

Continuing Education Provider Prior Approval Application



*Please refer to Specific Guidelines for Each Type of Application at: www.asatt.com

1. **Provider:** * _____

Address: * _____

2. **Name of Program:** * _____

3. **Length of Program:*** _____ **Start:** _____ **End:** _____

4. **No. of Continuing Education Credits In Program:** _____

5. **Program Coordinator:** _____

Website _____

Telephone _____ **Email** _____

6. Materials to submit with the application:

- a. \$300-\$1,000 Non-Refundable Fee. Price needs to be decided by the BoD.
- b. Sample copy of the certificate of attendance to be issued by the provider.
- c. Transcript of courses for review.

7. A total of 40 CE credits are needed for program approval as follows:

- a. 10 CE credits: Foundational Science to include Anatomy, Pathophysiology, Physics and Pharmacology.
- b. 10 CE credits: Advanced Principles of Anesthesia to include specialized surgical procedures and cases including; Pediatrics, Obstetrics, Trauma, Cardiac, Transplant and Regional Anesthesia.
- c. 10 CE credits: Professional Aspects; Ethics, Scope of Practice, Regulatory Compliance and Safety.
- d. 10 CE credits: Advanced Anesthesia Equipment, Instrumentation and Technology.

8. Agreement: By my signature below, I declare that all statements made in this application and in any accompanying materials are true to my knowledge. I understand that the program(s) must, at all times, be in compliance with the standards and criteria of the ASATT Continuing Education Program. Furthermore, failure to maintain such compliance, or any willful false statements made to the ASATT CE Committee may jeopardize the validity of this application and my receipt of approval for CE credit. I understand and accept that I am responsible for obtaining said CE credits from fully certified and/or qualified providers.

Signature: _____ **Date** _____

Office Use Only

ASATT Certification # _____

CE credits approved _____

Expiration date _____

Office Use Only

Fee Paid \$ _____

Check # _____ MO _____ Credit Card # _____ Exp. _____ Sec. Code _____

Signature: _____ **Approval Date:** _____