



**PCNA**  
PREVENTIVE CARDIOVASCULAR  
NURSES ASSOCIATION

## Application for Contact Hour Units

Application Date: \_\_\_\_\_ Submitting Chapter: \_\_\_\_\_

Program Title: \_\_\_\_\_

Location: \_\_\_\_\_ Date and Time: \_\_\_\_\_

Name of NP on Planning Committee: \_\_\_\_\_

Number of contact hours requested: \_\_\_\_\_

*(1 contact hour = 650 minutes of instruction. Excluded are introductions, breaks, evaluation, exhibits)*

Primary Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### **Required Materials Prior to Event:**

- CE Program Outline Form – outline with behavioral objectives, statement of need, speaker bio(s),
- Disclosure Statement from each presenter
- Disclosure Form from NP Planner

### **Requirements During Event:**

- Attendance must be taken – all attendees must sign in.
- Disclosure statement must be included in slides and stated verbally

### **Requirements After Event:**

- Provide National Office with attendee list

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### **Application Process:**

1. Required: A Nurse Practitioner must participate on the Program Planning Committee
2. Submit application for continuing education units with all required materials **four weeks** in advance of program
3. Required materials are available through the national office by contacting Mariel Snyder ([msnyder@pcna.net](mailto:msnyder@pcna.net))
4. Applications will be reviewed by PCNA and you will be notified of approval within three weeks

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The Preventive Cardiovascular Nurses Association is an approved provider of nurse practitioner continuing education programs through the American Academy of Nurse Practitioners – provider number 030602.

As a chapter program provider, I verify that the content of this continuing education program and all related marketing and print materials support PCNA's mission and goals and meet all continuing education standards set by AANP.

\_\_\_\_\_  
Signature of Chapter Program Provider

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Please submit original application and all materials to the PCNA National Office:**

Preventive Cardiovascular Nurses Association  
Attention: Mariel Snyder, Membership and Chapter Coordinator  
613 Williamson Street, Suite 200, Madison, WI 53703  
Tel: (608) 442-3441 E-mail: [msnyder@pcna.net](mailto:msnyder@pcna.net)