



ALLIANCE OF  
CARDIOVASCULAR  
PROFESSIONALS

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Cardiovascular and Pulmonary Continuing Education (CaPCE)

**Guidelines and Application**

Sponsored by:  
Alliance of Cardiovascular Professionals (ACVP)  
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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) equals one (1) contact hour. One (1) contact hour equals 0.1 CaPCE Continuing Education Units (CEU). CEU's are only awarded for classes of three fourths of a full 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**

1. 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.
2. The objectives should state why the educational event is being conducted: what is intended to be accomplished 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 30 business days prior to the date of the first presentation.
2. Submit one (1) copy 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. Should you require expedited processing, please be sure to submit the fee for expedited attention. Expedited processing ensures a response is provided within 2-4 weeks of submission. All other requests are 4-6 weeks. All information should be submitted together and electronically to [peggymcelgunn@comcast.net](mailto:peggymcelgunn@comcast.net).
3. Applications must be received at ACVP at least 30 business days 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. Upon request, scanned program documents may be provided electronically.
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/ASRT-approved program" only after approval has been awarded. The use of phrases which indicate that ACVP approval is "pending" or has been "applied for" is not authorized by ACVP. The following are appropriate CaPCE Accreditation statements to be used before or during the review:
  - A. Prior to submission of the application, the following statement may be used in education activity materials: *This education activity will submitted to Cardiovascular & Pulmonary Continuing Education (CaPCE) for approval of up to \_\_\_\_\_ contact hours of accredited education*
  - B. Once accepted for review, the following statement can be used in education activity materials: *This education activity is pending approval by the Cardiovascular & Pulmonary Continuing Education (CaPCE) of up to \_\_\_\_\_ contact hours of accredited education.*

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. Annual program renewals will require a re-application with fees. This will include updates where it applies for time, content and faculty/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.

*See Appendix A for Application Form*

## **PROMOTION OF ACVP CaPCE PROGRAMS**

### **Must include:**

1. A policy on refunds in cases of non attendance by the registrant or cancellation by provider.
2. A clear, concise description of the course content and/or objectives.
3. Provider name, as officially on file with the CaPCE and the BRN
4. 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.”
5. A statement “Provider approved by the California Board of Registered Nursing, Provider Number CEP15311, for \_\_\_\_\_contact hours.”

## **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 C 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:

1. Complete application for use of mailing labels.
2. Send a copy of the material you propose to mail to the ACVP membership list requested.
3. Labels may be requested in the following ways:
  - a. Mailing to the entire ACVP Database (approximately 23,000)
  - b. Mailing to the entire ACVP membership (approximately 3,000)
  - c. Mailing to all ACVP members in one or more states.
  - d. Mailing to specific geographical areas.
  - e. 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.
4. You can request advertisement/announcement to our emailing list (over 10,000 subscribers). Email blast will be sent by ACVP from their email contact system.
  - a. Provide all copy and any pictures in html-ready format (pdf is acceptable).
  - b. Provide dates (week) for announcement to be issued to subscribers.

ACVP will send an invoice to the applicant/sponsor within ten (10) days after request is made. All payments must be received before labels are issued.

There are 23,000 names available. Of the 23,000, there are 3,000 active members. The full membership list is \$1,300. The full database is \$2,500. All other sorts are based on the cost of .50/label. Should your label request require specific breakdowns, each specification requires an additional fee of \$50.00 for processing.

A minimum price of \$400.00 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.

There are 10,000 email subscribers available. This includes over 3,000 active members. One email blast is \$1,500 in one month. Two email blasts is \$2,500 in one month. Call for three or more.

ACVP reserves the right to deny use of membership mailing labels or provide email blasts at any time.

*See Appendix D for order form and request*

## **ANNOUNCING PROGRAMS IN ACVP PUBLICATIONS**

Education programs for cardiovascular and/or pulmonary technology practitioners may be published in ACVP Publications including *CV Directions*, (active readership: 3,800) or a quarterly specialty blog (invasive, pulmonary, noninvasive, echo, management).

The fee for each program listing is \$250.00, payable in advance. You may request listings in more than one issue/publication as long as the \$250.00 fee is submitted for each listing in each issue/publication.

Send program information to  
ACVP, Education Program Listing,  
P.O. Box 2007;  
Midlothian, VA 23113

*See Appendix E for form and placement request*

## **ACVP PROGRAM APPROVAL FEE STRUCTURE**

(Including credits for nurses, cardiovascular technologists/ professionals and radiology technologists (through ASRT))

### **PROGRAM APPROVAL**

<u>Organizations</u>	<u>Basic Fee</u>		<u>Contact Hour Fee</u>
Hospitals	\$600.00	plus	\$8.00 per contact hour
Non-Hospitals	\$750.00	plus	\$10.00 per contact hour
Expedited Handling	\$100		

### **CaPCE ATTENDANCE CERTIFICATES**

Certificates sold in batches of one hundred (100) only, at \$50.00 per 100. These are blank certificates that are sent to the program provider. Certificates that are individualized by ACVP for the provider are \$4/certificate.

