

Thank you for requesting a continuing education provider unit packet. Air & Surface Transport Nurses Association (ASTNA) is a recognized Continuing Education Credit Hour (CECH) provider by the California Board of Nursing (this number and your CECH number will be provided after your program is approved). In the packet you will find a list explaining the steps to take to obtain the awarding of contact hours. Please pay special attention and follow the steps to prevent any delay in the process. In order to expedite your application, please submit all paperwork via email.

The 60-day prior requirement is necessary to allow the material to be sent to the National Office, payment processed, then sent onto the *volunteers* of the continuing education provider unit committee to process and assure compliance and then returned to the National Office. **You may e-mail one complete packet to astna@gwami.com or submit four (4) typed copies of the entire packet (see event planning form) to the National Office 60 days prior to the date of the offering / program (preferably by email).** Your certificate and award of CE contact hours will be sent to you at least fourteen days prior to your course.

The fee associated with your course packet submission is designed to pay for the mailings and incidentals that occur with processing your application.

If you have any questions, do not hesitate to contact us.

Sincerely,

ASTNA National Office
7995 East Prentice Avenue
Suite 100 East
Greenwood Village, CO 80111
Phone: 800.897.6362
E-mail: astna@gwami.com

SUGGESTED TIMELINE FOR DEVELOPING A CECH PROGRAM**A. 20 WEEKS PRIOR TO PROGRAM DATE**

- *Contact ASTNA to place information in the Wings, Wheels & Rotors newsletter (optional)
- *Select lecture topics
- *Order audio-visuals
- *Select and reserve room space

B. 16 WEEKS PRIOR TO PROGRAM DATE

- *Obtain required material for CECH approval from your speakers, such as, Biographical Data Form and Content Outline with objectives
- *Order food / drinks as needed for projected audience

C. 12 WEEKS PRIOR TO PROGRAM DATE**Type all required material for CECH approval**

- *Biographical Data Forms for speakers, planning committee and activity coordinator
- *Content outline for each lecture
- *Evaluation form for each lecture
- *Marketing tool (e.g. brochure)
- *Sample of CECH Certificate (if not using ASTNA's)
- *Re-contact speakers who have not yet returned Biographical Data forms and/or content outlines
- *Mail marketing tool out to target audience

D. 10 WEEKS PRIOR TO PROGRAM DATE

- *Mail CECH application with fee to ASTNA (7995 East Prentice Avenue, Suite 100, Greenwood Village, CO 80111)

Attention: CE Provider Chairperson

OR email the packet to the ASTNA office at astna@gwami.com. This method provides a much faster turnaround – to pay the fee please call into the office with your credit card number.

E. 8 WEEKS PRIOR TO PROGRAM DATE

- *Re-contact any speakers or committee members who have not returned required materials
- *Re-confirm speaker audiovisual needs and set-up of room
- *Confirm speaker request for handout materials
- *Confirm food / drink order with vendor

CRITERIA / PROCEDURE FOR CECH

Criteria for Application of CECH

The course content must be related to one of the following four components: research, education, practice and / or professionalism.

A minimum of one (1) planning committee member must be a registered nurse.

Application Procedure

1. **The packet can be submitted by email to: astna@gwami.com (ASTNA National Office) – this is our preferred method.** Otherwise **four typed copies of the entire packet** must be submitted to the ASTNA National Office. Either way of submission needs to be at the National Office **60 days** prior to the date of the presentation to qualify for the standard fee. If submitting by email, please send the fee to the National Office with the name of the program or the office can be called with a credit card payment. Once the payment is received, the packet will then be sent off to committee members for review.
 - A. A content outline form with objectives, content outline and teaching methods **must** be completed for **each** presentation within a program.
 - B. Submit contact hour fee with check payable to ASTNA. The contact hour fee is based on the number of hours one participant could attend (60 minutes = 1 CECH), not the number of presentations being provided in the program.
2. If you are submitting your application less than the 60-day deadline, please refer to the **Late Fee** schedules. **Retroactive CECH will not be awarded.**
3. CECH is based on a sixty (60) minute hour for organized learning experiences. Not less than a minimum of one (1) hour will be provided. (Note: please be sure if you are doing multiple presentations at a conference that time between presentations is in the program description)
4. Certificates verifying the awarding of CECH must include the following statement:
“(Blank) contact hours have been provided by the Air & Surface Transport Nurses Association.”
5. On your brochure and all publicity prior to the conference the following statement must be included “CECH has been applied for with the Air & Surface Transport Nurses Association.”
6. CECH provided by ASTNA are valid for two (2) years from the date of the first offering / program.
7. **Re-submission of requests denied:** If there is insufficient documentation of how the criteria are being met, CECH will not be provided. A completed form may be resubmitted for review following the same requirements.
8. It is the educational coordinator’s responsibility to keep evaluations (or summary of evaluations) and the roster for the educational activity for a minimum of four (4) years. At any time during the four-year period, the activity coordinator may be audited to provide ASTNA with this information. ASTNA will randomly audit educational activities on a routine basis.
9. All written material related to the continuing education activity will identify ASTNA as a co-sponsor by utilizing the ASTNA logo.

