



# 2020-21 Hospital CEU Program Guidelines and Application

# ASE OVERVIEW

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## EDUCATIONAL MISSION:

### Purpose

As an organization dedicated to excellence in cardiovascular ultrasound for patient care, the ASE strives to promote and promote opportunities for enhancement of knowledge and skills of cardiovascular ultrasound professionals through educational programming. The goal of this programming is to improve the participant's proficiency in cardiovascular ultrasound and its application to patient care, and foster optimal management of patients with heart disease.

### Content Areas

The ASE will assess the educational and training needs of its members and program attendees in order to design appropriate educational programming. The program will provide quality educational activities, locally, nationally and internationally, for cardiovascular ultrasound professionals to explore contemporary issues and emerging developments in cardiovascular medicine.

**Target Audience:** This program is designed for hospital cardiac ultrasound and cardiovascular laboratories who hold monthly, in-house meetings related to echocardiography.

This program may also include a larger and/or longer meeting you may want to hold at your hospital, lab facility or elsewhere.

## CEU CREDITS:

ASE CEU credits are honored by the American Registry for Diagnostic Medical Sonographer (ARDMS) and Cardiovascular Credentialing International (CCI) towards registry requirements for sonographers. The ASE does not provide registries with your ASE transcript. Credits are not valid towards ARRT requirements. For information on the requirements of your registry and how to update your CEU records, please contact:

ARDMS: 800.541.9754

CCI: 800.326.0268

One CEU (continuing education unit) = 10 contact hours, so 0.1 CEU = 1 contact hour, this conversion is typically listed on your CEU certificate.

## FREEDOM FROM COMMERCIAL INTERESTS:

The ASE mandates that the information presented to the learners during educational activities must be unbiased, scientifically balanced, and based on best available evidence and best practices in medicine. All reasonable clinical alternatives should be presented when making practice recommendations and relationships with commercial interests cannot influence or bias the educational activity.

**For any questions regarding ASE CEU please contact:**

Chloe Kattau - Project Specialist  
Email: [CEUProgram@ASEcho.org](mailto:CEUProgram@ASEcho.org)  
Phone: 919-297-7206

# Echo Lab: Program Details

## OVERVIEW:

Under the guidelines set forth by this program, ***sonographer attendees will be eligible for up to 12.0 ASE contact hours of education per year (1 CEU credit =10 contact hours of education). Thus 1 hour of education would be equivalent to 0.1 CEUs.*** We do offer the ability to include any satellite facilities to be apart of the CEU program as well but they have to be watching it live to be eligible for credit.

## PROGRAM ELIGIBILITY:

To be eligible for this program, laboratory meetings must be developed to enhance the knowledge, performance, or skills of attending clinicians and should directly relate to the professional responsibilities of the laboratory staff. Meetings, to the extent possible, should be free from commercial interest.

## APPLICATION PROCESS AND FEES:

To have your laboratory considered for this program, please review these guidelines and submit the application located on page 4 of this document. ***The person submitting the application must be an ASE member in good standing*** with the Society.

Applications must be accompanied by the letter of approval from the lab director and/or manager as well as the form of payment. Incomplete applications will not be processed.

These fees represent the cost for 12.0 ASE Contact hours of credit to be used in no more than 1 (one) year from the date your application is approved. After this period, the CEUs will expire and a new application will need to be submitted.

**\*\* AMA Category 1 Credit for physicians is not provided in this program**

For labs with 0-9 people: \$325

For labs with 10-25 people: \$425

For labs with 26-50 people: \$525

For labs with over 51 people: \$625

Each 0.5 contact hour over 12: \$20

For labs with over 200 people: *Contact ASE directly for pricing.*

## MEETING APPROVAL:

**For individual (ID) meetings**, following the approval of your application, to be eligible to receive ASE CEU credit designation, you will must: Submit a meeting request form **at least 7 days** prior to your meeting date. ASE will approve these meetings on an individual basis and provide you with a letter of approval and CEU certificate template prior to your meeting date.

