

QUALIFIED EQUIVALENT PROGRAM (QEP)

PROGRAM INFORMATION

Name of Credentialing Institution Recognition or Accreditation

Program Name Regulated by

Type of Credential Number of CLASS HOURS Annual Credentials Issued

Revisions YES NO
Date Program Began If Yes, Provide Date of Last Program Revision

Website

Institution's Mailing Address

Full Mailing Address Country

QEP Coordinator Contact Information

Coordinator's Name

Coordinator's Title

Email Address

Mobile Number - Required

Coordinator's Mailing Address (If different from the Institution)

Full Mailing Address Country

To submit forms or request more information, please contact us at bcsp@bcsp.org.

QUALIFIED EQUIVALENT PROGRAM (QEP)

Report of Credential Details

Person Making the Request, Title, and Contact Information

Name of the Credential

Name of Credential's Awarding Institution

Owner/Proprietor of the Institution

Type of Credential (Certification, License, Designation, Membership)

Credential Level (Entry, Mid Level, Professional)

Provide information about the institution and its organizational/governing standards.

Is there an accrediting body that oversees the institution and/or the credential? Provide information about the credentialing body and what organizational standards the institution must adhere to.

Provide a brief history and background of the institution and the credential. How long has the institution been in operation?

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Report of Credential Details

What are the requirements to qualify for the credential (e.g., education, experience, examination, etc.)?

Describe the credentialing procedures and how the individual achieves it.

Provide information regarding the examination. How is it developed? Where is it taken? Who scores the exam?

Is the program online or in a classroom setting? How many individuals go through the program annually?

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Report of Credential Details

How long does it take for a candidate to complete the program?

Completed by:

Date:

Further comments: