

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

American Society of Echocardiography
2100 Gateway Centre Boulevard, Suite 310, Morrisville, NC 27560
Phone: 919-861-5574; Fax: 919-882-9900; Web: www.asecho.org