

Association of Vascular and Interventional Radiographers
12100 Sunset Hills Road
Reston, VA 20190
Phone: 703 234 4055 – Fax: 703 435 4390
www.avir.org

Request for CE Approval

The Association of Vascular and Interventional Radiographers is a nationally recognized provider of continuing education for technologists through its Approval of Continuing Education (**ACE**) system. Through ACE, the AVIR approves continuing education activities for credit and provides its members with a computerized transcript documenting participation in any of the E programs annually offered nationwide by the AVIR and other ARRT-recognized continuing education evaluation mechanisms (RCEEMs).

Submitting an ACE Application

- Submit **two** complete applications. Incomplete applications may be returned.
- Allow four (4) weeks for processing. **NO APPLICATIONS WILL BE ACCEPTED LESS THAN FOUR WEEKS BEFORE THE ACTIVITY.** The program director (contact person) is responsible for making sure all attendees receive the information.
- Applications **must** be typed.
- Applications **must** include originals or copies of brochures, flyers or other promotion materials.
- Application for Self-Study programs **must** include quiz and any supporting materials.
- Applications for authors must include a copy of the published work.
- Applications for speakers must include a copy of the program with speaker's name listed.

ALL MATERIALS FOR THE APPLICATION MUST BE RECEIVED BEFORE THE APPLICATION IS REVIEWED.

Instructions

1. **SPONSOR:** Identify the sponsor of the activity (spell out acronyms).
2. **TITLE:** Complete title of the overall activity. **If it is a program (meeting) with several lectures, all individual lectures must be reported under Section 8 (ACTIVITY INFORMATION).**
3. **DATES:**
 - **Live activities:** Please indicate the date(s) of the program (meeting): If the same activity occurs in several locations, please note each date that it will be presented.
 - **Journal articles:** Note the issue number and date of the journal.
 - **Self-study activities:** Indicate the launch date, not the production date of the materials.
 - **Authors:** Note the copyright date of published works.
4. **LOCATION:** The location of the program (meeting) - include city, state. This is not needed on applications for self-study activities.
5. **CONTACT PERSON:** Course director - organizer/administrator to whom approval letter will be sent. This person is responsible for processing paperwork: application, ACE Credit Reporting Forms, verification of participation information (sign in sheets, etc.). Include address, phone, fax and email address.
6. **FEE:** The application fee **must** be enclosed with the application. **Applications will not be processed without payment.** Make check payable to *The AVIR*. Fees are for processing the application and are non-refundable. The multiple program discount is a quantity discount for non-commercial company sponsors who are having up to six programs

within a six-month period. These programs must be less than one day in length. Faxed and e-mailed applications will be processed when payment is received.

7. ACTIVITY INFORMATION: Provide specific information about the activity. If it is a program with several lectures, copy and complete this page as needed (one for each lecture).

Title: Title of program or specific lecture, title of self-study activity or title of author's published work.

Date: Date of program or specific lecture; journal article issue number and date; production date of self-study activity; copyright date of published book.

Format: Type of activity credit is being applied for: Program = meeting with lectures. Lab = hands-on demonstrations (if approved, labs will receive half credit - see "Start/End Time" instructions) – To ensure efficient processing, the minimum amount of time for a lab held in conjunction with lecture is 60 minutes. Participants can receive 0.5 CEUs. .

Self Study = audio/video/CD Rom./Web program). Journal Article = peer reviewed journal article. Author = individual's application for credit for writing in a peer reviewed journal. Speaker = individual's application for credit for speaking at a ACE approved program.

Category: Many licensure states have identified continuing education requirements by subject categories or scopes. Please identify the category based on your state's requirements.

For example: Imaging, Non-Imaging, Internal Therapy, Transmission & Excitation, Generators & Reagent Kits, Radiation Safety/Protection, Venipuncture, Professional Development, Direct, Indirect, Non-Ionizing, General Nuclear Medicine topics, etc.

Start/End time: Beginning and ending time of the individual activity, or length of time of the self -study.