CONTINUING EDUCATION CONTACT HOUR CHECKLIST

- _____ 1. CECH APPLICATION
- _____ 2. For **each** presentation requesting CECH you will need:
 - (a) Behavioral Objectives
 - (b) Content Outlines
 - (c) Time Frame
 - (d) Teaching Method
- _____ 3. Biographical Data Form for:
 - (a) Activity coordinator
 - (b) Each member of the planning committee
 - (c) Each speaker (of the presentation you are requesting CECH)
- _____ 4. Evaluation tool (unless using ASTNA's)
- _____ 5. Sample of Certificate (if not using ASTNA's)
- _____ 6. Copy of marketing tool or program brochure
- _____ 7. Fee check

REVIEW PROCESS FOR CECH

Approving Body

Completed applications submitted for CECH approval are reviewed by members of the Continuing Education Provider Unit committee.

Communication

Within four (4) weeks of receipt of a completed application (received at least 60 days prior to program start date), the educational coordinator will be informed by mail (or email) of approval. The educational coordinator will be informed by telephone, email, or mail of non-approval and / or recommendations for revisions for approval as soon as possible.

If upon acceptance of a late application, further information is required for approval, the educational coordinator will be informed by telephone to forward necessary information. If time permits, the educational coordinator will be informed by mail of CECH approval prior to the start of the program. If time does not permit, notification will be by telephone. ASTNA will do its best in mailing requested paperwork by the start of the program, but will depend on how late the application was received, as well as availability of reviewers.

If approved, the educational coordinator will be notified in writing which states the number of CECH's approved. If requested, a master CECH certificate for the program will also be sent. Approval is granted for the same exact program for two (2) years.

Record Keeping

It is the educational coordinator's responsibility to keep evaluations (or summary of evaluations) and the roster for the educational activity for a minimum of four (4) years. At any time during the four-year period, the educational coordinator may be audited to provide ASTNA with this information.

REQUEST PACKET FOR PROVISION OF CONTACT HOURS FOR CONTINUING EDUCATION

DEFINITIONS

These definitions are drawn from the glossary in the American Nurses Association's *Standards for Continuing Education in Nursing* and the *American Nurses Credentialing Center - Commission on Accreditation*

Adult Learning Principles

Approaches to adults as learners based on recognition of the individual's autonomy and self-direction, life experiences, readiness to learn and problem-orientation to learning.

Behavioral Objective

An intended outcome of instructions stated as a specific behavior of the learner that can be measured by performance.

Contact Hour

A unit of measurement that describes 50 minutes of an approved, organized learning experience.

Continuing Education

Those learning activities intended to build upon the educational and experiential bases of the professional nurse for the enhancement of practice, education, administration, research or theory development to the end of improving the health of the public.

Co-provide

The process for planning, developing and implementing an educational activity by two or more providers.

Needs Assessment

Process by which a discrepancy between what is desired and what exists is identified.

Offering

A single educational activity that may be presented once or repeated. An offering may include several sessions held on different days but relate to a single set of objectives and a single evaluation tool.

Program

A series of offerings / educational sessions with a common theme and overall goals. Attendees may be allowed to choose among several individual / concurrent educational sessions. An example of a program might be a conference or course.

Provider

An individual, institution, organization or agency responsible for the development, implementation, evaluation, financing, record keeping and maintenance of a quality assurance mechanism for a continuing education offering or program.

Provider Unit

The administrative body responsible for coordinating all aspects of the nursing continuing education activities sponsored by a provider.

Resources

Individuals, materials, space and funds needed to implement an educational program.

Target Audience

Group for which a learning experience has been designed.

Teaching Methods

A system of instructional procedures based upon educational principles.

