

Continuing Education Program Outline Application



AMERICAN SOCIETY OF
ANESTHESIA TECHNOLOGISTS
AND TECHNICIANS

Program Sponsor/Provider: _____

Program Title: _____

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. Target Audience (Total number expected in each group):

Cer. A.T. _____ L.P.N. _____ R.N. _____ Students _____ Others _____

2. Program Planning Committee: _____

3. Registration Fees:

Members _____ Non-members _____ Students _____

Learning Objectives:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Instructional Methods:

1. Slide show / audio visual / Powerpoint, etc.
2. Interactive workshop
3. Didactic teaching
4. Instructor-led discussion
5. Printed handouts

Program and Faculty:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____