Participation Verification Method: Describe the method you will use to verify that all participants achieved satisfactory completion of the activity: sign-in sheets, certificate of completion, ACE CE Credit Validated Form, etc. Participants are required to successfully complete 80% of any activity. This means they must attend 80% of a live activity, or achieve 80% accuracy on quizzes.

Objectives: State specifically the knowledge, skills and/or attitudes participants will have acquire upon the successful completion of this activity. **This section must be completed in order for an ACE application to be approved. Use proper objectives that are measureable.**

Sample Learning Objective: Describe a method to align and save CT image volumes.

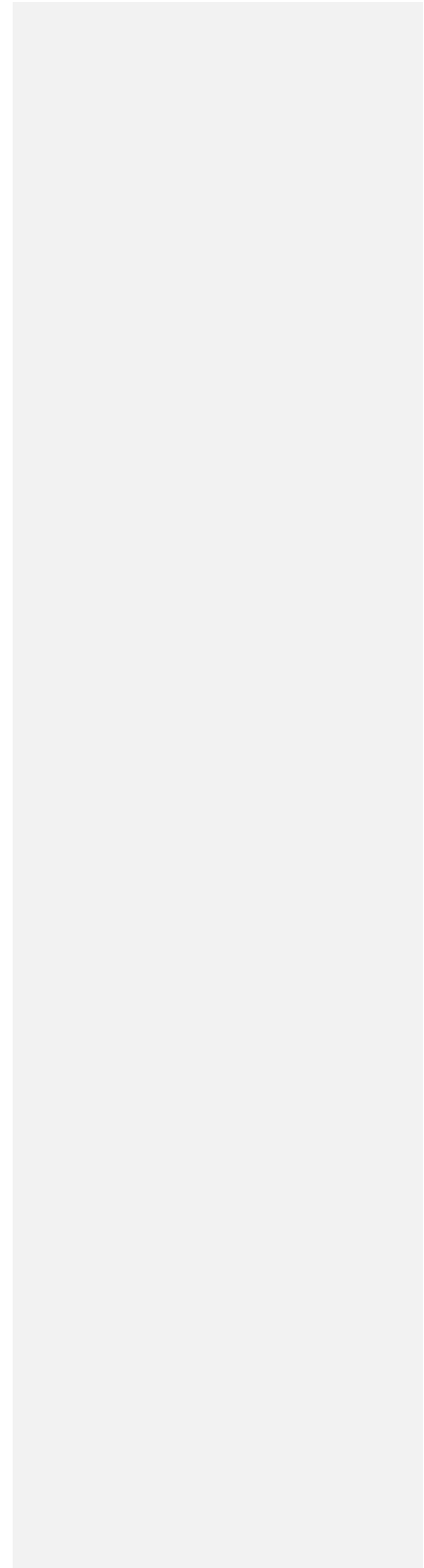
The following tables reflects the action verbs typically associated with the development of learning objectives (adapted from Rosof, *CME Primer*)

| A. That communicates <u>knowledge</u> in the following area: | | | | | |
|---|--------------------|---------------------------------|----------------------|-----------------|-------------------|
| <u>Information</u> | <u>Application</u> | <u>Synthesis</u> | <u>Comprehension</u> | <u>Analysis</u> | <u>Evaluation</u> |
| count | apply | arrange | classify | appraise | assess |
| define | complete | assemble | compare | contrast | critique |
| identify | develop | detect | describe | criticize | judge |
| list | examine | formulate | explain | debate | rank |
| recognize | interpret | generalize | locate | differentiate | rate |
| relate | order | integrate | restate | question | recommend |
| select | predict | specify | | separate | |
| tabulate | restate | validate | | summarize | |
| treat | | | | | |
| B. That imparts skills | | C. That convey attitudes | | | |
| demonstrate | | consider | | | |
| diagram | | exemplify | | | |
| hold | | reflect | | | |
| measure | | | | | |
| palpate | | | | | |
| write | | | | | |

Course Outline: List the major and minor topics included in the presentation. **This section must be completed in order for a ACE application to be approved.**

Faculty Information: This section must be completed for each faculty member/speaker/author. **CVs are not required but are recommended.** In addition to basic information (name, address, phone #, etc.), the sponsor is required to list the faculty member's qualifications for serving as an instructor or writing on the particular topic. The qualifications may include papers presented or published, or professional experience including research in the subject matter to be presented.

