

ASE OVERVIEW

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:

Dallas Lyons III, Membership Coordinator
 919-297-7153 or dlyons@asecho.org

Echo Lab: Program Details

OVERVIEW:

This program is designed for hospital cardiac ultrasound and cardiovascular laboratories who hold monthly, in-house 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, 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 should be an ASE member in good standing with the Society. Applications must be accompanied by a letter of approval from the lab director and/or manager as well as 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, the CEUs will expire and a new application will need to be submitted.

For labs up to 10 people:	\$250
For labs with 10 – 25 people:	\$300
For labs with 25 – 50 people:	\$400
For labs with over 50 people:	\$500

MEETING APPROVAL:

For individual (ID) meetings, following the approval of your 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. ASE will approve these meetings on an individual basis and provide you with a letter of approval and CEU certificate template within 5 business days of your submission.

See page 5 for application.

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

See page 6 for application.

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 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

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, as noted on page 2, 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 and attendance 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 using the template provided by ASE during meeting approval. Attendee lists missing information will be returned to applicant for completion.

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, that 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: _____ Fax: _____

Website (if available): _____

Contact Information

Echo Lab Contact Person name: _____

Echo Lab Contact Person ASE membership number: _____

Email Address: _____

Lab Manager/Director Name: _____

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 nonrefundable. Payment will not be processed until application is approved.

For labs up to 10 people: \$250 For labs with 10 – 25 people: \$300
 For labs with 25 – 50 people: \$400 For labs with over 50 people: \$500

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 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.

Signature of Echo Lab 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.

Echo Lab: ID Meeting Submission Form

Date of Meeting: ___/___/___

Contact Information

Echo Lab Contact Person name: _____

E-mail Address: _____

Hospital Affiliation: _____

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: _____

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).

Signature Required

This form must be dated and submitted at least 5 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 letter once your meeting and number of ASE CEU credit hours have been approved, and you will be provided with a CEU certificate template to be used for meeting attendees. Within 30 days of the conclusion of the 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, mail, or fax, to: Dallas Lyons; dlyons@asecho.org

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

Phone: 919-861-5574; Fax: 919-882-9900; Web: www.asecho.org

Echo Lab: RS Meeting Submission Form

Dates of Meetings: _____

Contact Information

Echo Lab Contact Person name: _____

E-mail Address: _____

Hospital Affiliation: _____

Meeting Information

Number of ASE CEU credits requested per meeting: _____

Name of Echo Lab: _____

Title of meeting series: _____

Speaker(s): _____

Length of time of actual echo-related subject matter 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 Code: _____

Expected attendance: _____

Submission Requirements

Attach a minimum of 5 general learning objectives which cover all aspects of your regularly scheduled meetings.

Signature Required

This form must be dated and submitted at least 5 days prior to your first meeting. The American Society of Echocardiography must receive a Meeting Submission Form for each meeting that will offer ASE CEU credits. You will be notified by letter once your meetings and number of ASE CEU credit hours have been approved, and 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, mail, or fax, to: Dallas Lyons; dlyons@asecho.org

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