

# 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 provide opportunities for enhancement of knowledge and skills of cardiovascular ultrasound professionals through its 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, both locally and nationally, for cardiovascular ultrasound professionals to explore contemporary issues and emerging developments in cardiovascular medicine.

### Target Audience

ASE will direct its programs to cardiologists, pediatric cardiologists, cardiac and vascular sonographers, cardiology trainees, cardiovascular surgeons, anesthesiologists, internists, emergency room physicians, internal medicine trainees, nurses, medical students, and other interested health professionals.

## CEU CREDITS:

**ASE CEU credits** are honored by the American Registry for Diagnostic Medical Sonography® (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

## 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.

## CONTACT:

For any questions regarding ASE CME/CEU educational programs and opportunities, please contact:

Ronna Yates, Project Specialist  
919-297-7161 or, [ryates@asecho.org](mailto:ryates@asecho.org)

# Local Society: Program Details

## OVERVIEW:

This program is designed for local echocardiography societies who host educational meetings related to echocardiography. Under the guidelines set forth by this program, sonographer attendees will be eligible for up to 12 ASE CEU credits per year from attendance at these meetings.

\*\*Please note that AMA Category 1 Credit for physicians is not provided.

## PROGRAM ELIGIBILITY:

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

Meetings specific to the policies/procedures of a specific employer or institution 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. Meetings must be approved by ASE.

## APPLICATION PROCESS AND FEES:

To have your society considered for this program, please review these guidelines and submit the application located on **page 5** of this document. The person submitting the application should be an ASE member in good standing with the Society. All applications should be accompanied with payment. Incomplete applications will not be considered and will be returned to sender for completion.

The fees below represent the cost for 12 ASE CEU credits to be used in no more than 1 (one) year from the date of issue. After this period, unused CEUs will expire and a new application will need to be submitted.

Application Fee:	\$300
Each 0.5 credit over 12:	\$20

If each of the 12 credits is approved and used prior to the end of your approval period, you may purchase credits in half hour intervals through the end-date of your term (see page 7), or, you may choose to renew your society's enrollment by resubmitting a current application and the accompanying \$300 fee.

## MEETING APPROVAL:

Following the approval of your enrollment application, you will need to submit a meeting request form to ASE prior to each meeting for which you would like to receive an ASE CEU credit designation. All submissions should include a copy of any promotional materials (flyers, etc) and a typed meeting agenda. ASE will approve these meetings on an individual basis and provide you with a letter of approval and CEU certificate template. Meeting submission forms should be sent to the ASE at least 15 days prior to the meeting. **See page 6 for submission form.**

## DETERMINING CREDIT AMOUNTS:

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

## PROMOTIONAL MATERIALS:

Promotional materials, printed or electronic, may not advertise ASE CEU credit for your meeting until written approval has been provided by the ASE. Upon approval, all promotional materials must include the following verbiage: *The American Society of Echocardiography certifies that this educational activity meets the criteria for up to [number of credits] ASE CEU credit(s).*

Use of the ASE logo on any materials, websites, etc., must be approved by the ASE prior to use. Failure to do so may result discontinuance of ASE CEU privileges - no refund will be given.

## 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 educational activity or its content.

The applicant must submit a meeting request form for each meeting where a CEU designation is desired. Failure to do so will result in the discontinuance of ASE CEU privileges - no refund will be given.

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

Within 30 days following a meeting where credit is given, a typed attendance list, including name, address, phone, e-mail and credit amount, should be provided to ASE. The attendance list must be submitted to ASE in the required ASE template provided at the time of meeting approval. Incomplete attendance lists will not be accepted, and will be returned to the applicant for complete information.

**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 for local echo societies and echocardiography laboratories, the ASE's cardiovascular ultrasound CME regime is unparalleled in the field. ASE's CEU certificates are recognized by both ARDMS and CCI towards registry requirements for sonographers.

To help promote your local society, the ASE will provide a link to your society on the

calendar pages at [www.asecho.org](http://www.asecho.org) and update this site on a regular basis with new meeting information.

