



2004 Continuing Education Application PDF Files

The Continuing Education Department is pleased to provide a way to complete and return selected CE applications by computer using interactive PDF files. *Follow these simple instructions for completing and sending your application by computer:*

NOTE: If you have opened this PDF file in **Acrobat Reader**, remember you must print a copy of your completed document. Your document CANNOT BE SAVED in the free Acrobat Reader program.

If you want to **SAVE** the completed PDF document on your computer, you must have the **full version of Adobe Acrobat (at least 5.0)**, not the free Acrobat Reader software.

1. Each application has a separate second page with the directions for completing the application.
2. To complete the PDF form, start by placing the “hand” icon on the line next to the field you want to fill-out and clicking to obtain the cursor. Complete the information for that section and tab to each field in order to fill out the application. Continue typing information and tabbing through the last entry on page 1 of the form.
3. Once the application is filled-out, if you only have **Acrobat Reader**, you must go to “File” menu and select print. You should print two copies, one to send to the CE Department and one to keep for your records.

If you are using the **full version of Adobe Acrobat**, click **SAVE** to keep a copy in your computer file. You can then e-mail this completed PDF form to either Judy Bramlett or Ann Carlson. See the instructions below to identify where to send your form.

4. Attendance Record #2002-1A. This form can be sent by fax or e-mail to Judy Bramlett (847-692-7082 or jbramlett@aana.com).
5. Prior Approval #2002-1 and Program Outline and Documentation Form. This application can be sent by fax or e-mail to Ann Carlson (847-692-7082 or acarlson@aana.com). Remember that you still need to send the remainder of the materials including the approval fee in order for the processing to be completed.

Please note: The following tips are important for completing the prior approval form:

- a. Line 6, “Include in Calendar.” You have to tab to this field and then click on Y or N in order to enter a check mark.
 - b. Line 8, “Date.” You have to tab off the date after you enter it in order to be able to print the form.
6. Nonprior applications #2002-5 and #2002-8. These applications can be sent by fax or e-mail to Ann Carlson (847-692-7082 or acarlson@aana.com). Remember that each application needs additional materials to be submitted in order for the processing to be completed.

Technical Assistance and Support for the PDF File

The CE Department can not provide technical assistance for this PDF file. For information on obtaining, installing, system requirements, and troubleshooting of the Adobe Acrobat Reader, visit the **Adobe website at: www.adobe.com/products/acrobat, or call 1-800-833-6687.**



**Continuing
Education**
PROGRAM

New Clinical Anesthesia Experience Nonprior Approval Application

Form #2002-8

Office Use Only

MCD/RCE _____

CE credits awarded _____

Approval _____

Name: _____

Address: _____
(Street)

_____ (City) _____ (State) _____ (Zip)

1. AANA membership or recertification no. _____
2. Telephone no. _____
3. Fax no. _____
4. E-mail _____

Refer to Directions on Back of Blue Carbon

- Applications will be accepted only if they are typewritten or clearly printed in dark ink and are legible.
- Facsimile (fax) copies of applications are accepted only if they are legible and all the information on the front page of the form appears on the faxed document.
- Each new clinical anesthesia experience may be eligible for a maximum of 5 CE credits.
- The drug or anesthetic technique must be new to anesthesia practice (introduced within the past 5 years) as well as new to the anesthetist.
- The new experience *cannot* be a modified use of a drug or a modification of a technique that is already in use or that the CRNA has used before.
- Credit is awarded only *once* for the use of a new drug or technique.
- The CRNA must use the new drug or technique in at least 7 cases to constitute a new clinical anesthesia experience.

5. List the drug or technique that is a new clinical anesthesia experience. (Submit only *one* experience per application)

6. Name of facility: _____

Address: _____
(Street)

_____ (City) _____ (State) _____ (Zip)

7. Date of experience: Began: _____ Ended: _____
(month/day/year) (month/day/year)

8. Materials to submit with application.

a. A statement that describes and verifies the learning experiences involved. Include a description of the following items: (1) outcomes; (2) observations of and discussions related to the experience; (3) lectures attended; (4) reference material reviewed before the experience; (5) return demonstrations; (6) number of cases performed; (7) method of evaluation; and (8) an indication of the CRNA's ability to incorporate the new experience into clinical practice.

b. Application fee: AANA member – waived; Non-AANA members – \$85 per application for CRNAs with an AANA recordkeeping service.

9. Verification: I affirm that _____ did actually administer the above drug or perform the technique indicated. This is a new clinical anesthesia experience for the CRNA and it was performed in a competent manner.

(CRNA's Name)

Signed _____ Date _____
(Person Verifying Experience)

Office Use Only

Comments _____

Application fee _____ Check # _____

RK date _____

Batch # _____

Paid _____

(Approval Signature)

Directions for Completion New Clinical Anesthesia Experience (#2002-8)

Please read before completing this application.

- Applications will be accepted only if they are typewritten or clearly printed in dark ink and are legible.
- Application form #2002-8 should be submitted within 60 days after conclusion of the experience.
- Submit only one new drug or technique per application.
- Facsimile (fax) copies of applications are accepted only if they are legible and all the information on the form appears on the faxed document.
- Applications may be photocopied, but two copies of the front page of the application must be submitted if the CRNA wants confirmation that it has been processed. The photocopy must be on 8-1/2" x 11" white paper, clear, legible, show **all** the information that is on the front page of the original AANA application and must not be reduced in size.

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1. **AANA membership or recertification number.** Be sure this is your correct number.
 2. **Telephone and fax no.** List a telephone or fax number where you may be reached during the day.
 3. **Fax no.** List a fax number.
 4. **E-mail address.** Include this information if you want to receive mail at this address.
 5. **New experience.** List the drug or technique that is a new experience. The drug or anesthetic technique must be new to anesthesia practice (introduced within the past 5 years) as well as new to the anesthetist. Credit can be awarded only once for the use of a new drug or technique.
 6. **Name and address of facility.** Give the name and address of the facility where the new experience took place.
 7. **Date(s) of experience.** Indicate the beginning and ending dates the new experience occurred. To receive CE credit toward recertification, the new experience must have taken place within the CRNA's current recertification period. For example, an experience cannot receive credit if the dates are recorded as July 25 to August 7. The experience would had to have taken place in either July or August because recertification always expires on July 31.
 8. **Materials to submit.**
 - a. **A statement that describes and verifies the learning experiences involved.** This written statement must include a description of the following items: (1) outcomes; (2) observation of and discussions related to the experience; (3) lectures attended; (4) reference material reviewed before the experience; (5) return demonstrations; (6) number of cases performed; (7) method of evaluation; and (8) an indication of the CRNA's ability to incorporate the new experience into clinical nurse anesthesia practice.
 - b. **Fees.** The application fee is waived for AANA members. Non-members can have an application processed if they have established a recordkeeping service with the AANA and submitted an \$85 fee with each application. The recordkeeping service is \$50 for a two-year period. Applications for this service are available from the AANA. The fee is not refundable or transferable.
 9. **Verification.** The application must be signed by someone who can clearly attest to the competence achieved and that the CRNA actually performed what is claimed. Persons who can attest to competence include certified registered nurse anesthetists, dentists and physicians.

Acknowledgment of receipt of materials. Enclose a self-addressed, stamped postcard or envelope to receive an acknowledgment for receipt of any materials sent to the CE Department.

Please return the completed application and attachments to:

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS
222 South Prospect Avenue
Park Ridge, IL 60068-4001
(847) 692-7050, ext. 3090