

## CE Provider: Application for Prior Approval

### Office Use Only

ASATT Code # \_\_\_\_\_

CE credits approved \_\_\_\_\_

Expiration date \_\_\_\_\_

CE Provider Application

\*Please refer to Specific Guidelines at [www.asatt.com](http://www.asatt.com)

1. Provider: \* \_\_\_\_\_

Address: \* \_\_\_\_\_

(Street)

\_\_\_\_\_  
(City) (State) (Zip)

2. Name of program: \* \_\_\_\_\_

3. Length of program: \* \_\_\_\_\_ Start: \_\_\_\_\_ End: \_\_\_\_\_

4. Total CE credits in program: \* \_\_\_\_\_

5. Program Coordinator: \* \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_

### 6. Materials to submit with the application:

a. \$300 - \$1000.00 Non-Refundable Fee. Price needs to be decided by the BoD

b. Sample copy of 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 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 providing said CE credits from fully certified and/or qualified providers.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Fee Paid \$ \_\_\_\_\_

Check# \_\_\_\_\_  MO  Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_ Sec. Code \_\_\_\_\_

Approval Date \_\_\_\_\_ Approval Signature \_\_\_\_\_