Application for Evaluation of Lectures, Seminars and Recurring Educational Events

Sponsor Information—Complete All Sections

Sponsor (organization, company, institution) ____________________________________________________________
Contact Person ___________________________ Department ____________________________
Address _________________________________________________________________________________________
City, State, Zip __________________________________________________________________________________
Daytime Telephone _______________ Fax _______________ Email ________________________________________

Event Information—Complete All Sections

Title of educational event __________________________________________________________________________
If part of a larger meeting, name of meeting ___________________________________________________________

Type of Event:
☐ Audioweb or Audioconference (one time, one event, one subject, no media duplication)
☐ Lecture (one event, one subject)
☐ Seminar (one event, multiple subjects, non-concurrent) PLEASE SELECT ONE:
   ☐ An application for each session is submitted
   ☐ One application is submitted for all sessions
☐ Conferences (one event, multiple concurrent sessions) – One application per session
☐ Recurring (same event presented multiple times) – attach list of dates/locations of event

Date(s) of Event ___________________________ Number of Participants Expected __________
Location (Attach list if multiple sites) City ______________________________ State ______
Length (in minutes) _______________ Number of credit hours applied for _______________________

Faculty Name(s) ___________________________ Domains (If Applicable): _______________________

Has this activity been previously evaluated by the AHRA or by any other CE evaluation mechanism? ___
If yes, by which mechanism? ___________________________ What was the outcome? _________________

How are you documenting attendance/participation?

Attachments

1) Description of educational content including an outline and objectives (or use form included in Appendix)
2) Copy of program, brochure, or schedule
3) Faculty Credentials Form (included in this Appendix) or curriculum vitae for each faculty member
4) Payment in U.S. dollars made payable to AHRA (see Fee Schedule for appropriate amount)

Return completed information with appropriate application to:
AHRA, 490-B 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 _______________________________________________________________