

# NAHUC CONTACT HOURS PROGRAM APPLICATION PACKET



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<b>For Office Use Only</b>	
Program ID #	
Date Received	
Approved	
Not Approved	



## Required Application Documentation and Fee Schedule

To apply for NAHUC contact hours, submit the following documents to NAHUC.

Keep a copy for your records.

- NAHUC Contact Hours Program Application (below)
- NAHUC Continuing Education Program Information (page 2)
- Curriculum vita or biography of each speaker (sample on page 3)
- A copy of the evaluation tool (sample on page 4)
- Application fee payable to NAHUC (see fee schedule below)

Submit the completed application materials and appropriate fee to the NAHUC Education Board via the NAHUC office at least 21 days prior to the program start date. **The application will not be processed if postmarked less than 21 days prior to program date.** You will be notified upon receipt of application. If you have not received acknowledgment of receipt within 14 days after mailing, please contact the NAHUC office.

Notification of approval or denial will be sent prior to program date. If approved, contact hours will be mailed to you prior to program date. Brochures published prior to the review may indicate: "Approval for NAHUC Contact Hours Pending."

The application fees (nonrefundable) are as listed and must accompany the application materials:

Postmarked 40 days or more in advance of program date: \$ 30.00

Postmarked 39-21 days in advance of program date: \$ 45.00

### NAHUC Contact Hours Program Application

Program Title \_\_\_\_\_

Program Date \_\_\_\_\_

Program Coordinator's Name \_\_\_\_\_

Phone (daytime) \_\_\_\_\_ E-mail address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sponsoring Agency (if applicable) \_\_\_\_\_

Location of Program (facility) \_\_\_\_\_

Program Location Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Anticipated Number of Participants \_\_\_\_\_

Number of Contact Hours Applied For \_\_\_\_\_ (see contact hour calculation on page 2)

Signature of Program Coordinator \_\_\_\_\_ Date \_\_\_\_\_

## NAHUC Continuing Education Program Information

Information for numbers 1, 2, and 3 should be submitted on a separate page or may be submitted on a printed brochure.

1. Program Learning Objectives
2. Format and Time Schedule. Show exact times using clock hours (i.e. 9 AM - 10 AM) of each program topic/activity.
3. List of Speakers. List only speakers' names and topics.

## NAHUC Continuing Education Contact Hour Calculation

NAHUC contact hours are based on 60-minute hours. Contact hour calculations are determined by dividing the total number of minutes of education provided by 60. Do not include time devoted to any non-educational activities such as registration, welcome, breaks, meals, business meetings, etc. The following example will assist you in proper calculation.

8:00 - 8:30	Registration (no contact hours)
8:30 - 10:00	Burnout - Its signs, symptoms, and prevention by Joe Smith, Ph.D.
10:00 - 10:15	Break (no contact hours)
10:15 - 11:15	Decompression - Its Methods and Values by Jane Ayre, MSW
11:15 - 11:45	Stress Level Assessment and relaxation skills by Jane Ayre, MSW
11:45 - 12:00	Q & A

### Contact Hour Calculations

8:00 am to 12:00 pm	= 4 hours = 240 minutes
Subtract Registration	-30 minutes
Subtract Break	<u>- 15 minutes</u>
Balance of Continuing Ed time	195 minutes

195 minutes divided by 60 minutes = 3.25 contact hours

## Reapplication Process

Program approval will be granted for a maximum of one NAHUC fiscal year. All program approvals expire annually on April 30. If a program is repeated before April 30, no additional fee is required to award contact hours. If program is to be repeated before April 30, submit a letter to the NAHUC Education Board at 21 days prior to offering the program stating:

- Original title and Program ID number
- New presentation date
- Location
- Anticipated number in attendance

If any aspect of the program changes, (e.g. different instructors, change in length of program etc.) a new application must be submitted and a program fee is required.

Annual reapplication must be made if the program is offered in subsequent years.

## Curriculum Vitae Sample

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Fax \_\_\_\_\_

Work E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Fax \_\_\_\_\_

Home E-mail \_\_\_\_\_

Present Position \_\_\_\_\_ Institution/Facility \_\_\_\_\_

Qualifications pertinent to this program

A. Educational Background

B. Professional Experience

C. Titles of Prepared Presentations/Workshops

D. Other

A formal curriculum vita (CV), biography, or this form must be provided for each speaker. If CV information is printed on program brochure, brochure can be submitted instead of CV form.

## NAHUC Workshop Evaluation Tool Sample

You must complete this form to receive contact hours for this seminar. Evaluate each program and presenter. Your response and comments are greatly appreciated. Thank you.

Program Title:						
Presenter Name:		Date:				
<b>Learning Objectives</b> Upon completion of this program the participant should be able to:	<b>Please mark the appropriate bubble next to each item that expresses your evaluation of the Program and Presenter.</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
	1. The program met the stated objectives.	①	②	③	④	⑤
	2. The program content was organized & complete.	①	②	③	④	⑤
	3. The instruction method was suitable.	①	②	③	④	⑤
	4. The presenter was able to communicate and relate the material effectively.	①	②	③	④	⑤
	5. The time for questions/discussion was adequate.	①	②	③	④	⑤

**Comments:**

Program Title:						
Presenter Name:		Date:				
<b>Learning Objectives</b> Upon completion of this program the participant should be able to:	<b>Please mark the appropriate bubble next to each item that expresses your evaluation of the Program and Presenter.</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1)	1. The program met the stated objectives.	①	②	③	④	⑤
2)	2. The program content was organized & complete.	①	②	③	④	⑤
	3. The instruction method was suitable.	①	②	③	④	⑤
	4. The presenter was able to communicate and relate the material effectively.	①	②	③	④	⑤
	5. The time for questions/discussion was adequate.	①	②	③	④	⑤

**Comments:**

**Please indicate the benefit(s) you have gained from attending this program. (Check all that apply)**

new knowledge  
  sharing ideas with others  
  change in perception  
 change in attitude  
  new skills  
  review only

**Future Topics/Speakers:**

**Overall Comments:**