

CE Activity Request Form

Today's Date: _____

Lecture Title: _____

Speaker & Title (s): _____

Activity Date (s): _____

Contact Name & Phone #: _____

Target Audience: Nurses and Allied Healthcare Practitioners

Duration of presentation: 0 hours (minimum one-hour required for continuing education credit)

NEEDS ASSESSMENT (check at least one of the following (✓)):

✓	To update knowledge and skills
	To exchange new facts and acquire new skills
✓	To improve the attitude and conduct of the healthcare professional
✓	To incorporate new knowledge and skills into clinical practice
	Quality improvement activity

EDUCATIONAL OBJECTIVES (you must list three objectives):

Upon completion of this activity, the healthcare professional will be able to:

1. _____
2. _____
3. _____

EDUCATIONAL METHODS:		EDUCATIONAL AIDS:		EQUIPMENT NEEDED:	
X	Didactic	X	Slides	X	LCD Projector
	Case Presentations		X-Rays		Laptop
	Demonstration		Handouts	X	Screen
	Film/Videotape		Film/Videotape		Slide Projector
	Other	X	Post Test (included in this packet)		Overhead Projector
					Laser Pointer
Other Equipment Needed: _____					

Title: Barbara Furry, RNC, MS, CCRN
Center of Excellence in Education Director

LETTER OF AGREEMENT ~ PAGE 1 OF 2

CENTER OF EXCELLENCE IN EDUCATION (CEE)

Regarding terms, conditions and purposes of an Educational Grant between CEE and

Guidant

Commercial Company Name _____

Activity Date: _____ Registration Time: _____ Activity Time: _____ Duration: _____

Lecture Title: _____

Speaker/Instructor: _____ Email Address & Phone #: _____

Activity Location Name: _____ Location Address & Phone #: _____

Commercial Supporter: _____ # of Attendees Expected: _____

Contact Person: _____

Contact Address: _____

Phone (include area code): _____ Fax: _____

Email: _____

Meal served at Activity (circle one) : Breakfast Lunch Dinner Horsd'oeuvres Other _____

The above listed company wishes to provide support for the named continuing medical education activity by means of:

1. Payment for faculty to include: **RN funding provider can pay speakers and expenses directly (=n/a below)**

Speaker Name & Title:

Honorarium Amount: n/a

2. Other Support (specify):

Other Expenses: n/a

Travel Only: n/a

3. CE Credit \$450 (up to 50 attendees add \$450 for additional participants over 50 attendees) per group ie: same group for two-days, that receive one certificate = \$450; Different group two-day; two different certificates = \$900

Amount: \$

4. Estimate **total amount (*)** of education funding support:

***TOTAL GRANT AMOUNT** \$

Speaker Tax ID or Social Security #:
(If being paid an honorarium)

n/a

LETTER OF AGREEMENT ~ PAGE 2 OF 2

CENTER OF EXCELLENCE IN EDUCATION (CEE)

CONDITIONS:

1. **The Activity is for scientific and educational purposes and** will be fair and balanced, presenting the latest science and best practice methods to activity attendees.
2. The Center of Excellence in Education (CEE) is ultimately responsible for control of content, selection of presenters and moderators. The supporting company will provide speaker qualifications; will disclose financial or other relationships between the company and the speaker upon request.
3. CEE will require that presenters disclose when a product is not approved in the United States for the use under discussion.
6. Contributed funds:
 - a) Unrestricted educational grants or other payments will be made payable to CEE.

AGREED:

Commercial Company Representative:

Signature Date: 05/03/2006

Print Name

Center of Excellence in Education Designee:

Donna Conrad, CME Coordinator Date: _____