



ALLIANCE OF  
CARDIOVASCULAR  
PROFESSIONALS

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**Cardiovascular and Pulmonary Continuing Education (CaPCE)**

**Guidelines and Application**

Sponsored by:  
Alliance of Cardiovascular Professionals (ACVP)  
PO Box 2007  
Midlothian, VA 23113  
Phone: 804.632.0078  
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## **PURPOSE AND GOALS OF ACVP CARDIOVASCULAR AND PULMONARY CONTINUING EDUCATION PROGRAM APPROVAL**

### **PURPOSE**

The Alliance of Cardiovascular Professionals recognizes the complexity of the cardiovascular and pulmonary technology practice and the need for licensed practitioners (i.e., RN's and RT's) to obtain Continuing Education Units. ACVP understands the need for additional educational experiences to assist the cardiovascular and/or pulmonary technology practitioner in providing optimal patient care. The Cardiovascular and Pulmonary Continuing Education/BRN Program service is one method of implementing this philosophy by providing program approval for Continuing Education Units.

### **GOALS**

1. To emphasize and promote understanding for cardiovascular and/or pulmonary technology concepts through participation in ACVP approved continuing education programs.
2. To develop and provide guidelines for continuing education programs which meet BRN requirements for the registered nurse and cardiovascular and/or pulmonary technology practitioner.
3. To provide cardiovascular and/or practitioners with programs to enrich their level of knowledge and skills.
4. To foster the availability and accessibility of continuing education programs throughout the nation.

### **CONTINUING EDUCATION DEFINED**

#### **CONTACT HOURS/CONTINUING EDUCATION UNITS**

Sixty (60) minutes of class time (didactic) equal one (1) contact hour. One (1) contact hour equal 0.1 CaPCE Continuing Education Units (CEU). CEU's are only awarded for classes of one contact hour or greater.

Calculation of CaPCE CEU's includes introduction and evaluation time. Breaks, meals and exhibits are not included in CEU calculation. Clinical hours may be converted to contact hours. Three (3) clinical clock hours are equivalent to one (1) contact hour or 0.1 CaPCE CEU.

Other academic courses. One academic quarter unit is equal to 10 continuing education hours and one academic semester unit is equal to 15 continuing education hours.

## **REQUIREMENTS FOR PROGRAM APPROVAL**

### **PROGRAM DESCRIPTION**

In clear, concise language, the program description should provide a brief synopsis of major program features. Program description should include overall purpose, relevance to specific target audience, format and instructional methods employed.

### **PROGRAM OBJECTIVES**

The program objective should state why the educational event is being conducted: what is intended to accomplish and for whom.

### **PARTICIPANT OBJECTIVES**

Participant objectives state what the successful learner will know or be able to do at the end of the program. The objective should identify the participant's expected performance, as well as the conditions and criterion of acceptable performance.

### **PROGRAM/CLASS SCHEDULE/CONTENT OUTLINE**

The program schedule indicates the time and sequence of the program. The schedule must include breaks, meals and adjournment time. Also the schedule should indicate which is classroom versus clinical time, if clinical time is to be included. For programs extending over several weeks, a content outline with actual allocated instructional time noted for each topic should be included.

### **BIBLIOGRAPHY/REFERENCE LIST**

The program content is to be based on theory and/or research in cardiovascular and/or pulmonary medicine and technology. Current, accurate, and pertinent bibliographies or reference lists assist the adult learner's further study of the program topic.

### **SPEAKERS/FACULTY**

The program faculty must be educationally qualified (minimum B.S. degree) and/or considered an expert in the field of content being presented. All speaker qualifying documentation, including curriculum vitae must be submitted for review at time request for program approval is made. (Expert is defined as a person who has special skill or knowledge in a particular field: trained by practice.)

### **EVALUATION OF LEARNING: METHODS/TOOLS**

Evaluation of participants learning measures the achievement of the participant objectives. The method selected (pre-test/post-test, return demonstration, case study, self assessment questions, concept implementation, etc.) should relate to the intended purpose of the program. This should include at least three questions per session. A copy of the evaluation tool should measure if learning has occurred as a result of the educational program.

