

# Continuing Professional Education Application

AHRMM offers contact hours for Continuing Professional Education (CPE) programs that meet the requirements listed below. If your organization would like to offer CPE contact hours for an upcoming educational program or course, please complete the application below.

## **Instructions for Submission**

- Applications must be accompanied by one CPE Session Description Form for each educational session within the program. Incomplete applications will not be processed. For a list of required documentation, please refer to the checklist on page 2.
- 60 minutes of education = 1 contact hour. This includes educational presentation portions of the program and does not include time spent on general announcements, breaks, exhibits, and association meetings.
- Content presented must be educational and deliver best practices, case studies, resources, or solutions that are non-commercial. Presentations that are commercial in nature and/or attempt to sell specific vendor products and/or services will not be accepted.
- Application forms and required documentation may be emailed to [ahrmm@aha.org](mailto:ahrmm@aha.org). Please allow two weeks for processing. Additional time may be required for larger applications or multi-day events. Upon receipt of all required information, AHRMM will review the content and contact the applicant regarding the certificate fee. Upon receipt of payment, a certificate (or certificates) will be sent to the email address listed on the application.
- The certificate fee is \$300 per contact hour. Certificate fees are non-refundable and must be received before the certificate will be awarded. In the event of an event's cancellation, the certificate fee may be applied to a future event.
- Every reasonable effort should be made by program sponsors/organizers to verify that recipients complete the education for which contact hours are awarded. The retention of records of attendance and the distribution of certificates to attendees is the responsibility of the sponsor. Neither AHA nor AHRMM will track credits for participants, and they cannot verify an individual's participation in an educational activity.
- For educational events that include multiple concurrent sessions, AHRMM will provide the applicant a list of the sessions that are approved and the number of CPE contact hours determined for each corresponding session. Event hosts are responsible for tracking attendee participation and ensuring participants are only awarded CPE contact hours for the approved education they attended.

For questions please contact AHRMM directly at (312) 422-3840 or [ahrmm@aha.org](mailto:ahrmm@aha.org).

# Continuing Professional Education Application

**Program Title (as it is to appear on the certificate)**

---

**Program Date and Location (city, state)**

---

**Total Number of CPE Session Description Forms Included in Application**

---

**Total Number of CPE Credits Requesting**

---

**Continuing Education Approval Checklist**

- \_\_\_ Complete Application Form
- \_\_\_ Program outline with timed agenda – marketing pamphlet or brochure, drafts permissible.
- \_\_\_ One (1) complete CPE Session Description Form per educational session within the program.

**Applicant Information**

COMPANY NAME, as it is to appear on the certificate		
CONTACT NAME		
TITLE		
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE	FAX	
E-MAIL		

# CPE Session Description Form

## **Instructions for Submission**

- Submit one session description form per educational session. Session description forms must be submitted with an accompanying application form. Complete all fields as thoroughly as possible and submit to [ahrmm@aha.org](mailto:ahrmm@aha.org).
- If one session has more than two (2) presenters, please duplicate the speaker information form on page two to submit additional presenter information.

## **Program Information**

PROGRAM TITLE	PROGRAM DATE(S)
CHAPTER / COMPANY NAME	

## **Session Information**

SESSION TITLE			SESSION ___ OF ___
SESSION DATE <small>MM/DD/YY</small>	START TIME	END TIME	SESSION LENGTH (# of minutes) <small>Please subtract any breaks included within the session.</small>
Number of CPE contact hours requesting: _____			
<small>60 minutes of education = 1 CPE contact hour. AHRMM will evaluate the application and award CPE according to on education provided.</small>			
SHORT DESCRIPTION OF PROGRAM (100 character minimum)			
LEARNING OBJECTIVES (3-5 recommended)			
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>			
TARGET AUDIENCE			

Email complete applications to [ahrmm@aha.org](mailto:ahrmm@aha.org)  
 Questions? Contact AHRMM at (312) 422-3840 or [ahrmm@aha.org](mailto:ahrmm@aha.org)

**Prices are valid through 12/31/2016**

# CPE Session Description Form

## **Presenter Information**

1 <sup>st</sup> PRESENTER NAME	
TITLE	
ORGANIZATION	
EMAIL:	PHONE:
ONE-PARAGRAPH BIO	

2 <sup>ND</sup> PRESENTER NAME	
TITLE	
ORGANIZATION	
EMAIL:	PHONE:
ONE-PARAGRAPH BIO	

<p><b>YES.</b> The hosting chapter or company has verified that the presenter(s)/ has agreed that the oral, electronic and paper presentation and all handout resources and materials for this session are for educational purposes only and will not promote any one specific commercial entity's product directly or indirectly; and if products or services are discussed, will give a balanced view of each without bias towards any specific one.</p>	
<p>_____</p> <p>PRINT CONTACT NAME</p>	<p>_____</p> <p>CONTACT SIGNATURE</p>

PLEASE COPY AND PASTE THIS ENTIRE FORM FOR ADDITIONAL SESSIONS OF A PROGRAM

Email complete applications to [ahrmm@aha.org](mailto:ahrmm@aha.org)  
 Questions? Contact AHRMM at (312) 422-3840 or [ahrmm@aha.org](mailto:ahrmm@aha.org)

**Prices are valid through 12/31/2016**