STEPS TO REQUEST CONTINUING EDUCATION CONTACT HOURS

1. Call the National Office and request a packet for continuing education contact hours. The packet may also be downloaded from the ASTNA website: www.astna.org.
2. The packet will be mailed within two (2) working days.
3. E-mail one complete packet to astna@gwami.com or submit **four (4) typed copies** of the entire packet (see event planning form) to the National Office 60 days prior to the date of the offering / program (preferably by email).
 - A. A content outline form with objectives, content outline and teaching methods must be completed for each presentation within a program.
 - B. Submit contact hour fee with check payable to ASTNA (if application submitted by email it will be sent to committee members for approval after payment is received). You may call the National Office to pay by credit card – 800.897.6362.
4. The request packet will be reviewed by the Continuing Education Provider Unit Committee.
5. The Continuing Education Provider Unit Committee provides contact hours based on a 60-minute hour for organized learning experiences. Not less than a minimum of 1 hour will be provided.
6. Brochures published prior to review must indicate that, " CECH has been applied for with the Air & Surface Transport Nurses Association."
7. Certificates verifying the awarding of contact hours must include the following statement:
"(Blank) contact hours are provided by the AIR & SURFACE TRANSPORT NURSES ASSOCIATION"
8. The contact person will receive written notification of number of contact hours provided 14 days prior to the date of the educational activity. All attempts will be made to notify the organization as soon as possible.
9. Contact hours provided by ASTNA are valid for two (2) years from the date of the first offering / program as long as there are no changes made to the program.
10. **Re-submission of requests denied:** If there is insufficient documentation of how the criteria are being met, contact hours will not be provided. A completed form may be resubmitted for review following the same deadline requirements.

11. **Retroactive contact hours will not be provided.**

OFFERING / PROGRAM EXPLANATION

Type of Educational Activity (see glossary)

Offering - single educational activity (may be repeated)

Program - conference or course with multiple presenters / topics

A. Resources

1. A person is identified to be the contact person who is responsible for submitting continuing education packet.

Submit name and biographical data form, which specifies the educational and professional qualifications of the person responsible for submission of required paperwork.

Name person(s) administratively responsible:

2. Registered nurse(s) involved in the planning process. A **minimum** of one registered nurse must hold a baccalaureate or higher degree in nursing or related field.

Submit the name and biographical data form (no CV or resume) for each person involved in planning the offering / program.

Name of registered nurse(s) involved in planning:

B. Target Audience and Needs Assessment

1. The target audience for the offering / program is identified.

Describe the target audience. (Address in narrative)

Describe the target audience:

2. The offering / program is developed based on a documented need of potential participants in relation to topics, scheduling, and location.

Describe how the need for this offering / program was assessed, including learner input was considered in such areas as content, location and scheduling. (Address in narrative)

Describe how the learner's needs were determined relative to:

Content _____

Location _____

Scheduling _____

C. Objectives

Objectives for the offering / program are stated in operational / behavioral terms that define the expected outcomes for the learner.

State objectives in operational / behavioral terms using the required format. Submit an Offering Documentation Form.

D. Content / Time Frame

1. Offering content is related to and consistent with the offering objectives. Each objective has corresponding content.
2. Content is described in the form of a content outline with corresponding time frames for each content area.
3. Time allotted for the offering is consistent with the objectives and appropriate for the content being presented.

Submit the Offering Documentation Form.

E. Faculty

1. Faculty / presenters take an active part in planning and evaluating their presentations.

Describe how the faculty takes part in planning and evaluating their presentations.

(Address in Biographical Form)

Describe faculty participation in planning_____

Describe how the faculty takes part in evaluating their presentation_____

2. Faculty / presenters present content in an area in which they have knowledge and expertise.

Submit an Offering Documentation Form and Biographical Data Form (no CV's or resumes for each faculty/presenter.)

F. Teaching Methods

1. Teaching methods are congruent with the offering / program objectives and content (i.e. lecture, discussion, handouts, etc.).

Submit an Offering Documentation Form by each presenter for each topic or content area.

2. Teaching methods reflect the knowledge of adult learning principles (refer to Bloom's Taxonomy enclosed with application).

Submit an Offering Documentation Form.

G. Physical Facilities

The site of the offering / program will accommodate teaching methods, environmental comfort and target audience accessibility.

Describe the physical facilities (use narrative) _____

H. Co-Providership Yes _____ No _____

If the offering / program is co-provided, submit a co-providership agreement (enclosed).

