

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: _____

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 (**please provide link and/or materials to view**)

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)

AHRA's

Rapid ReviewTM

the association for medical imaging management

Return information and appropriate fee to:
AHRA

490B 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 _____