Application for Evaluation of Enduring Media

Sponsor Information—Complete All Sections

Sponsor Name ________________________________________
(publisher, developer, institution, or company)

Contact Person ________________________________________

Address ______________________________________________

Address ______________________________________________

City, State, Zip _________________________________________

Daytime Telephone __________________ Fax _____________ Email ________________

Title:_________________________________________________(please provide link and/or materials to view)

Author/Presenter Name: _______________________________________________________

Type of Enduring Media: _______________________________________________________

Domains (If applicable):
☐ Audioweb or Audioconference (with Media duplication)
☐ Directed Reading
☐ Self-study Program
☐ Videotape
☐ Audiotape
☐ CD-ROM
☐ Computer Software
☐ Internet / Online

Length (in minutes) ___________________ Number of credit hours applied for _________

Has this activity been previously evaluated by the AHRA or by any other CE evaluation
mechanism? ☐ No ☐ Yes
If yes, by which mechanism? ________________ What was the outcome? ________________

How are you documenting attendance/participation? ___________________________________

Attachments
1) Include the media (reading material, videotape, audiotape, CD-ROM, software, Internet
address and access information, etc.). Please be aware that AHRA will keep one copy of the
enduring material.
2) Include all user documents (objectives, instructions, post-test, answers to post-test)
3) Faculty Credentials Form or curriculum vita for the author/developer
4) CE Evaluation Release Form (included in the Appendix)
5) Payment payable to AHRA (see Fee Schedule for appropriate amount)

Return information and appropriate fee to:
AHRA
190B Boston Post Road, Suite 200, Sudbury, MA 01776
Questions? Call 800-334-2472 or 978-443-7591

OFFICIAL USE ONLY

Date Received ______________ Date Returned __________ Approval Expiration ___________
Reference Number __________________________ # Credits Awarded ____________________
Authorized Signature ________________________________