



Program Application for NSH Approval of Contact Hours for Single Provider

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 the NSH Director, Meetings & Education, Aubrey Wanner, 443-535-4060 or via email, aubrey@nsh.org.

SECTION 1: Provider Information

1. Education Coordinator responsible for planning and program administration.

Name:

Address:

Day time phone:

E-mail address (*All Meeting Paperwork Will Be Sent To This Email*):

I agree to fulfill the duties of the Education Coordinator as listed in the Guidelines. _____
initials

2. Name of the Organization requesting contact hour approval:

3. Type of Organization Requesting Provider Status:

____ NSH Constituent Society

____ Non Profit (e.g. hospitals, government organizations, other professional organizations)

____ For Profit (i.e. for profit CE Providers, businesses or other industry partners)

4. Meeting Paperwork:

Please provide us with speaker certificates _____ Yes _____ No

Please provide us with session evaluations * _____ Yes _____ No

** Evaluations are required by NSH and must be returned to NSH. Hours will not be awarded to attendees if NSH does not receive completed evaluations. If you prefer to use your own format please check No.*

Return Application & Supporting Documentation to:
Via Mail: 3545 Ellicott Mills Dr, Ellicott City, MD 21043
Via Fax: 443-535-4055 or Via Email: aubrey@nsh.org



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SECTION 2: Meeting Information

Title of Meeting:

Meeting Date(s):

Meeting Start/End Time:

Meeting Location (include facility name & address):

Meeting Sessions/Workshops

Complete the questions listed below for each session. Use as many pages as you need. Certificates and additional paperwork will reflect the names and credentials listed below.

Workshop Title:

Presenter (s):

Workshop Date:

Workshop Length:

Workshop Objectives:

- 1.
- 2.
- 3.

Workshop Abstract:

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SECTION 3: Online Calendar Listing (see sample on Page 4)

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.

Meeting Contact Information (Name, Phone, Email):

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)

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Example of Listing On the Calendar

Events / [Industry Events](#)

Industry Events

[VIEW ALL EVENTS](#) →

[SHOW FILTER](#)

[ADD EVENT](#) ↓


1 to 2 of 2 events

20 per page

November 2018

[33rd Annual Sample Meeting](#)
Starts: Nov 15, 2018 8:30 AM (ET)
Ends: Nov 16, 2018 5:00 PM (ET)
Where: Fake Hotel, 123 Pretend Avenue, Nowhere, NJ, 08332, US

[REGISTER NOW](#)



Example of Listing Opened On the Calendar

33RD ANNUAL SAMPLE MEETING

[EDIT](#)

Events / [Event Description](#)

[REGISTER NOW](#)

Starts: Nov 15, 2018 8:30 AM (ET)
Ends: Nov 16, 2018 5:00 PM (ET)


This sample meeting will take place in November. Its purpose is to demonstrate how an event will appear in the online calendar.

You can include any information you want in the description - workshops, registration fees, ways to register etc.
[More information](#)

[Add a tag](#)

Location

Fake Hotel
123 Pretend Avenue
Nowhere, NJ 08332



[REGISTER NOW](#)

[DOWNLOAD TO YOUR CALENDAR](#)

Contact

Aubrey Wanner
443-535-4060
aubrey@nsh.org

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