

CPE Session Description Form

Instructions for Submission

- Submit one session description form per educational session. Session description forms must be submitted with an accompanying application form. Complete all fields as thoroughly as possible and submit to ahrmm@aha.org.
- If one session has more than two (2) presenters, please duplicate the speaker information form on page two to submit additional presenter information.

Program Information

PROGRAM TITLE	PROGRAM DATE(S)
CHAPTER / COMPANY NAME	

Session Information

SESSION TITLE			SESSION ___ OF ___
SESSION DATE MM/DD/YY	START TIME	END TIME	SESSION LENGTH (# of minutes) <small>Please subtract any breaks included within the session.</small>
Number of CPE contact hours requesting: _____			
<small>60 minutes of education = 1 CPE contact hour. AHRMM will evaluate the application and award CPE according to on education provided.</small>			
SHORT DESCRIPTION OF PROGRAM (100 character minimum)			
LEARNING OBJECTIVES (3-5 recommended)			
<ul style="list-style-type: none"> • • • • • 			
TARGET AUDIENCE			

Email complete applications to ahrmm@aha.org
 Questions? Contact AHRMM at (312) 422-3840 or ahrmm@aha.org

CPE Session Description Form

Presenter Information

1 st PRESENTER NAME	
TITLE	
ORGANIZATION	
EMAIL:	PHONE:
ONE-PARAGRAPH BIO	

2 ND PRESENTER NAME	
TITLE	
ORGANIZATION	
EMAIL:	PHONE:
ONE-PARAGRAPH BIO	

<p>YES. The hosting chapter or company has verified that the presenter(s)/ has agreed that the oral, electronic and paper presentation and all handout resources and materials for this session are for educational purposes only and will not promote any one specific commercial entity's product directly or indirectly; and if products or services are discussed, will give a balanced view of each without bias towards any specific one.</p>	
_____ PRINT CONTACT NAME	_____ CONTACT SIGNATURE

PLEASE COPY AND PASTE THIS ENTIRE FORM FOR ADDITIONAL SESSIONS OF A PROGRAM

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