

Applications must be received in the NSH Office **21 days prior to the meeting** to allow time to process the paperwork and email materials to you before the meeting. Please complete this application and return it to the NSH headquarters office with a copy of your complete program including abstracts. Please review the guidelines for information on required documentation sent with your application. If you have any questions please contact Connie Wildeman, Manager Events and Education – [connie@nsh.org](mailto:connie@nsh.org)

### Section 1: Provider Information/Application Checklist

1. Name of the Organization requesting CEU approval:
2. Provider Status Being Requested:  
  
\_\_\_\_\_ Annual *(Select this option if you plan to offer your approved session(s) multiple times over the course of the year.)*  
  
\_\_\_\_\_ Single *(Select this option if you plan to offer approved session(s) at a single event – one time.)*
3. Name and contact for Education Coordinator. The Education Coordinator is the person responsible for all documentation and will serve as the contact for your event and NSH. By completing this section, the individual agrees to fulfill the duties of the Education Coordinator as listed in the Guidelines.  
  
Name \_\_\_\_\_  
  
Email \_\_\_\_\_  
  
Phone Number \_\_\_\_\_
4. Workshop abstract and details for each session/presentation. \_\_\_\_\_ (initials)
5. Please provide us with session evaluations \* \_\_\_\_\_ Yes \_\_\_\_\_ No  
*(evaluations are required, however if you wish to use your own tool please check no)*
6. Please provide us with speaker certificates \* \_\_\_\_\_ Yes \_\_\_\_\_ No
7. Payment for CEUs is based on provider type and number of hours. Please see Section 4.  
  
\_\_\_\_\_ I have provided my credit card information OR \_\_\_\_\_ Please invoice me

### Section 2: Event Information

Event information. If applying for Annual Provider status, only complete Event title.

Event Title \_\_\_\_\_

Date(s) of Event \_\_\_\_\_

Start and End time \_\_\_\_\_

Location \_\_\_\_\_

*(Include full facility address)*

*For Single Providers Only:* NSH maintains an industry events calendar online (<https://www.nsh.org/nsh-events/industry-events>) . If you would like your meeting added to the calendar, please complete the below information.

Link to website with more event details (optional but recommended):

Description of Event:(optional but recommended):

JPG of Event Image/Logo (could be Society's logo) (optional)

### Section 3: Session Information

For each session you wish to provide CEUs, please complete the following information.

Use as many pages as you need, or attach additional sheets as needed. Certificates and additional paperwork will reflect the names and credentials listed below.

Workshop Title: \_\_\_\_\_

Presenter(s): \_\_\_\_\_

Workshop Date: \_\_\_\_\_

Workshop Length ☐ 30 minutes ☐ 60 minutes ☐ 90 minutes ☐ Other \_\_\_\_\_

Workshop Objectives  
(list 3):

- 1.
- 2.
- 3.

Workshop Abstract: \_\_\_\_\_

Workshop Title: \_\_\_\_\_

Presenter(s): \_\_\_\_\_

Workshop Date: \_\_\_\_\_

Workshop Length ☐ 30 minutes ☐ 60 minutes ☐ 90 minutes ☐ Other \_\_\_\_\_

Workshop Objectives  
(list 3):

- 1.
- 2.
- 3.

Workshop Abstract: \_\_\_\_\_

## Program Application for NSH Approval of CEUs

Workshop Title: \_\_\_\_\_

Presenter(s): \_\_\_\_\_

Workshop Date: \_\_\_\_\_

Workshop Length ☐ 30 minutes ☐ 60 minutes ☐ 90 minutes ☐ Other \_\_\_\_\_

Workshop Objectives  
(list 3):

- 1.
- 2.
- 3.

Workshop Abstract: \_\_\_\_\_

Workshop Title: \_\_\_\_\_

Presenter(s): \_\_\_\_\_

Workshop Date: \_\_\_\_\_

Workshop Length ☐ 30 minutes ☐ 60 minutes ☐ 90 minutes ☐ Other \_\_\_\_\_

Workshop Objectives  
(list 3):

- 1.
- 2.
- 3.

Workshop Abstract: \_\_\_\_\_

### Section 3: Fee/Payment Information

#### Annual Event Provider Fees

Provider Fee Description	Fee
Annual Provider, 10 or fewer unique sessions (sessions can be defined as workshops, webinars, class) that will be presented throughout the course of a year.	\$625.00
Annual Provider, 11 or more unique sessions (sessions can be defined as workshops, webinars, class) that will be presented throughout the course of a year.	\$1000.00

#### Single Event Provider Fees

Provider Fee Description	Fee
Single Event Provider for 1-5 unique sessions (sessions can be defined as workshops, webinars, class) that will be presented one time.	\$90.00
Single Event Provider for 6-10 unique sessions (sessions can be defined as workshops, webinars, class) that will be presented one time.	\$270.00
Single Event Provider for 11 or more unique sessions (sessions can be defined as workshops, webinars, class) that will be presented one time.	\$350.00

Please make all checks payable to National Society for Histotechnology

**REMIT PAYMENT TO:** National Society for Histotechnology

PO Box 75914 Baltimore, MD 21275-5914

To Pay by Credit Card:

Credit Card Provider

---

Exp Date

---

Credit Card #:

---

CVV #:

---

Card Holder's Name

---

Card Holder's Signature

---

Card Holder's Telephone

---