## APPLYING FOR ACVP CaPCE PROGRAM APPROVAL

1. Complete an ACVP CaPCE Program Approval Application\* for each program submitted. The program must be submitted for review at least four (4) weeks prior to the date of the first presentation.
2. Submit four (4) copies of each required document. If requesting that modular programs be awarded separate CEU's (by module, day or class), a separate question/evaluation form for each division is required. Processing will be expedited if all required documents and fees are submitted together.
3. Applications must be received at ACVP prior to the presentation of the program. Programs are not awarded CEU's retroactively.
4. Notification of program approval and the number of CEU's to be awarded to registrants will be sent from the ACVP National Office to the mailing address on the application form.
5. ACVP CaPCE Certificates (optional) will be sent with the program approval notification as ordered by the sponsor on the CEU Certificate Order Form. *Program providers MUST provide certificates with ACVP approval signatures, however.*
6. A program sponsor may publish that a program is "a CaPCE/BRN-approved program" only after approval has been awarded. The use of phrases which indicate that ACVP approval is "ending" or has been "applied for" is not authorized by ACVP.
7. Program approval is granted for one (1) year. Any revisions made in the program during the year which affect objectives, instructors, or contact hours must be submitted in order to have the current program on file. To renew approval, reapplication with fees must be made yearly, including updated objectives, bibliography, evaluation tool and speaker information.
8. Submit all application materials, the program fee, CaPCE Certificates order fee and label request (if applicable) to ACVP National Office, Continuing Education, PO Box 2007; Midlothian, VA 23113
9. Consultation and information is available by telephone at: 804.632.0078

\*Application forms within these Guidelines may be photocopied for use.

## **AWARDING ACVP CaPCE ATTENDANCE CERTIFICATES**

The Cardiovascular and Pulmonary Continuing Education (CaPCE) Certificate is vital to verify attendance at any ACVP approved program. The certificate can only be awarded to program participants who have attended and completed an ACVP approved continuing education program. Certificates will provide validation for all cardiovascular and/or pulmonary practitioners who wish to provide evidence of continuing education activities to employers, peers, professional associations, regulatory bodies and the health care consumer. Sponsors may use their own attendance certificate or purchase ACVP CaPCE Attendance Certificates.

ACVP sends program participants a CaPCE CEU certificate indicating the number of CEU's directly. Certificates are mailed after program participants forward a copy of the attendance certificate to the national office of ACVP. If the program sponsor chooses to use his/her own attendance certificate, report cards will be issued to the program sponsor for gathering the information necessary to send registrants a CEU certificate.

### **INSTRUCTIONS**

1. The instructor or program coordinator is responsible for distributing one certificate to each registrant at the conclusion of the program when post session questionnaire/evaluation has been turned in.
2. Before distributing a certificate, the following must be completed by the instructor or program coordinator.  
Registrant name and address  
Registrant's License Number (if applicable)  
Program title and date  
Number of CEU's to be awarded  
Signature of provider (instructor or program coordinator)
3. The sponsor of the program should retain a copy of the attendance certificate for record-keeping purposes. ACVP is required to maintain attendance certificates as well, therefore a listing must be filed with the office in order to receive CEU's.
4. Registrants will be provided with document of proof of attendance to show that the individual has met the established criteria for successful completion of a course. Grade slips will be accepted in lieu of a certificate for those enrolled in an approved academic program.
5. The certificate will include name of participant, licensees registry number, course title, provider name(CaPCE application signing certificates) date of the course, number of continuing education, contact hours, and signature of instructor and/or provider or their designee.

*See Appendix B for order form*

## **REQUESTING ACVP MEMBERSHIP LIST TO ADVERTISE EDUCATIONAL PROGRAMS**

The ACVP offers continuing education opportunities to its membership. ACVP makes membership labels available to ACVP Chapters, professional organizations, agencies, and institutions to provide the membership access to quality continuing educational opportunities.

