|  |  |
| --- | --- |
| PCNA_Logo_RGB | **Application for CE Contact Hours** |
| Application Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Submitting Chapter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Program Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date and Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of NP on Planning Committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Number of contact hours requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(1 contact hour = 60 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
 |  |
| ***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)
4. Applications will be reviewed by PCNA and you will be notified of approval within three weeks
 |
| 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 AssociationAttention: Mariel Snyder, Membership and Chapter Coordinator613 Williamson Street, Suite 200, Madison, WI 53703Tel: (608) 442-3441 E-mail: msnyder@pcna.net  |