

Steven L. Beshear Governor

CABINET FOR HEALTH AND FAMILY SERVICES

Audrey Tayse Haynes Secretary

Department for Public Health 275 East Main Street, HS2E-C Frankfort, KY 40621-0001 (502) 564-6539, ext 4282 Fax: (502) 564-9865 www.chfs.ky.gov

March 17, 2015

Alpesh Patel, MBBS, MPH, CERC, CPHA Biologix Solutions LLC 1201 Alison Ln. Darien, IL 60516

Dear Mr. Patel,

Thank you for providing us with your updated 1-3 hour HIV/AIDS online study course for the general public entitled "HIV/AIDS Overview for Kentucky Healthcare Professionals." The Kentucky Cabinet for Health and Family Services (CHFS) has approved your program as meeting the requirements of KRS 214.610/615/620. This course will remain on the Cabinet's list of approved courses at http://chfs.ky.gov/dph/epi/HIVAIDS/ProfessionalEducation.htm until March 2017.

We have assigned a CHFS approval number, # 0317-1608-M, for ready identification by our office and the professional licensure boards. The "M" indicates that the course is a multidisciplinary one suitable for any of the professional groups impacted by KRS 214.610/615/620. This approval number, the exact title, and the correct number of hours must appear on all certificates given to individuals completing your course. You must also insure that all information on the certificates is completed before they are issued to the participants. We reserve the right to remove your course from our active list should you issue a certificate that does not include the above information, or is "incomplete" when issued. Please pay particular attention to the enclosed policy regarding course certificates. When you or your participants correspond with our office or a professional licensure board concerning this course, please use the exact title as well as the series number.

The first four digits of your course number represent the month and year in which this course *expires*. So, your course **expires in March 2017**. In the future, you will receive notification that your course needs to be updated. Meanwhile, if at any time your address, phone number, presenters, or contact person changes, or you change the format of this course, you must notify us **in writing**.

Thank you for your continued support in facilitating the management of the HIV/AIDS education requirement. If you have questions, please contact me at greg.lee@ky.gov or at (502) 564-6539.

Sincerely,

Greg Lee

HIV/AIDS Continuing Education Program Director

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Enclosure



CABINET FOR HEALTH AND FAMILY SERVICES DEPARTMENT FOR PUBLIC HEALTH

Certificate Policy





Effective January 1, 1999, any documented complaint indicating a provider issued a certificate which was incomplete will result in the removal of the provider's course from the Cabinet's list of "Approved" courses. Documentation consists of a copy of the incomplete certificate. An incomplete certificate is one which does not include the approved title or approval number from the Kentucky Cabinet for Health and Family Services (CHFS), or the number of credit hours, or was issued with blanks allowing the participant to *fill in* their own name, license number, etc.

The appropriate Licensure Boards will be notified that the provider's course has been removed from the "Approved" list and, until further notice; the provider will no longer meet the requirements of KRS 214.610/615/620. The provider will be notified in writing that they have sixty (60) days to reissue correct and complete certificates to *all* affected participants, and to respond in writing back to this office.

Once documentation has been received that the correction has been made, the provider's course will be reinstated to the Cabinet's list of "Approved" courses, and the appropriate Licensure Boards will be notified. Documentation consists of a copy of the corrected certificate and a letter from the provider stating they will issue all future certificates correctly and completely. Providers who have issued certificates with blanks will also be required to submit a copy of the "sign in/registration sheets" listing the attendees for the course date in question.

A provider who fails to respond and correct the situation within those sixty (60) days will have their course removed from the Cabinet's list of "Approved" courses for the remainder of the course approval timeframe. The provider will also be prohibited from submitting a course for review for one (1) year from the expiration date of the removed course.

Any provider who is notified for a second time that another incomplete certificate was issued will again be given the sixty (60) days to correct the error. Any provider who fails to respond and correct the situation within those sixty (60) days will have their course removed from the Cabinet's list of "Approved" courses for the remainder of the course approval timeframe. The provider will also be prohibited from submitting a course for review for two (2) years from the expiration date of the removed course.

Any provider who is notified for a third time that another incomplete certificate was issued will automatically have their course removed from the list of "Approved" courses with no reinstatement option. The course will be removed for the remainder of the course approval timeframe. That provider will be prohibited from reapplying for course approval for two (2) years from the expiration date of the removed course.

HIV/AIDS Branch
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