

Continuing Education Prior Approval Application



AMERICAN SOCIETY OF
ANESTHESIA TECHNOLOGISTS
AND TECHNICIANS

Please read the following before completing this application

- a. All blanks must be completed.
- b. Submit all attachments with the name of the program and the name of the sponsor/provider.
- c. Submit the program fees.
- d. Make a copy for your records.

1. **Program Sponsor/Provider:** _____

Address _____

2. **Title of Program:** _____

3. **Name of Facility:** _____

Address _____

4. **Date(s) of Program:** Start: _____ End: _____

5. **No. of Continuing Education/Contact Hours Requested:** _____

6. **Contact Person:** _____

Address _____

Telephone _____ Email _____

7. **Materials to submit** (all materials must be submitted before processing of the application begins):

- a. Program outline
- b. Application fee (not refundable)
Amount Enclosed \$ _____
- c. Copy of Certificate of Attendance
- d. Copy of evaluation form that will be used by attendees

8. **Sponsorship/Provider Agreement:** I believe that all the information that is included in this application is true. I understand that any willful false statement will cause a denial of this application. ASATT will not refund or transfer any paid fees.

Signature: _____ Date _____

Office Use Only

Check # _____ Amount _____ Account # _____ Date Recorded _____

ASATT Code # _____ CE/CH Awarded _____ Date Approved _____

Authorized Signature: _____

Comments: