

**CONTINUING PROFESSIONAL EDUCATION
(CPE) APPLICATION PART I**

Read Instructions Carefully

This application should be completed and returned with your form of payment to the address below.

If you are providing credit card information, please fax your application to 312-422-3609 (this is a secure fax). For your safety, applications containing credit card information that are sent via email will be deleted upon receipt and will not be processed.

**Association for the Healthcare Environment
CPE Application
155 North Wacker Drive, Suite 400
Chicago, IL 60606**

Please note: All applications (with total payment) must be **received at least 14 business days prior to the program.** AHE CANNOT award CPE credits after a program has occurred.

Title of Program	Date
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The program outline must also accompany this form. See page 2 of the application for a description of all that needs to be included in the program outline.

To cover administrative costs, there is a fee of \$100 per program for AHE affiliated chapters and \$200 per program for all other organizations. Upon approval, the number of CPE contact hours will be sent to you via email. Call 312-422-3860 or email aha@aha.org with questions. **Please note:** Upon receipt of payment and all required information, expect two weeks for processing. Submit one form with all dates and full payment for multiple/identical programs.

\$100.00 x _____ (number of programs) = Total amount \$ _____

<input type="checkbox"/> Check or Money Order enclosed. <i>Payable to AHE</i>			
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	Credit card Number
Expiration Date			
Name As It Appears On Credit Card		Cardholder's Signature	

Affiliate or Sponsoring Organization Name		
Program Coordinator		
Title	Company	
Mailing Address		
City	State	Zip Code
Phone Number	Fax Number	E-mail

Please send AHE materials for distribution.

Certificates: Upon completion of the program, the attendee list must be forwarded to AHE. AHE will send electronic letters of completion to the program attendees. Please make sure to include the following information on the attendee list in a Microsoft Excel spreadsheet:

- Attendee Name
- Attendee Title

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- Facility name
- Address (Street, State, Zip Code)
- E-mail address

Records maintenance: Every reasonable effort should be made by your organization to verify CPE recipients actually complete the courses or programs to which CPE's were awarded. Typically this is accomplished with an attendee sign-in form. The form should be kept by the sponsor of the program. Attendance should be tracked in a database by the program sponsor for CHESP renewal purposes. AHE does not maintain records beyond the calendar year applied.

Program marketing: AHE will promote your program in AHE e-blasts, newsletters, and the Affiliated Society section of AHE.org only **if** in accordance within the guidelines stated above.

(CPE) APPLICATION Part II

Program information below must be completed in full and accompany the Part I CPE Application Form:

Program Purpose:

A summary statement of anticipated learning outcomes for the overall program (if a multi session program).

Target Audience:

To whom is this program targeted?

Date, Time, Location (physical address) and Projected Attendance:

Please make sure to include projected number of attendees.

Timed agenda excluding breaks, meals, exhibition hours:

AHE will award CPE credits for the educational portion of the program only.

Session title as it will appear in all promotional materials:

Please include the title of the educational program.

Session objectives:

(List three learning objectives or outcomes) EXAMPLE: What additional knowledge participants will gain because of the session, i.e..., at the end of this session, the participant should be able to:

- 1.
- 2.
- 3.

Teaching Format:

What learning medium will be used (i.e. lecture, Q&A, small group discussion, panel discussion, self-study).

Session Length:

Beginning and completion times of the sessions (should not include breaks or exhibition hours) i.e., 60 minutes, 75 minutes, 90 minutes.

Speaker Information:

Names of speaker(s) for each session. Information demonstrating speaker expertise-attach a speaker biography.

List names of other organizations from which CPE approval has been requested.

Please make sure to include this information.

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