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| 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 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 | | |