Once your application has been reviewed, approved and designated for credit by the AVIR Education Committee reviewers, the AVIR Headquarters Staff will assign the activity a reference number. The contact person will receive an approval letter with any special instructions pertaining to the activity, full course documentation, Sign-In Sheet, and a sample form for participants to evaluate the activity. To determine its effectiveness, participants should evaluate the activity. A summary of the evaluations must be submitted to the AVIR Headquarters office within four (4) weeks of the activity.



ACE Credit Approval Application
Live Activity (Lecture/Lab)

Print clearly or type

1. SPONSOR: _____

2. TITLE: _____

3. ACTIVITY DATE: _____

4. LOCATION: _____

5. CONTACT PERSON

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone #: (_____) _____ FAX #: (_____) _____

Email address: _____

6. APPLICATION FEE enclosed: (check one)

- \$50 Programs \leq 1 day, AVIR Chapter/Academic Institution/Hospital/Local Group
- \$90 Multiple program discount - 6 programs (\leq 1 day) in 6 months
- \$90 Programs $>$ 1 day, Chapter/Academic Institution/Hospital/Local Group
- \$175 Academic Institution/Hospital multiple program discount unlimited single topic in a 12 month period
- \$140 Commercial Company – one year single topic
- \$250 Commercial program – one topic 2 years

7. Has this activity been submitted to another RCEEM (**If yes, AVIR will not review and approve this application**)

Yes No

If yes, Which RCEEM _____

Checklist

Before sending, please ensure you include all of the following:

- Completed original application and one copy for each lecture/topic
 - Objectives for each lecture/topic
 - Outline for each lecture/topic
 - Faculty information or CV on each speaker
 - Copy of program, brochure/flyer or schedule
 - Application fee
 - Prior ACE reference number, if renewing an activity:** _____

Return completed application, attachments **and fee** to:

AVIR
ACE Credit Application
12100 Sunset Hills Rd
Suite 130
Reston, VA 20190
703 234 4055
Fax - 703 435 4390

FOR OFFICE USE ONLY

Date rec'd:
Check #:
Check amt.:
Assigned Ref.#:
Amt. Credit:
Exp. Date:
Review Date:

8. ACTIVITY INFORMATION

Copy this page as needed for programs with multiple lectures.

Title: _____

Date: _____

Format (check one):

Lecture

Lab

Category: _____

Start Time: _____ End Time: _____

Participation Verification Method: _____

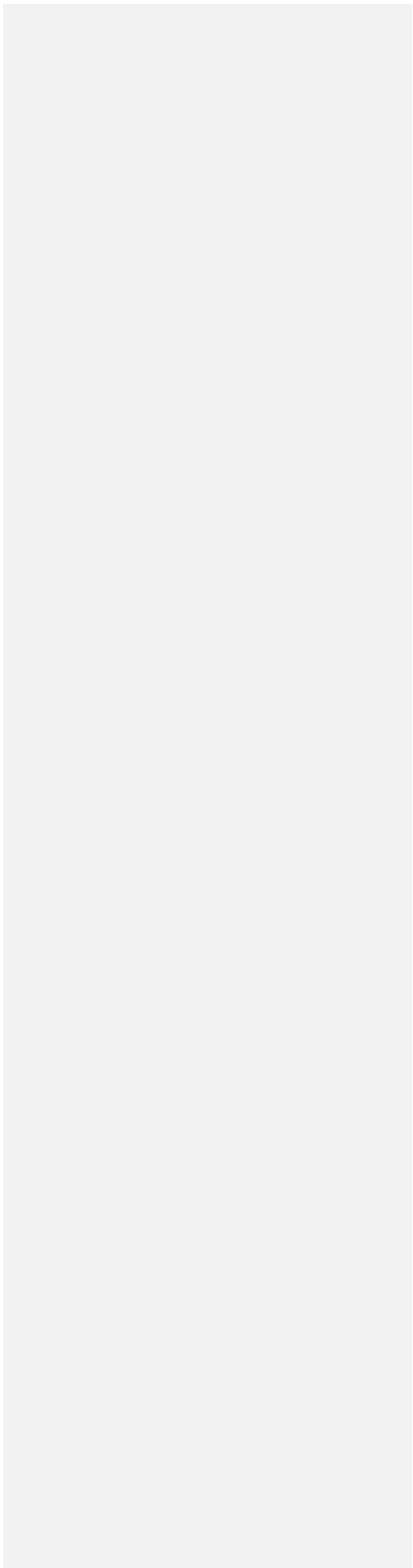
9. Objectives: Knowledge, skills or attitudes the participant will acquire as a result of this activity.

