

Continuing Professional Education Application AHRMM Affiliated Chapters

AHRMM offers contact hours for Continuing Professional Education (CPE) programs that meet the requirements listed below. If your chapter 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.
- Education programs must be in 30 or 60 minute increments. 60 minutes = 1 CPE hour; 30 minutes = .5 CPE hour. This includes educational presentation portions of the program and does not include time spent on general announcements, breaks, exhibits, or associated 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. 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 for affiliated chapters is \$75/hour for Standard chapters, \$60/hour for Bronze chapters, \$45/hour for Silver chapters, and \$34/hour for Gold and Diamond chapters. The certificate fee for non-affiliated chapters is \$150/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.

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This completed application must be submitted with accompanying description forms, or the Multi-Session Description Form to ahrmm@aha.org.

Please Type

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

Program Date(s) _____

Location (city, state) _____

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

_____ **Total Number of CPE Credits Requesting**

Continuing Education Approval Checklist

___ This Complete Application Form

___ One (1) complete "Session Description Form" per educational session within the program, **OR** a complete "Multi-Session Description Form" for events that request CPEs for 3 or more education sessions. Multi-session forms may be obtained by contacting AHRMM at ahrmm@aha.org.

___ Program outline with timed agenda – marketing pamphlet or brochure, drafts permissible.

Applicant Information

CHAPTER 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 this form with an accompanying application form to ahrmm@aha.org.

Please Type

Program Information

PROGRAM TITLE	PROGRAM DATE(S)
CHAPTER NAME	

Session Information

SESSION TITLE			SESSION ___ OF ___
SESSION DATE MM/DD/YY	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 (at least 3) Please use specific action verbs (ex: "Review," "Discuss," "Describe", etc.			
TARGET AUDIENCE			

CPE Session Description Form (Page 2)

Please Type

Presenter Information

1 st PRESENTER NAME	
TITLE	
ORGANIZATION	
EMAIL:	PHONE:
ONE-PARAGRAPH BIO	

2 ND PRESENTER NAME	
TITLE	
ORGANIZATION	
EMAIL:	PHONE:
ONE-PARAGRAPH BIO	

If a session has more than two presenters, please duplicate this page.

Approved education must be noncommercial. The promotion of products and services is prohibited.

By signing this form, the chapter authorized representative has verified the presenter(s)/ agreement 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.

Authorized Representative: _____ Date: _____

Signature of Representative: _____