In addition to a wealth of online resources, found at [www.asecho.org](http://www.asecho.org), that can be used with your meeting, the 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.

# Local Society: Program Application

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

## Society Information

Name \_\_\_\_\_ of \_\_\_\_\_ Local \_\_\_\_\_ Society:  
 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: \_\_\_\_\_

Society Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

## Contact Information

Society Contact Person name: \_\_\_\_\_

Society Contact Person ASE membership number: \_\_\_\_\_

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

## Application Requirements & Payment

A \$300 payment is necessary for application to be reviewed. This application fee is nonrefundable. Payment will not be processed until application is approved.

 AMERICAN EXPRESS       VISA       MASTER CARD

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 local societies. I understand that as the contact person, I am responsible for ensuring that the above named society abides by the ASE's CEU Guidelines. I also understand that the ASE has the right to deny approval of any application.

 \_\_\_\_\_  
 Signature of Local Society Contact Person

\*your name typed above constitutes an electronic signature

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

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

Attn: Ronna Yates

# Meeting Submission Form

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

## Contact Information

Society Contact Person name:

E-mail Address:

Name of Local Society: \_\_\_\_\_

## Meeting Information

Number of ASE CEU credits 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): \_\_\_\_\_

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

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

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

Provide an overview of content to be covered during this meeting: \_\_\_\_\_

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

List one learning objective for each hour of proposed content: \_\_\_\_\_

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

**Submission Requirements:** Attach a typed, detailed agenda and program description of your meeting (including the names of speakers, topics to be discussed, breaks, meals, etc., and the times devoted to each). If you wish to distribute flyers, activity announcements, etc., copies of all material should be sent to the ASE for approval.

**Signature Required:** This form must be dated and submitted at least 15 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 e-mail once your meeting and number of ASE CEU credit hours have been approved, and you will be provided with a CEU certificate template and attendance roster template to be used for meeting attendees. Within 30 days of the conclusion of the meeting, you will be responsible for providing ASE with a typed attendee list. ASE 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 Local Society Contact Person

\*your name typed above constitutes an electronic signature

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

Date

Submit, by email, mail, or fax, to: [ryates@asecho.org](mailto:ryates@asecho.org)

AMERICAN SOCIETY OF ECHOCARDIOGRAPHY INC  
P.O. Box 890082  
Charlotte, NC 28289-0082

# Extra Credit Meeting Submission Form

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

ASE CEU Credits Used: \_\_\_\_\_

## Contact Information

Society \_\_\_\_\_ Contact \_\_\_\_\_ Person \_\_\_\_\_ name: \_\_\_\_\_  
 E-mail \_\_\_\_\_ Address: \_\_\_\_\_  
 Name of Local Society: \_\_\_\_\_

## Meeting Information

Number of ASE CEU credits 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): \_\_\_\_\_

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

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

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

Provide an overview of content to be covered during this meeting: \_\_\_\_\_

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

List one learning objective for each hour of proposed content: \_\_\_\_\_

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

**Submission Requirements:** Attach a typed, detailed agenda and program description of your meeting (including the names of speakers, topics to be discussed, breaks, meals, etc., and the times devoted to each). If you wish to distribute flyers, activity announcements, etc., copies of all material should be sent to the ASE for approval.

Cost is \$20 per 0.5 hours. I authorize \_\_\_\_\_ dollars to be charged to my credit card.

AMERICAN EXPRESS       VISA       MASTER CARD

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

Name on Card (please print) \_\_\_\_\_ Signature \_\_\_\_\_

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

**Signature Required:** This form must be dated and submitted at least 15 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 e-mail once your meeting and number of ASE CEU credit hours have been approved, and you will be provided with a CEU certificate template and attendance roster template to be used for meeting attendees. Within 30 days of the conclusion of the meeting, you will be responsible for providing ASE with a typed attendee list. ASE 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 Local Society Contact Person

\*your name typed above constitutes an electronic signature

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

Date

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 P.O. Box 890082  
 Charlotte, NC 28289-0082