ACVP's membership list is confidential. The labels are provided for a one-time use only and are not to be reproduced for distribution.

In order to use the ACVP membership list mailing labels you must:

Complete application for use of mailing labels.

Send a copy of the material you propose to mail to the ACVP membership list requested.

Labels may be requested in the following ways:

Mailing to the entire ACVP membership.  
Request labels for the entire membership.

Mailing to all ACVP members in one or more states.  
List name(s) of state(s).

Mailing to specific geographical areas.  
List all zip codes of desired mailing areas in numerical order.

Mailings to specific populations within ACVP  
(Managers, Invasive, Noninvasive, Pulmonary, Echocardiography, Peripheral Vascular), confirm ACVP's ability to perform a special label sort for the desired population.

### **Promotion of the Program Must Include the Following:**

A policy on refunds in cases of non attendance by the registrant or cancellation by provider.

A clear, concise description of the course content and/or objectives.

Provider name, as officially on file with the Board.

All study-tour courses given for continuing education should include the statement: "BRN approval extends only to continuing education courses and does not include tour arrangements."

A statement “Provider approved by the California Board of Registered Nursing, Provider Number 06944, for \_\_\_\_\_contact hours.”

ACVP will send an invoice to the applicant/sponsor within ten (10) days after shipping labels. Payment for labels and shipping must be made to ACVP upon receipt of invoice.

Labels cost \$.50 each for pressure sensitive or excel format for one-time use only.. Emails (copy sent to office, office distributes to 2800) @ \$1,000 per e-blast. There are 22,000 names available. Of the 22,000, there are 3,000 active members.

Should your label request require specific breakdowns, each specification requires an additional fee of \$100.00 for processing.

A minimum price of \$500.00 for orders of less than 1000 labels has been established.

All label requests must be in writing. Sponsors will be billed and will assume responsibility of payment for all printed mailing labels as ordered.

Allow a minimum of two weeks for processing and shipping of ACVP labels. The ACVP accepts responsibility only for shipping of the labels and reserves the right to deny use of membership mailing labels at any time.

*See Appendix C for application*

## **ANNOUNCING PROGRAMS IN ACVP PUBLICATIONS**

Education programs for cardiovascular and/or pulmonary technology practitioners may be published in the bi-monthly newsletter, CP Digest (active readership: 3,800) or a quarterly specialty publication (invasive, pulmonary, noninvasive, echo, management).

The fee for each program listing is \$150.00, payable in advance. You may request listings in more than one issue/publication as long as the \$150.00 fee is submitted for each listing in each issue/publication.

### **CP Digest**

<b>FOR PROGRAMS OCCURRING</b>	<b>DEADLINE</b>	<b>ISSUE</b>
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**

<b>FOR PROGRAMS OCCURRING</b>	<b>DEADLINE</b>	<b>ISSUE</b>
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

Please adhere to the established deadlines. Send program information to ACVP, Education Program Listing, P.O. Box 2007; Midlothian, VA 23113

*See Appendix D for application*

## **ACVP PROGRAM APPROVAL FEE STRUCTURE**

### **PROGRAM APPROVAL – TECHS & RNs**

<u>Organizations</u>	<u>Basic Fee</u>		<u>Contact Hour Fee</u>
Hospitals	\$125.00	plus	\$8.00 per hour
Non-Hospitals	\$200.00	plus	\$8.00 per hour

### **PROGRAM APPROVAL – RADIOLOGY TECHS [through ASRT]**

<u>Organizations</u>	<u>Basic Fee</u>		<u>Daily Fee</u>
Hospitals	\$125.00	plus	\$40.00 per day
Non-Hospitals	\$150.00	plus	\$40.00 per day

### **CaPCE ATTENDANCE CERTIFICATES**

Certificates sold in batches of one hundred (100) only, at \$35.00 per 100.

### **MEMBERSHIP LIST MAILING LABELS**

Pressure \$.50 per label plus shipping charges.

