each issue of the AP Update. This issue’s featured BOC Approved Provider is the Shoulder Center of Kentucky.

As you can see in the materials below, the company adheres to the policies found in the BOC Approved Provider Guidebook. The BOC asked Aaron Sciascia, MS, ATC, NASM-PES, Coordinator of the Shoulder Center, to comment on the benefits of being a BOC Approved Provider. Here is what he had to say.

Why did you become a BOC Approved Provider?
Our group has always strived to merge clinical research and clinical practice methods. We felt the BOC Approved Provider designation would allow us to share the information derived from the integration of these 2 areas with our colleagues and peers in the athletic training profession.

What are the advantages of being a BOC Approved Provider?
In addition to being recognized as a qualified provider of education from the athletic training certifying body, being a BOC Approved Provider allows us to stay current with continuing education requirements and allows us to reach Certified Athletic Trainers across the country through the BOC’s advertising and marketing services.

New BOC Approved Providers
The BOC would like to welcome all new BOC Approved Providers since the Fall 2014 issue of the AP Update. We encourage you to contact the BOC office at any time with questions. We look forward to working with each of you.

Accelerated Conditioning and Learning (A.C.L.), LLC
Advocate Children’s Hospital
Athletes’ Training Center
Boudreaux Family Enterprises, LLC
Brigham and Women’s Hospital
Cardiovascular Institute of Philadelphia
Center for Joint Preservation
Central Atlantic Collegiate Conference (CACC) Athletic Trainers Society
Central California Sports Sciences Institute
Coldtub
Dance Medicine Academic Seminars
Fascial Distortion Model Seminars
Friends Schools League Athletic Trainers Committee
Gannon University
George Fox University
GRIP Approach - Global Rehabilitation & Injury Prevention Guardsians LLC
Healthy Brain Foundation
Houston Astros Minor League
Houston Northwest Medical Center
Illinois Park and Recreation Association
Institute of Clinical Excellence (ICE)
Iowa Chiropractic Society
Lebanon Valley College
Medical Education Resources (MER)
Mercy Hospital St. Louis
Midwest Orthopaedics at Rush
Midwest Rehabilitation Institute
Momentum Physical Therapy
Mosaic Life Care Medical Center
MovementLab Seminars
Novant Health Prince William Medical Center
ONS Foundation for Clinical Research and Education, Inc.
Orthopaedic Institute of Central Jersey
Orthopedic ONE
Pinnacle Health Systems
Providence Saint Joseph Medical Center
PT Management Support Systems LLC
Rehabilitation Options of Issaquah
Riverview Health
SAFE Sport Education, Inc.
San Diego Pain Summit
SASS, Inc.
Sheltering Arms Hospital
Sports Medicine & Performance Center at The University of Kansas Hospital
Sports Safety Japan
Tallahassee Orthopedic Clinic
Texas A&M Athletic Training Department
The Athletic Training Room
Towson University Sports Medicine
UHealth Sports Medicine
University of St. Augustine for Health Sciences
Ursa Educational Institute for Manual Therapy
USA Triathlon
Vincera Institute
Westchester Health Sports Medicine and Orthopedic Surgery
Winthrop University Hospital
Your Body is Waiting, LLC
**Part 1: Developing a Clinical EBP Program**

Clinical Evidence Based Practice (EBP) programs are organized around a clinically oriented topic and must be designed in a way that reflects the basic principles of EBP. Examples of appropriate clinical topics include glenohumeral assessment, ACL rehabilitation and sport-related concussion. Use the following steps to formulate a clinical question.

- **Evaluate**
  - Ask a searchable clinical question (Most important catalyst)
  - A well-built question should direct an answer that is focused on patient-centered outcomes. This question will not only improve the quality of care, but will also help the practitioner increase patient satisfaction
  - Clinical application requirement: Question C-1
  - Resource: Formulating a Clinical Question

- **Find**
  - Find the best evidence to answer the question (Sometimes time intensive)
  - Requirement: Five current references
  - Resource: PubMed Central, Google Scholar, other databases

- **Read**
  - Review the literature
  - Answer:
    - What are the results of the study and are they reliable?
    - Can they be reproduced if the same study was conducted again?
    - Are the results of the study valid?
    - Are the findings of the study clinically relevant to the clinical question?

- **Apply**
  - Apply the findings
  - Combine the clinician’s expertise and best evidence found in literature, and take into consideration the patient’s values when applying findings/new techniques

- **Evaluate**
  - Evaluate the effectiveness and patient results

- **Share**
  - Share findings through production of continuing education programs

**Part 2: Completing the Clinical EBP Course Application**

Now that you have developed your Clinical EBP program, it’s time to complete the BOC Clinical EBP Application. Use the following checklist to guide you through the application process. Each section of the checklist corresponds with the questions in Appendix C – Instructional Content.

- **C-1. Clinical question**
  - What is the clinical question used to drive your research/program development?
  - Does the clinical question focus on patient-centered outcomes?
  - Is the clinical question in PICO format (defines Patient/Population, Intervention, Comparison and Outcome)?

- **C-2. Reference**
  - Minimum of five current journal articles answering the clinical question
    - Reference #1:
    - Reference #2:
    - Reference #3:
    - Reference #4:
    - Reference #5:

- **C-3. Clinician experience**
  - How is the presenter’s past experience integrated throughout the program?
  - How do clinicians use their own experience to make informed decisions about the clinical topic?

- **C-4. Preliminary conclusions**
  - What conclusions are supported by the evidence/literature in response to the clinical question?

- **C-5. Clinical bottom line**
  - What are the clinical recommendations related to this topic?
  - Do the recommendations address the following aspects of patient care?
    - Financial implications
    - Equipment needs
    - Practicality of implementation
    - Applicability to various patient populations
2016 Standards (Continued from the cover page)

- All program information must be submitted to the BOC Calendar of Events 10 business days prior to the program start date to be eligible for CEUs
- Non-compliance guidelines and procedures will be instituted for BOC Approved Providers

To assist organizations planning to apply for or continue their BOC Approved Provider status in 2016 and beyond, the BOC is offering a 5-part webinar series detailing program changes. Presentations that have already occurred are accessible via the BOC website and archived on YouTube.

Registration information for upcoming webinars will be sent via email. The webinar schedule is as follows:

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