Upon completion of this activity, participants will be able to:

- 1.
- 2.
- 3.
- 4.
- 5.

10. Outline: List the major and minor topics included in the presentation.

- I.
 - A.
 - B.
- II.
 - A.
 - B.
- III.
 - A.
 - B.



11. Faculty Information: (or enclose curriculum vitae)

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone #: () _____ email address: _____

Degree: _____ Certification: _____

Qualifications: _____

Name: _____

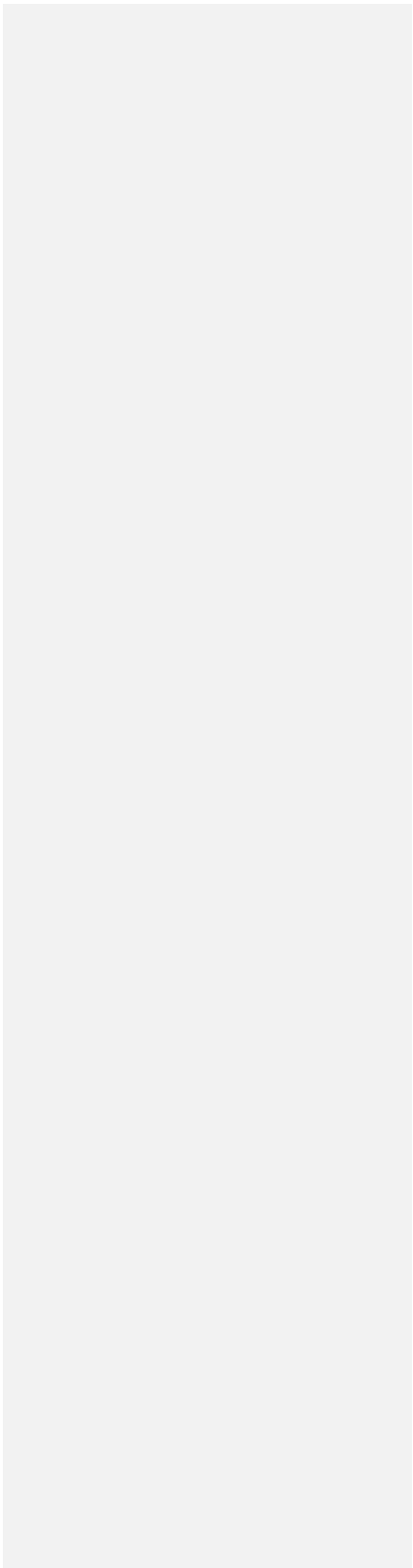
Address: _____

City: _____ State: _____ Zip code: _____

Phone #: () _____ email address: _____

Degree: _____ Certification: _____

Qualifications: _____



ACE Credit Approval Application
Self Study Activity (CD Rom, Journal Article, Video, Web)
Print clearly or type

Comment [MFF1]:

1. SPONSOR: _____

2. TITLE: _____

3. DATE: _____

4. LOCATION: _____

5. CONTACT PERSON

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone #: (_____) _____ FAX #: (_____) _____

Email address: _____

6. Application FEE enclosed: (check one)

- \$50 CD Rom/Video/Web
- \$25 Journal Article (JA)
- \$140 Commercial Company (CM)