I. Evaluation

There is a clearly defined method for evaluating the following:

1. Learner's achievement of each offering objective.
2. Teaching effectiveness of each individual faculty member / presenter.
3. Relevance of the content to the offering objective.
4. Effectiveness of teaching methods.
5. Appropriateness of the physical facilities.
6. Pertinent to practice.
7. Achievement of personal objective by the learner.

Submit a copy of the learner evaluation instrument. A summary of evaluations must be kept by the sponsoring organization for a minimum of four (4) years and available at ASTNA's request during that time.

J. Verification of Attendance

Participants will receive written verification of the following:

2. Attendance at the offering / program
3. Number of contact hours provided
4. Provider of the offering
5. Title, date and location of the offering / program
6. The statements, "(Blank) contact hours have been provided by the Air & Surface Transport Nurses Association. ASTNA is an approved provider for the California Board of Registered Nursing CEP 13575" must appear on your certificates.

Submit a sample of the verification form / certificate awarded to participants. CE certificates are available from the National Office by request.

K. Contact Hours

Contact hours are determined by adding the total number of minutes the participant is in contact with the content material. Exclude breaks, lunch, study time, and any time not directly addressed by the objectives. Divide the total number of minutes by 60 to determine the number of contact hours. Contact hours cannot be awarded for continuing education events where the total time is less than 60 minutes. Partial contact hours can be awarded for time that exceeds 60-minute increments.

Example

9:00-10:00	Lecture
10:00-11:00	Lecture
11:00-11:15	Break
11:15-12:00	Clinical

165 min Total divided by 60 = 2.7 contact hours

L. Fee for Provision of Contact Hours

Number of contact hours requested _____

CONTACT HOURS	ASTNA MEMBER	NON-ASTNA MEMBER
1 - 3	\$20.00	\$50.00
4 - 7	\$40.00	\$80.00
8 - 12	\$70.00	\$140.00
13 - 20	\$100.00	\$200.00
21 - 30	\$125.00	\$250.00
31 +	\$150.00	\$300.00

Late fee of \$50.00 needs to be added if approval for late submission is received from the CECH coordinator. Please verify that the submission can be managed by the CECH committee prior to sending a late entry to the National Office.

INSTRUCTIONS FOR COMPLETING CONTENT OUTLINE FORM

Behavioral Objectives

An intended outcome of instructions stated as a specific behavior of the learner that can be measured by performance. Using an action verb (e.g. discuss, describe, identify, list, etc.), describe an action or a behavior which will occur, and which can be observed.

Include only one behavior per objective so it is possible to judge each behavior separately.

Describe what the learner is to do rather than what the teacher is to teach.

Limit the objectives to those that are realistic and achievable for the situation.

Content

Each objective must have corresponding outline content. Content should be listed in outline form. See sample form.

Time Frame

State total number of minutes (excluding breaks and meals) for each session. Time allotted should be consistent with behavioral objectives and content outline. Please be sure the total time of each offering is the same listed in the brochure / program.

Faculty

List the faculty name and be sure to complete Biographical Data Form.

Teaching Methods

List teaching methods used (lecture, slides, small group, skill lab, self instruction, etc.).

**CONTENT OUTLINE FORM
(SAMPLE ONLY)**

Title: Transport Nursing
Faculty: T. Nurse, RN, CFRN
Date: June 4, 2001
Teaching Methods: Lecture, Handouts, PowerPoint, Discussion

At the completion of the presentation, the participant will be able to:

1. Describe indications for rapid transport.
2. Discuss different modes of transport.
3. Identify several advanced skills a transport nurse is prepared to utilize.
4. Describe mechanisms in place to help maintain proficiency in the management of critical patients.

I.	Rapid Transport	15 min
	A. Indications	
	B. Transport Considerations	
II.	Modes of Transport	20 min
	A. Rotor Wing	
	B. Fixed Wing	
	C. Ground	
III.	Advanced Procedures	15 min
	A. Airway Management	
	B. Central Line Placement	
	C. Chest Tube Placement	
IV.	Maintenance of Proficiency	10 min
	A. Chart Reviews	
	B. Skills Lab	
	C. Conference	

Total time in minutes: **60 min**

CONTINUING EDUCATION CONTACT HOURS APPLICATION
(Please type application)

CONTINUING EDUCATION PROGRAM

Title: _____

Date(s): _____

Anticipated Continuing Education Contact Hours: _____ hours

Has this activity been previously submitted to ASTNA for review in the past two (2) years?