### **MEMBERSHIP LIST MAILING LABELS/EMAIL BLAST**

Pressure \$.50 per label plus shipping charges.

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

There is a \$1,500 fee for email blast sent to ACVP subscribers.

### **ANNOUNCING PROGRAMS IN ACVP PUBLICATIONS**

The fee for each program listing is \$250.00, payable in advance. You may request listings in more than one issue/publication as long as the \$250.00 fee is submitted for each listing in each issue/publication.

*See Appendix B for fee calculation worksheet*

# APPENDICES

# Appendix A

## ACVP CaPCE PROGRAM APPROVAL APPLICATION

*(all submission must include this form)*

### SECTION I

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 \$** \_\_\_\_\_

*(see appendix A for calculation)*

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
- Purpose and program objectives
- Participant objectives
- Program schedule
- Faculty Listing with brief resumes/biographies
- Evaluation form
- Sign in/Sign out policy and/or attendance validation policy
- Bibliography of Resource Materials - (if available)
- Program Review Fee
- CaPCE Certificate Order Form (if desired)
- Membership List Mailing Label Order Form (if desired)
- Eblast copy in html-ready format (if desired)
- Program Announcement information with dates for inclusion (if desired)

**Please forward application and attachments to:**

ACVP-CaPCE Application  
P.O. Box 2007  
Midlothian, VA 23113  
Fax: 804.639.9212

*(For Office Use Only)*

Date Received \_\_\_\_\_ Complete:  Yes  No  
Check No. \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Returned for Further Info: \_\_\_\_\_  
Date Returned: \_\_\_\_\_  
Mailing Labels: \_\_\_\_\_ CaPCE Certificates: \_\_\_\_\_  
Email blast dates: \_\_\_\_\_  
Program Announcement copy provided  Yes  No Dates: \_\_\_\_\_

# Appendix B

## ACVP CaPCE PROGRAM APPROVAL FEE CALCULATION

1. Basic Processing Fee = \_\_\_\_\_  
\$600.00 Hospitals  
\$750.00 Non-Hospitals  

PLUS
2. Contact Hour Fee  
\$8.00 per contact hour Hospitals = \$8.00 x \_\_\_\_\_ = \_\_\_\_\_  
\$10.00 per contact hour Non-Hospitals = \$10.00 x \_\_\_\_\_ = \_\_\_\_\_
3. Expedited handling fee (optional) \$100 = \_\_\_\_\_
4. CaPCE Attendance Certificates (optional) = \_\_\_\_\_  
\$50.00 per 100 for certificates (blank) or  
\$4/certificate for individual certificates x \_\_\_\_\_ (attendees)
5. CaPCE Labels (Optional) = \_\_\_\_\_  
Full Database @ \$2,500 (*delivered for one time use on pressure sensitive labels or through excel spreadsheet*)  
Active Membership @ \$1,300  
Specific breakdown (quote requested from office) @ .50/label (*minimum of \$400*)
6. Email Blast Announcement (Optional) = \_\_\_\_\_  
\$1,500 for one blast (please provide week preferred for blast)  
\$2,500 for two blasts (Please provide two weeks preferred for blast)
7. Program Announcement Listing (Optional) = \_\_\_\_\_  
\$250 per announcement/program listing for any ACVP Publication
8. **TOTAL FEES REQUIRED** = \_\_\_\_\_



# Appendix C

## 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 \$50.00 per 100.

Quantity ordered = \_\_\_\_\_

Amount of check = \_\_\_\_\_

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

# Appendix D

## 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. There are 23,000 names available. Of the 23,000, there are 3,000 active members.

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

### **Pressure Sensitive or One Time Use Excel Labels**

- Entire Database \$2,500
  - Active Membership 1,300
  - Sort \_\_\_\_\_ \*\*
- \*\* Quote from office requested – please call 804.632.0078

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

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

### **Email Blast sent to ACVP Subscribers**

- One blast \$1,500 Please indicate desired week for blast: \_\_\_\_\_
  - Two blasts \$2,500 Please indicate desired weeks for blast: \_\_\_\_\_
- Copy should be provided in html-ready format. PDF is acceptable.*

### **POSTAGE FEES**

- Regular USPS mailing \$0
- USPS 2 Day Air \$15
- 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 \$250.00 for each listing.

State: \_\_\_\_\_

City: \_\_\_\_\_

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

Date of Program: \_\_\_\_\_

Place: \_\_\_\_\_

Sponsor: \_\_\_\_\_

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

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

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

Please indicate date/publication in which you wish to have your program listed.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> CV Directions  | <input type="checkbox"/> Invasive Specialty | <input type="checkbox"/> Noninvasive Specialty |
| <input type="checkbox"/> Echo Specialty | <input type="checkbox"/> EP Specialty       | <input type="checkbox"/> PV Specialty          |
| <input type="checkbox"/> Management     | <input type="checkbox"/> Nursing            | <input type="checkbox"/> Radiology             |

Preferred dates: \_\_\_\_\_

\_\_\_\_\_

Send this form, with your \$250.00/announcement fee to:

ACVP Program Listing

PO Box 2007

Midlothian, VA 23113