7. Has this activity been submitted to another RCEEM

- Yes
- No

If yes, Which RCEEM _____

Checklist

Before mail or sending by fax, please check to ensure you include all of the following:

- Completed original application and one copy for each lecture/topic
- Objectives for each lecture/topic
- Outlines for each lecture/topic
- Faculty credentials or CV on each speaker
- Copy of program, brochure/flyer or schedule
- Appropriate fee(s)
- Prior **ACE number**, if renewing an activity _____

Return completed application, attachments and fee to:

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Reston, VA 20190
703 234 4055
Fax - 703 435 4390

FOR OFFICE USE ONLY

Date rec'd:
Check #:
Check amt.:
Assigned Ref.#:
Amt. Credit:
Exp. Date:
Review Date:

7. ACTIVITY INFORMATION

Copy this page as needed for programs with many lectures.
Refer to Application Instructions page.

Title: _____

Date: _____

Format (check one):

- CD Rom Journal Article Video Web activity

Category: _____

Start Time: _____ End Time: _____

Participation Verification Method: _____

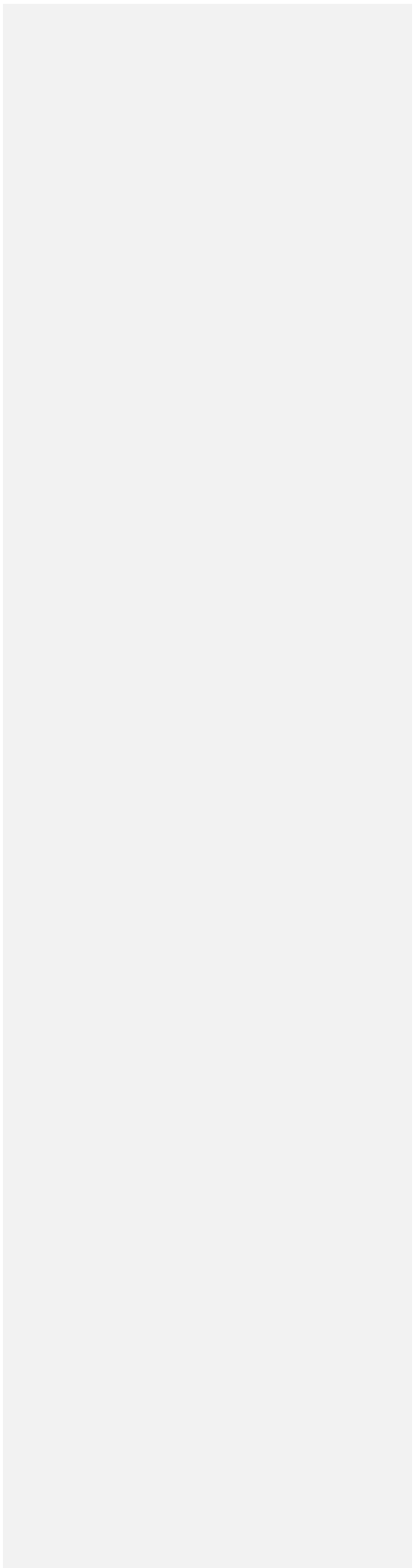
Objectives: Knowledge, skills or attitudes the participant will acquire as a result of this activity.

Upon completion of this activity, participants will be able to:

- 1.
- 2.
- 3.
- 4.
- 5.

Outline: List the major and minor topics included in the presentation.

- I.
 - A.
 - B.
- II.
 - A.
 - B.
- III.
 - A.
 - B.