For each added special label sort add \$100.00

There is a minimum fee of \$400.00 for orders of less than 1000 mailing labels.

# APPENDICES

# ACVP CaPCE PROGRAM APPROVAL APPLICATION

## SECTION 1

Program Sponsor Name: \_\_\_\_\_

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

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Date Start: \_\_\_\_\_ Date End: \_\_\_\_\_

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)**

- |   |                                    |  |
|---|------------------------------------|--|
| <input type="checkbox"/> Management       | <input type="checkbox"/> Invasive  | <input type="checkbox"/> Noninvasive         |
| <input type="checkbox"/> Echocardiography | <input type="checkbox"/> Pulmonary | <input type="checkbox"/> Peripheral Vascular |
| <input type="checkbox"/> Other _____      |                                    |  |

**Program Category**

- |  |                                   |  |
|--|-----------------------------------|--|
| <input type="checkbox"/> Equipment Display | <input type="checkbox"/> Business | <input type="checkbox"/> Self-Assessment |
| <input type="checkbox"/> Educational       | <input type="checkbox"/> Online   | <input type="checkbox"/> 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  
P.O. Box 2007  
Midlothian, VA 23113  
Fax: 804.639.9212

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(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 = \_\_\_\_\_  
\$125.00 Hospitals  
\$200.00 Non-Hospitals  

PLUS
2. Contact Hour Fee = \$8.00 x \_\_\_\_\_ = \_\_\_\_\_  
\$8.00 per contact hour  

PLUS
3. Radiology CEU Fee (optional)  
\$125 Hospitals  
\$150 Nonhospitals  

PLUS
4. Daily Fee (mandatory if using #3) = \$40 x \_\_\_\_\_ = \_\_\_\_\_  
\$40 per day
5. CaPCE Attendance Certificates (optional) = \_\_\_\_\_  
\$35.00 per 100 for certificates
6. **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: \_\_\_\_\_

Email: \_\_\_\_\_

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 \$35.00 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.

Program Sponsor Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

### **FEES**

Labels cost .50 each for pressure sensitive. There are 22,000 names available. Of the 22,000, there are 3,000 active members. Should your label request require specific breakdowns, each specification requires an additional fee of \$100.00 for processing.

**A minimum price of \$400.00 for orders of less than 1000 labels has been established.**

### **Pressure Sensitive**

- |  |  |
|--|--|
| <input type="checkbox"/> Entire Database \$3,000 | <input type="checkbox"/> Active Membership \$1,000 |
| <input type="checkbox"/> Sort \$100 + _____**    | <input type="checkbox"/> Sort 2 \$100              |
| <input type="checkbox"/> Sort 3 \$100            | <input type="checkbox"/> Sort 4 \$100              |

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### **POSTAGE FEES**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Regular USPS mailing \$0 | <input type="checkbox"/> USPS 2 Day Air \$15 | <input type="checkbox"/> Overnight Delivery \$25 |
|---|--|--|

**TOTAL FEES DUE:** \_\_\_\_\_

**Make check payable to:** ACVP      **Mail payment to:** PO Box 2007  
Midlothian, VA 23113

# 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 \$150.00 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

- February 1 - April 30
- April 1 - June 30
- June 1 - August 31
- August 1 - October 31
- October 1 - December 31
- December 1 - February 28

#### DEADLINE

- December 20
- February 20
- April 20
- June 20
- August 20
- October 20

#### ISSUE

- January/February
- March/April
- May/June
- July/August
- September/October
- November/December

### Specialty Publications

#### FOR PROGRAMS OCCURRING

- April 1 - June 30
- July 1 - September 30
- October 1 - December 31
- January 1 - March 31

#### DEADLINE

- January 15
- March 15
- June 15
- September 15

#### ISSUE

- First Quarter
- Second Quarter
- Third Quarter
- Fourth Quarter

Send this form, with your \$150.00 fee to  
 ACVP Program Listing  
 PO Box 2007  
 Midlothian, VA 23113