

ACVP CaPCE PROGRAM APPROVAL APPLICATION

SECTION 1

Program Sponsor Name: _____

Program Coordinator's
Name: _____

Organization: _____

Address: _____

City: _____ State: _____

Zip: _____

Telephone: _____ Fax: _____ Email _____

Program Start Date: _____ Program End

Date: _____

Program

Location: _____

Amount of fees enclosed \$ _____

Name and Signature of CaPCE Coordinator

Name

Signature

(The CaPCE Coordinator is the individual who will be at the program location, and will be available to sign certificates and/or report as verification of attendance.)

SECTION II

Instructional Methods

Lecture Film Panels Group Discussion

Other _____

Instructional Level

Basic: Little or no previous knowledge of the subject matter.

Intermediate: Requires knowledge basic to the subject matter, but the program would be similar to a refresher course.

Advanced: Requires current skills and knowledge in the subject matter, but advances new techniques and/or theories.

SECTION III

Program Specialty (primary specialty)

Management	Invasive	Noninvasive
Echocardiography	Pulmonary	Peripheral Vascular
Other _____		

Program Category

Equipment Display	Business	Self-Assessment
Educational	Other _____	

SECTION IV

Required/Check List

- Complete program description (four copies)
- Purpose and program objectives (four copies)
- Participant objectives (four copies)
- Program schedule (four copies)
- Faculty Listing (four copies)
- Evaluation form (four copies)
- Bibliography of Resource Materials - (if available - four copies)
- Program Review Fee (four copies)
- CaPCE Certificate Order Form (if desired)
- Membership List Mailing Label Order Form (if desired)

Please forward application and attachments to:

ACVP-CaPCE Application
 4356 Bonney Rd, Bldg. 2, Suite 103
 Virginia Beach, VA 23452

(For Office Use Only)

Date Received _____ Complete: Yes No
 Check No. _____ Amount: \$ _____
 Returned for Further Info: _____
 Date Returned: _____
 Mailing Labels: _____ CaPCE Certificates: _____

Appendix A

ACVP CaPCE PROGRAM APPROVAL FEE CALCULATION

- | | | |
|-----------|---|----------------|
| 1. | Basic Processing Fee | = _____ |
| | \$20.00 Hospitals | |
| | \$25.00 Non-Hospitals | |
| | PLUS | |
| 1. | Contact Hour Fee | |
| | \$1.00 per contact hour | /= _____ |
| | PLUS | |
| 1. | CaPCE Attendance Certificates(optional) | = _____ |
| | \$25.00 per 100 for _____ certificates | |
| 1. | TOTAL FEES REQUIRED | = _____ |

Appendix B
ACVP CaPCE ATTENDANCE CERTIFICATE ORDER FORM

If CaPCE Attendance Certificates are desired, the order must accompany the program which has been submitted for approval.

Applicant's Name: _____
 Sponsor's Name: _____

Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax Number: _____
Program Title: _____
Program Dates: _____

If this program has been previously approved, please indicate approval date: _____

PRICE LIST

Certificates are available in quantities of one hundred (100) only, at \$25.00 per 100.

Quantity ordered = _____

Amount of check = _____

Please make check payable to ACVP; payment must accompany each order.

Appendix C

ACVP MAILING LABEL ORDER FORM FOR USE WITH CaPCE

The labels are provided for a one-time use only and are not to be reproduced for distribution. Please enclose a sample of the mailing for which the labels are to be used and relevant information identifying my status a non-profit user, if appropriate.

Sponsor Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Contact Person: _____

Program Title: _____
Labels will be sent in world-wide, zip code order unless specified.

FEES

Labels cost .30 each for cheshire and .40 each for pressure sensitive. There are 15,000 names available. Of the 15,000, there are 3,800 active members. Should your label request require specific breakdowns, each specification requires an additional fee of \$50.00 for processing.

A minimum price of \$25.00 for orders of less than 100 labels has been established.

Four-up Cheshire

Entire database \$2,500
Active Membership \$850
Sort \$50 + _____ **
Sort 2 \$50
Sort 3 \$50
Sort 4 \$50

Pressure Sensitive

Entire Database \$3,000
Active Membership & 1,150
Sort \$50 + _____ **
Sort 2 \$50
Sort 3 \$50
Sort 4 \$50

SORTS (please indicate states, zip codes, and/or specialties requested)

- 1. _____
- 2. _____
- 3. _____

POSTAGE FEES

Regular USPS mailing \$0 USPS 2 Day Air \$10 Overnight Delivery \$20

TOTAL FEES DUE: _____

Make check payable to: ACVP **Mail payment to:** 4356 Bonney Rd., Bldg. 2, Suite 103
Virginia Beach, VA 23452

Appendix E

PROGRAM ANNOUNCEMENT FORM

Use this form for all program listings. You may photocopy this form as many times as necessary.

All information may be typed.

Provide only enough information to encourage the reader to contact you for further details. Program content and speakers' names cannot be published.

Complete this form and submit it with \$50.00 for each listing.

State: _____
City: _____
Title of Program: _____
Date of Program: _____
Place: _____
Sponsor: _____

Contact: _____
Address: _____
City: _____ State: _____ Zip: _____

Please check issue/publication in which you wish to have your program listed.

CP Digest

FOR PROGRAMS OCCURRING	DEADLINE	ISSUE
February 1 - April 30	December 20	January/February
April 1 - June 30	February 20	March/April
June 1 - August 31	April 20	May/June
August 1 - October 31	June 20	July/August
October 1 - December 31	August 20	September/October
December 1 - February 28	October 20	November/December

Specialty Publications

FOR PROGRAMS OCCURRING	DEADLINE	ISSUE
April 1 - June 30	January 15	First Quarter
July 1 - September 30	March 15	Second Quarter
October 1 - December 31	June 15	Third Quarter
January 1 - March 31	September 15	Fourth Quarter

Send this form, with your \$50.00 fee to, ACVP Program Listing, 4356 Bonney Rd.
Bldg. 2, Suite 103
Virginia Beach, VA 23452