



## Program Application for NSH Approval of Contact Hours for Annual 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 Meeting Manager, Aubrey Wanner, 443-535-4060 or via email, [aubrey@nsh.org](mailto:aubrey@nsh.org).

1. Name of the Organization requesting contact hour approval:

2. Type of Organization Requesting Provider Status:

\_\_\_ NSH Constituent Society

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

\_\_\_ For Profit (e.g. for profit CE Providers, businesses or other industry partners)

3. I have attached a general abstract form for each presentation. \_\_\_\_\_  
Initial

4. I have attached the Curriculum Vitae for each presenter participating in the workshops. \_\_\_\_\_  
Initial

5. I have attached a sample PPT and/or handouts used for each workshop. \_\_\_\_\_  
Initial

6. 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.

\_\_\_\_\_  
Signature of Education Coordinator

\_\_\_\_\_  
Date

**Return Application & Supporting Documentation to:**  
Via Mail: 8850 Stanford Blvd. Suite 2900, Columbia, MD 21045  
Via Fax: 443-535-4055 or Via Email: [aubrey@nsh.org](mailto:aubrey@nsh.org)