

# IAHCSMM Continuing Education Approval Protocol



## Purpose:

1. To encourage continuing education for technicians, supervisors, managers and directors
2. To provide an avenue for maintenance of points for recertification for all levels of certification

## Protocol:

1. Application for Continuing Education (CE) contact hours must be submitted a minimum of **6 weeks before** the start date of your educational offering (see form on next page)
2. Submission Requirements:
  - For full workshops and seminars: A sample brochure and/or handout, clearly outlining program titles, objectives, and the number of contact hours planned for the seminar
  - For print and online publications: a copy of the article or module including post test, if applicable.
  - For presentations: a copy of the handout, outline, or PowerPoint presentation that will be used. Please include a copy of the post test, if applicable
3. If the seminar is sponsored or co-sponsored by a vendor, or sponsored by a non-affiliated chapter, there will be a \$50.00 processing fee. (You will be invoiced and payment must be received prior to approval.) There is no charge for CE approval processing for IAHCSMM Partners and affiliated IAHCSMM Chapters

## Renewals:

Program approvals are valid for one year. Programs to be repeated must be resubmitted to receive approval for the next year

When submitting a previously approved program for renewal, please complete a new Continuing Education Approval Protocol Form. Be sure to record the previous approval code and include a copy of the program documentation (i.e. article, brochure, self-study guide, etc.)

## Notification of Approval:

1. Approval/denial notification will be forthcoming within 4 weeks of IAHCSMM receiving the complete Approval Application. Incomplete applications will not be processed. The educational offering will be assigned an approval number and the number of approved contact hours.

Providers must include the approved number of contact hours and the approval code on participant certificates.

# IAHCSMM Continuing Education Approval Protocol



**Instrumental to Patient Care®**

*Please note, Contact Hour Approval is granted on an annual basis, and will expire one year from the approval date.*

Program Title:

Program Location:

Sponsoring Organization:

Program Dates:

Renewal: Yes

Previous IAHCSMM Approval Code:

Please list each speaker, topic, and length of time.

**It is highly recommended to attach any programs or informational pieces to your submission.**

*When you click the send email button below, your email program will open with this form as an attachment. You can then attach additional items directly to the email. (Note: only files up to 10MB can be accepted.) Submissions received without an attached program may cause delays in the approval process.*

Speaker:

Speaker:

Topic:

Topic:

Length:

Length:

Program Objectives

*Once CE approval is granted, payment of \$50 will be due. You will be notified by E-mail on how to pay this fee online at our website, or via fax or mail. CE approval numbers will not be granted until payment is received. Only affiliated chapters that are active and in good standing or events co-sponsored by a vendor that is a current IAHCSMM Partner will be exempt from this fee.*

Program Director:

Phone Number:

Fax Number:

Program Director's Email Address:

Address:

City, State, Zip:

Date of Submission:

Submitted by:

Submitter's Email:

## Approval or Denial Notification

for office use only

Approval Code \_\_\_\_\_ Approved Contact Hours \_\_\_\_\_ Approval Expires \_\_\_\_\_

Signature of Committee Chairman \_\_\_\_\_ Date of Approval \_\_\_\_\_

[◀ Previous Page](#)

[Email Form](#)

[Print Form](#)

[Clear Form](#)