FACULTY INFORMATION (or enclose CV)

Name: _____

Address: _____

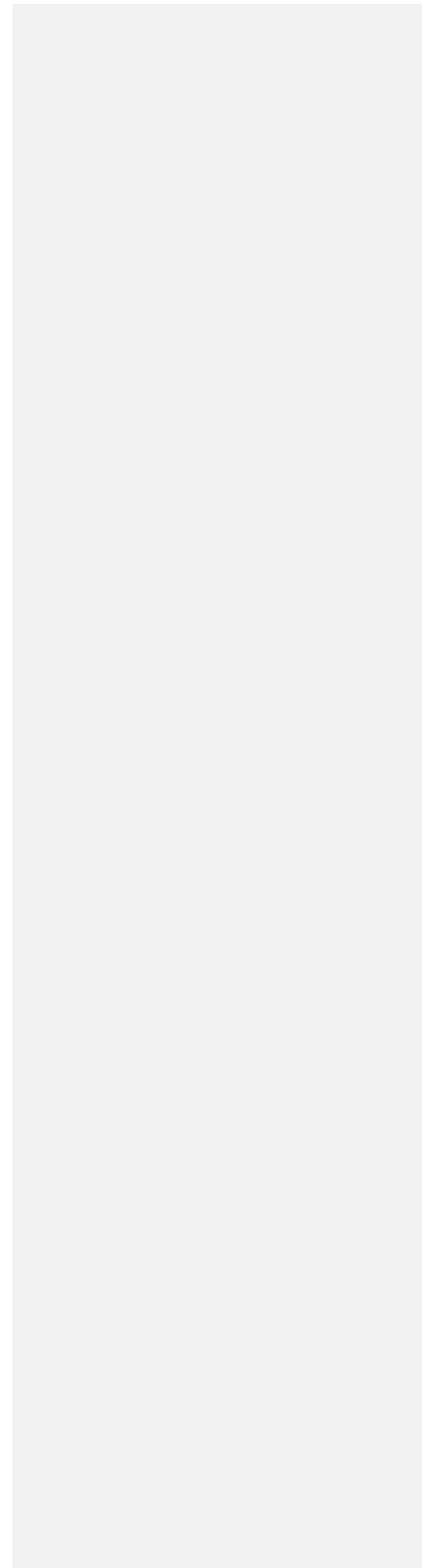
City: _____ State: _____ Zip code: _____

Phone #: () _____ email address: _____

Degree: _____ Certification: _____

Qualifications: _____

August 2009



ACE Credit Approval Application – Speaker Credit

1. Member Information

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone #: (_____) _____ FAX #: (_____) _____

Email address: _____

2. Lecture Information

Lecture Title: (Include copy of brochure) _____

Lecture length: _____ Number of Speakers: _____

Date(s): _____

Sponsor: _____

3. Credit Approval

ACE Reference Number _____

4. Multiple Speaker Credits

Each speaker will receive 3 continuing education hours for every continuing education hour presented.

Any course that breaks down to less than 0.5 credits cannot be claimed for speaker credit

5. Application FEE for Non-AVIR Members enclosed: (check one)

\$5.00 Authors/Speakers

Return completed application, attachments and fee to:

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ACE Credit Application
12100 Sunset Hills Rd
Suite 130
Reston, VA 20190
703 234 4055
Fax - 703 435 4390

FOR OFFICE USE ONLY

Date rec'd:
Check #:
Check amt.:
Assigned Ref.#:
Amt. Credit:
Exp. Date:
Review Date:

ACE Credit Approval Application – Author CE Credit

1. Member Information

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone #: (_____) _____ FAX #: (_____) _____

Email address: _____

2. Publication Information

Title of Publication: _____

Title of Article: _____

Publication Date: _____

3. Writing Category

| Check Category submitted | Documentation required |
|---|------------------------|
| <input type="checkbox"/> Directed reading article published in a peer-reviewed scholarly journal | copy of article |
| <input type="checkbox"/> Scholarly article published in a peer-reviewed section of a journal that meets the definition of a scholarly journal as outlined for Index Medicus/Medline | copy of article |
| <input type="checkbox"/> Chapter of original textbook | copy of article |
| <input type="checkbox"/> Original textbook | copy of article |
| <input type="checkbox"/> Revised edition of original textbook | copy of article |

4. Multiple Author Credits

One author – Five Continuing education hours

Two authors – Five Continuing education hours

5. Application FEE for Non-AVIR Members enclosed: (check one)

\$25.00 Journal Article \$25.00 Textbook

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Fax - 703 435 4390