***See page 6 for ID meeting submission form.***

**For regularly scheduled (RS) meetings**, you will only need to submit one meeting request form detailing all meeting dates where CEU is being requested and a general set of **5** learning objectives that will cover all meeting content. You will receive advanced approval for up to 1.2 ASE CEU credits (12 contact hours). ***See page 7 for RS meeting submission form.***

Meetings specific to the policies/procedures of a specific employer are not eligible. Non-educational portions of an activity (meals, breaks, business discussions, etc.) should be deducted from the total number of credit hours given. All meetings submitted for an ASE CEU designation should be directly

relevant to the cardiovascular sonographer's professional responsibilities.

**DETERMINING CONTACT HOUR AMOUNTS:**

116-130 minutes	2.00 contact hours
101 – 115 minutes	1.75 contact hours
86 – 100 minutes	1.50 contact hours
71 – 85 minutes	1.25 contact hours
50 – 70 minutes	1.00 contact hours
25 – 49 minutes	0.50 contact hours
Under 25 minutes	No credit

**APPLICANT RESPONSIBILITIES:**

Once approved, the applicant is responsible for planning and coordinating all meetings.

The ASE will not provide administrative assistance in the development of the education activity or its content.

The applicant must submit a meeting request form with the exact date of the meeting, as noted on page 3, for each meeting where a CEU designation is desired. As an advocate for the Society, the applicant is responsible for showing the ASE "Who We Are" video at the start of each meeting. This 4 (four) minute video can be found on the ASE YouTube page, <https://www.youtube.com/watch?v=QbBoj4LD9-g&t=1s> or can be emailed to applicant.

The applicant will be in charge of maintaining proper records of attendance for all credit earned at meetings, and must distribute certificates of attendance to attendees for all meetings where ASE CEU credit is given. The ASE will provide a customized certificate and attendance template for each approved meeting.

Within 30 days following a meeting where credit is given, a typed attendance list, including name, email and credit amount, should be provided to ASE using the template provided by ASE during meeting approval. ***All attendee lists must be submitted in Excel spreadsheet format, and must be submitted by email or online.***

Attendee lists with missing information, or not submitted properly will be returned to applicant for completion. By completing the CEU program application, the applicant has given consent for the ASE to contact meeting attendees via email for the promotion of educational content, and/or membership opportunities.

**PROMOTIONAL MATERIAL PROTOCOL:**

Meetings that will provide brochures, flyers or other promotional materials must be approved prior to distribution. ASE will provide the appropriate graphics and terminology for all sections in which the ASE is mentioned.

**BENEFITS TO AN ASE PARTNERSHIP:**

The ASE is widely recognized as the premier source for heart and circulation ultrasound education. In addition to providing CEU credits to hospital laboratory meetings and local societies, the ASE's cardiovascular ultrasound CME regime is unparalleled in the field.

In addition to a wealth of online resources, found at [www.ASEcho.org](http://www.ASEcho.org), which can be used with your meeting, ASE will provide you with a toolkit containing information on additional educational programming, ASE membership, and helpful laboratory accreditation products which can be used and/or distributed during your meetings.

# Echo Lab: Program Application

DATE: \_\_\_\_\_

## Laboratory Information

Name of Affiliated Hospital: \_\_\_\_\_

Primary mailing address and contact info (all correspondences, including ASE materials for distribution, will be sent to this address).

Street Address/ Post Office Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Echo Lab Phone: \_\_\_\_\_

Website (if available): \_\_\_\_\_

## Contact Information

Echo Lab Contact Person Name: \_\_\_\_\_

Echo Lab Contact Person ASE Membership Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Lab Manager/Director Name (please print): \_\_\_\_\_ ASE Member? (Y/N) \_\_\_\_\_

Lab Manager/Director Email Address: \_\_\_\_\_

## Application Requirements & Payment

A letter of approval from the lab manager/director as well as payment is necessary for application to be reviewed. This application fee is non-refundable. Please submit payment within 7 business days of first meeting. Payment will not be processed until application is approved.

- |  |       |  |       |
|--|-------|--|-------|
| <input type="checkbox"/> For labs up to 9 people:      | \$325 | <input type="checkbox"/> For labs with 26 – 50 people: | \$525 |
| <input type="checkbox"/> For labs with 10 – 25 people: | \$425 | <input type="checkbox"/> For labs with over 50 people: | \$625 |

☐ AMERICAN EXPRESS ☐ VISA ☐ MASTERCARD

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card (please print): \_\_\_\_\_ CVC: \_\_\_\_\_

Signature: \_\_\_\_\_

Check/Money Order (# \_\_\_\_\_) [Made payable to the American Society of Echocardiography]

## Signature Required

I have read and agree to the American Society of Echocardiography's CEU Guidelines for hospital laboratories. I understand that as the contact person, I am responsible for ensuring that the above named hospital abides by the ASE's CEU Guidelines. I also understand that the ASE has the right to deny approval of any application.