YES _____

NO _____

If yes, date of last presentation: _____

PROVIDING (SPONSORING) ORGANIZATION

Name: _____

Address: _____

Day Time Telephone: _____ Fax _____

IF APPLICABLE: CO-PROVIDING ORGANIZATION

(Applicable if sharing the responsibilities and financial profits with another organization)

Name: _____

Address: _____

Day Time Telephone: _____ Fax _____

EDUCATION ACTIVITY COORDINATOR

(Submit Biographical Data Form. Do **Not** send CV or resume.)

Name: _____

Address: _____

Telephone _____ E-mail _____ Fax _____

CONTACT PERSON

(If different from above)

Name: _____

Address: _____

Telephone _____ E-mail _____ Fax _____

PLANNING COMMITTEE

(Submit Biographical Data Form for each member of committee. Do **NOT** send CV or resume. A minimum of one committee member must be a registered nurse – if applying for fee as a member of ASTNA, a minimum of one committee member must be in good standing. Please include their affiliation and ASTNA membership number on their biographical data form)

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

IDENTIFY THE TARGET AUDIENCE

_____ Transport Nurse _____ EMT / EMT-P _____ MD _____ Pilot _____ RRT
_____ Flight Communicator _____ CFN / Program Director _____ Other _____

NEEDS ASSESSMENT (CHECK ALL THAT APPLY)

_____ Expressed Needs (written / verbal) _____ Previous Offering Evaluations
_____ Regulatory Requirements _____ Other _____
_____ Recommendations from QA/QI

OBJECTIVE / PURPOSE OF EDUCATIONAL ACTIVITY

ESTIMATED NUMBER OF PARTICIPANTS _____

COURSE LOCATION (Site, City, State)

DESCRIPTION OF FACILITIES IN RELATIONSHIP TO COURSE REQUIREMENTS

(Check all that apply)

_____ Classroom (desks) _____ Theater (seats only) _____ Static Display
_____ Breakout (small group) _____ Other (specify) _____
Audio / Visual Capable _____ Yes _____ No

EVALUATION TOOL

Using ASTNA's _____ Yes _____ No If no, please submit form to be used.

CERTIFICATE

Using ASTNA's _____Yes _____No If no, please submit certificate to be used and assure that the statements“(Blank) contact hours has been provided by the Air & Surface Transport Nurses Association” and “ASTNA is an approved provider for the California Board of Registered Nursing CEP 13575” are on your certificate.

AIR & SURFACE TRANSPORT NURSES ASSOCIATION
BIOGRAPHICAL DATA FORM

Required for all faculty and planning committee members

Name _____ Credentials _____

Position _____

Employer _____

Education:	Degree / Major	Institution / Location	Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Summarize your professional experience related to presentation/committee member

Include previous presentations, published articles, clinical experience related to topic

This person's participation in this offering includes: (Check all that apply)

Development of:

Selection of:

- _____ Objectives
- _____ Content
- _____ Evaluation tools

- _____ Teaching Methods
- _____ Handouts and Bibliography
- _____ Other _____

USE THIS FORM ONLY: DO NOT SEND CV OR RESUME. THANK YOU.

**AIR & SURFACE TRANSPORT NURSES ASSOCIATION
INSTRUCTOR EVALUATION FORM**

Instructions: Please take a moment to fill in this form. Once completed and turned in, you will then receive you certificate of attendance.

1 = Strongly Agree

2 = Agree

3 = Disagree

4 = Strongly Disagree

FACULTY NAMES							
1. The instructor was knowledgeable.							
2. The objectives were met.							
3. Information was relevant to my practice.							
4. Information was current.							
5. The educational level was appropriate.							
6. The teaching method was effective.							

Comments _____

It is the Educational Coordinator’s responsibility to keep evaluations (or summary of evaluations) and the roster for a minimum of four (4) years. At any time during this period, ASTNA may choose to audit the records. Thank you for your assistance in maintaining these records.

OVERALL COURSE EVALUATION

Title of Seminar _____

Instructions: Please take a few moments to complete this evaluation. The course faculty and the Air & Surface Transport Nurses Association value your input to assist in future planning of this event, as well as future educational offerings.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
1. This program achieved its objectives	1	2	3	4	5
2. The program was relevant to your needs	1	2	3	4	5
3. The physical facilities were conducive to learning	1	2	3	4	5

Comments: _____

What did you like most about this course? _____

What did you like least about this course? _____

Do you have any suggestions for future topics and / or speakers (if applicable)? _____