



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 Meeting Manager, Aubrey Wanner, 443-535-4060 or via email, aubrey@nsh.org.

1. Name of the Organization requesting contact hour approval:

2. Title of Meeting:

3. Date & Location of the Meeting:

4. Type of Organization Requesting Provider Status:

___ NSH Constituent Society

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

___ For Profit (ie for profit CE Providers, businesses or other industry partners)

5. I have attached a complete copy of the program and/or any required abstract forms.

Initial

6. I have attached the speaker roster including names and addresses. _____
Initial

8. 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