**Submit by email, mail or fax to the address below. You will be notified via email when your application is received.**

Signature of Echo Lab Contact Person

Date

Submit by email or online: ATTN: Chloe Kattau, CEUProgram@ASEcho.org

AMERICAN SOCIETY OF ECHOCARDIOGRAPHY INC.

2530 Meridian Parkway, Suite 450 | Durham, NC 27713

Phone: 919-861-5574 | Fax: 919-882-9900 | Web: [ASEcho.org](http://ASEcho.org)

# Echo Lab: ID Meeting Submission Form

Date of Meeting: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Contact Information

Echo Lab Contact Person Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Hospital Affiliation / CEU Program Name: \_\_\_\_\_

## Meeting Information

Number of ASE contact hours requested (length of echo subject matter presented): \_\_\_\_\_

Proposed title of society meeting to be held:

\_\_\_\_\_

Time of society meeting to be held (beginning time and ending time): \_\_\_\_\_

Location of meeting (provide complete name and address):

Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Speaker(s): \_\_\_\_\_

Meeting Format (i.e. Lecture, cases, interactive, etc.): \_\_\_\_\_

List one learning objective for each hour of proposed content:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Submission Requirements

Attach a typed detailed agenda and program description of your meeting (including the names of the speakers, topics to be discussed, breaks, meals, etc., and the times devoted to each).

## Signature Required

This form must be dated and submitted at least 7 days prior to your meeting. ASE must receive a Meeting Submission Form for each meeting that will offer ASE CEU credits. You will be notified by email once your meeting and number of ASE contact hours have been approved. You will be provided with a CEU certificate template to distribute to meeting attendees. Within 30 days of the conclusion of the meeting, you will be responsible for providing the ASE with a typed attendance list (Excel format only). The American Society of Echocardiography has the right to deny any Meeting Submission and/or the number of credit hours requested.

**I understand and agree to comply with the above statements.**

X \_\_\_\_\_

Signature of Echo Lab Contact Person

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

Date

\*Your name typed above constitutes an electronic signature.

**Submit by email or online:** ATTN: Chloe Kattau, CEUProgram@ASEcho.org

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# Echo Lab: RS Meeting Submission Form

Dates of Meetings: \_\_\_\_\_

## **Contact Information:**

Echo Lab Contact Person Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Hospital Affiliation / CEU Program Name: \_\_\_\_\_

## **Meeting Information**

Number of ASE credit hours requested (per meeting): \_\_\_\_\_

Title of Meeting Series: \_\_\_\_\_

Speaker(s): \_\_\_\_\_

Length of time of actual echo-related content presented during each meeting: \_\_\_\_\_

Meeting Format (i.e. Lecture, cases, interactive, etc.): \_\_\_\_\_

Location of meeting (provide complete name and address): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Expected attendance: \_\_\_\_\_

## **Submission Requirements:**

Attach a minimum of 5 general learning objectives which cover all aspects of your regularly scheduled meetings. Must also include a typed detailed agenda and program description of your meeting (including the names of the speakers, topics to be discussed, breaks, meals, etc., and the times devoted to each).

## **Signature Required**

This form must be dated and submitted at least 7 business days prior to your first meeting. You will be notified by email once your meetings and number of ASE credit hours have been approved. You will be provided with a CEU certificate template to be used for meeting attendees. Within 30 days of the conclusion of each meeting, you will be responsible for providing the ASE with a typed attendee list. The American Society of Echocardiography has the right to deny any Meeting Submission and/or the number of credit hours requested.

**I understand and agree to comply with the above statements.**

**X** \_\_\_\_\_

Signature of Echo Lab Contact Person

\*Your name typed above constitutes an electronic signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**Submit by email or online:** ATTN:Chloe Kattau, CEUProgram@ASEcho.org

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