



CAMC Institute for Academic Medicine  
CAMC Center for Learning and Research  
3044 Chesterfield Avenue  
Charleston, WV 25304  
p304.388.9960 | f304.388.9966

**APPLICATION FOR ARRT/ASRT CONTINUING MEDICAL EDUCATION**

**Application Submission Deadline**

In order to receive consideration for approval for continuing medical education credits, this application should be submitted 90 days prior to the date of the activity. .

Please submit the completed application and accompanying documentation to CAMC Institute, Lead Education Specialists, Josh Kent | [josh.kent@vandaliahealth.org](mailto:josh.kent@vandaliahealth.org) and Jay Ripley [jaya.ripley@vandaliahealth.org](mailto:jaya.ripley@vandaliahealth.org) for initial review

Your application will be reviewed by CAMC Institute for Academic Medicine and CAMC Imaging Services. If your application is approved a Lead Education Specialist will participate on your planning committee.

A CE Reference number, expiration date, Category A or A +, and number of contact hours will be determined by CAMC Institute for Academic Medicine and CAMC Imaging Services ARRT/ASRT Credit CE Approval and Review Resource professionals.

**(For Approval Resource Team Only Do Not Complete This Section)**

ASRT/ARRT CE Partner Statement:

\_\_\_\_\_

\_\_\_\_\_

CE reference number provided by a RCEEM/RCEEM+/SLA  
Identification of approving RCEEM/RCEEM+/SLA \_\_\_\_\_

Category A or A+ designation \_\_\_\_\_

Number of contact hours \_\_\_\_\_



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## **ARRT/ASRT CME APPLICATION**

**ORGANIZATION OR DEPARTMENT NAME:**

**CONTACT NAME:**

**EMAIL:**

**PHONE:**

### **EVENT/ACTIVITY INFORMATION – attach documentation as needed**

1. Program/Conference Title:
2. Date:
3. Location:
4. Total anticipated number of education contact hours:
5. Accreditation(s) requested – Indicate with a checkmark which CME accreditations your organization is applying for.

#### **CME CREDIT REQUESTED FOR**

**Magnetic Resonance Imaging**

**Nuclear Medicine Technology**

**Radiation Therapy**

**Radiography**

**Sonography**

**Vascular Sonography**

**Breast Sonography**

**Bone Densitometry**

**Cardiac Interventional Radiography**



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Vascular Interventional Radiography

Computed Tomography

Mammography

Interventional Radiography

Other (Please list any other credits you would like CAMC Institute to submit on behalf of your organization)

5. CAMC Institute Services – Indicate with a checkmark which CAMC Institute services you are considering, fees may apply

- CAMC Registration System for conference registration
Evaluation tool / electronic evaluation emailed to participants
Marketing materials / printing

Other (please describe)

5. State the specific conference goal to which this activity is directed (Example: This program is designed to introduce current concepts on the clinical diagnosis of outpatient infectious diseases.) Broad conference goal(s) needed here...

6. Needs Assessment/Practice Gaps
Describe how the need was determined (documentation must be provided):

7. Estimated attendance

Specify the healthcare professional audience to whom the activity is directed:

List other professional groups to be invited:

List specific background requirements of prospective participants (if any):



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9. Format(s) to be used: \_\_\_\_\_ Lecture \_\_\_\_\_ Live Polling / ARS  
 \_\_\_\_\_ Demonstration \_\_\_\_\_ Panel/group discussion  
 \_\_\_\_\_ Case Presentation \_\_\_\_\_ Simulation  
 \_\_\_\_\_ Role Play \_\_\_\_\_ Other (specify)  
 \_\_\_\_\_ Videoconference

10. Faculty Disclosure Forms must be received from all faculty (speakers, planning committee members, moderators, panelists, etc.)

**Please state how you will present financial disclosure information about faculty to the audience** (eg. Individual disclosures will be included in lecture presentations or announced by individual speakers and/or included in marketing materials)  
Disclosure information is in the program and will be delivered from the podium during introductions.

11. List the specific learning objectives to be stated in program advertisement. Objectives must be measurable. **Avoid** words such as “understand”, “learn”, “comprehend”, “know”. (*Further examples found on our website*) Example: At the conclusion of this conference, participants should be able to:
12. Describe the procedure to determine if your objectives are realized (evaluation tool). *Examples found at [camcinstitute.org/education](http://camcinstitute.org/education) on Continuing Medical Education page*  
Our survey instrument will provide documentation of objective realization.
13. Describe procedures for advertising this activity.  
Web site and email are our primary marketing tools.
14. Specify registration fees (if any)

Do you expect receipts to equal expenses?  
If not, from what source(s) will funds be drawn to cover expenses? (If funding sources include commercial support agencies; Letters of Agreement with these sources must be attached.)

15. Please provide the following documentation:
- Needs assessment / practice gaps documentation
  - Final agenda and/or draft brochure
  - Resume or bio for each faculty member (speakers, planning committee members, moderators, panelists, etc.)
  - Disclosure forms for each faculty member (speakers, planning committee members, moderators, panelists, etc.)



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- members, moderators, panelists, etc.)
Letters of Agreement from commercial support agencies who are providing educational grant funding or "in-kind" services/support
Planning committee meeting minutes
Proposed evaluation instrument
Estimated budget

Joint Provider Representative Signature Date

PRINT NAME PRINT TITLE

(To be completed by the CAMC Health Education and Research Institute Continuing Education Department/CME Committee Member)

Recommendations:

Reviewed by Continuing Education/CAMC CME Committee Member

Reviewed by Chairman/CAMC CME Committee

Rev 4/2024