

Applications must be received in the NSH Office **21 days before 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 the required documentation sent with your application. If you have any questions please contact Debra Grandy, Education Coordinator – debra@nsh.org

Section 1: Provider Information/Application Checklist

1. Name of the Organization requesting CEU approval:
2. Provider Status Being Requested:

Annual (See provider definition and fee schedule for more information.)

Single (See provider definition and fee schedule for more information.)
3. Name and contact for the 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. 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
(note, if you are invoiced NSH will not allow attendees to claim CEUs until payment is received).

Section 2: Event Information

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

Event Title

Date(s) of Event

Start and End time

Location

(Include full facility address)

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.

Session Title: (1)

Presenter(s):

Session Date:

Session Length	30 minutes	60 minutes	90 minutes	Other
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Session Objectives (list 3):	1.
	2.
	3.

Session Description:

Program Application for NSH Approval of CEUs

Session Title (2)

Presenter(s):

Session Date:

Session Length	30 minutes	60 minutes	90 minutes	Other
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Session Objectives (list 3):	1.
	2.
	3.

Session Description:

Session Title: (3)

Presenter(s):

Session Date:

Session Length	30 minutes	60 minutes	90 minutes	Other
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Session Objectives (list 3):	1.
	2.
	3.

Session Description:

Program Application for NSH Approval of CEUs

Session Title: (4)

Presenter(s):

Session Date:

Session Length	30 minutes	60 minutes	90 minutes	Other
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Session Objectives (list 3):	1.
	2.
	3.

Session Description:

Session Title: (5)

Presenter(s):

Session Date:

Session Length	30 minutes	60 minutes	90 minutes	Other
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Session Objectives (list 3):	1.
	2.
	3.

Session Description:

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