



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 #2004-1A. This form can be sent by fax or e-mail to Judy Bramlett (847-692-7082 or jbramlett@aana.com).
5. Prior Approval #2004-1 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 #2004-5 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.**



Prior Approval Application

Form #2004-1

Office Use Only

AANA Code # _____

CE credits awarded _____

Start date _____

Expiration date _____

Approval date _____

Approval signature _____
Susan S. Caulk, CRNA, MA

Refer to Directions on Enclosed Sheet

- A. This page of the application may be printed. If it is not clearly legible, the Provider will be asked to resubmit the application.
- B. Prior approval is awarded as of the date the application process is completed, not the date the application was initially received in the AANA CE Department.
- C. Facsimile copies of applications are accepted only if they are readable and all of the information on the front of the application is shown on the faxed document.
- D. The information for a paid ad in the Calendar of Events will be taken from the Program Coordinator section under #6 unless other information is submitted to the CE Department.

1. Provider: _____

Address: _____
(Street)

(City) (State) (Zip)

2. Title of program: _____

3. Name and address of facility: _____

(City) (State) (Zip)

4. Date of program: Start: _____ End: _____
(Month) (Day) (Year) (Month) (Day) (Year)

5. Total CE credits in program: _____

6. Program Coordinator: _____

Daytime telephone ()
Include in Calendar Y___ N___

Address: _____
(Street)

Daytime fax ()
Include in Calendar Y___ N___

(City) (State) (Zip)

E-Mail _____
Include in Calendar Y___ N___

Web _____
Include in Calendar Y___ N___

7. Materials to submit with the application:

- a. \$85 application fee: (not refundable or transferable.)
- b. \$35 for each ad to be listed in Calendar of Events.
- c. Program outline (Form #2002-9).
- d. Copy of certificate of attendance that will be issued by the provider.
- e. Copy of the evaluation form that will be used.
- f. For Provider-Directed Independent Study, see directions.

8. Provider agreement: I declare that all statements made in this application and in any accompanying materials are true to my knowledge. I understand that my program must at all times be in compliance with the provider responsibilities and the standards and criteria of the AANA Continuing Education Program, and that failure to maintain such compliance, or any willful false statements made to the AANA CE Committee may jeopardize the validity of this application and my receipt of CE credit approval.

Signature _____ Date _____

Office Use Only

Approval	Calendar	Months for Calendar of Events Ads					
Fee _____	_____	Jan	Feb	Mar	Apr	May	Jun
Check # _____	_____	Jul/Aug	Sep	Oct	Nov	Dec	
Batch # _____	_____						
Paid _____	_____						

Directions for Completion – AANA Prior Approval (#2004-1)

Read this information before completing the application for approval.

- A. This page of the application may be printed. If it is not clearly legible, the Provider will be asked to resubmit the application.
- B. Prior approval is awarded as of the date the application process is completed, not the date the application was initially received in the AANA CE Department.
- C. Facsimile copies of applications are accepted only if they are readable and all of the information on the front of the application is shown on the faxed document.
- D. The information for a paid ad in the Calendar of Events will be taken from the Program Coordinator section under #6 unless other information is submitted to the CE Department.

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- 1. **Provider.** Give the full name of the provider sponsoring the CE program.
 - 2. **Title of program.** Give the name of the program.
 - 3. **Name & address of facility.** Provide the name and the address where the meeting is to be held.
 - 4. **Date of program.** List the beginning and ending dates for the program. Give the month/day/year, **not** the days of the week.
 - 5. **Total CE credits requested.** Indicate the **total** number of CE credits requested for the program. Partial credit is not awarded.
 - 6. **Program coordinator.** Provide the name, address, daytime telephone, fax and e-mail numbers of the person who is the liaison between the provider and AANA. This individual will receive the AANA approval notice, and any other correspondence related to the program.

The name, address, fax, e-mail and phone numbers for this individual will also be used for any paid advertisement in the AANA Calendar of Events **unless** the CE Department is otherwise notified. Be sure to mark if you want e-mail and fax numbers included in the paid advertisement.

- 7. **Materials to be submitted with application:**
 - a. \$85 application fee;
 - b. \$35 for each listing to advertise a prior-approved program in the Calendar of Events;
 - c. Program Outline #2002-9;
 - d. A copy of the certificate of attendance that will be issued by the provider to *all* participants; and
 - e. A copy of the evaluation form that will be used to evaluate the program, objectives and faculty. The application fee is not refundable or transferable. Printed materials describing the program may also be attached.

For Provider-Directed Independent Study, the following materials must be submitted for approval:

- a. One packet of the complete subscriber package.
 - b. A detailed description of the program, testing mechanism, feedback provision, recordkeeping materials, directions required to complete the program, and the distribution schedule to the subscriber. A minimum of 5 learner objectives and 10 test questions is required for each CE credit.
 - c. Copy of evaluation form subscriber will complete at end of program.
- 8. **Provider agreement.** The individual signing this application form accepts the responsibility for adherence to the CE Standards and Criteria and certifies that the information contained is correct and true.

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.

Code Number. The code number is for use only by the provider for the dates and number of CE credits specified on the application.

AANA Prior Approval Advertisement. The announcement of AANA prior approval is to appear on all materials as follows:

*"Approved by the American Association of Nurse Anesthetists for _____ CE credits;
Code Number _____; Expiration Date _____."*

Withdrawal of Prior Approval. The CE Committee may withdraw its approval at any time if the provider fails to comply with the AANA CE Program Standards and Criteria.

Calendar of Events. There is a \$35 fee per listing to advertise each **prior-approved** CE Program in the Calendar of Events and on the AANA Web site. The monthly *AANA NewsBulletin* usually reaches the CRNA by the third week of the month so consider this when selecting the month(s) for advertisement.

Note: State Associations are not required to pay a fee for advertising an upcoming state meeting.

Please return the completed application and attachments to:

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