



AASM Sleep Technologist Continuing Education Credit Program (AASM CEC) Application

1. **Application Date:** _____

2. **Education Provider:** _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Email: _____

Website: _____

3. **Key Contact Person:** _____

Phone: _____ Email: _____

4. **Person Responsible for Administration of Activity** (if different from above):

Phone: _____ Email: _____

5. **Planning Committee Members** (include credentials):

Name _____

Phone: _____ Email: _____

Name _____

Phone: _____ Email: _____

Name _____

Phone: _____ Email: _____

Name _____

Phone: _____ Email: _____

Name _____

Phone: _____ Email: _____

Name _____

Phone: _____ Email: _____

Name) _____

Phone: _____ Email: _____

Name _____

Phone: _____ Email: _____

6. **Activity Information:**

Type: LIVE ON-DEMAND

TITLE: _____

Description of Format: _____

First Date Offered: _____

Anticipated Learner Completion time (ON-DEMAND): _____

Time and Location (LIVE): _____

Will this activity be repeated during the calendar year? _____ Number of times? _____

Target Audience: _____

Learning Objectives: *Upon completion of this activity, participants should be able to:*

1. _____
2. _____
3. _____

Faculty/ Authors (include credentials):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Number of Credits Awarded: _____

7. Describe your process to ensure this activity is free from commercial bias:

8. How will you measure the participant’s knowledge as a result of this activity? (Attach examples as appropriate)

Pretest Audience Response System Audience Q and A

Post-test Peer to peer discussion Live chat

9. Promotional Materials

List all promotional materials attached for this activity, including brochures, flyers, email communications, and URLs for websites. Label attachments with coordinating number. Promotions materials must include the above activity information, as well as the AASM CEC Designation Statement.

1. _____
2. _____

- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____

10. Is commercial support provided for this activity? YES NO

If YES, please complete the Commercial Support section below.

Documentation of Commercial Support

Activity Title: _____

Provider: _____

Commercial Supporter: _____

Address: _____

City: _____ State: _____ Zip: _____

Website: _____

Contact Person: _____

Phone: _____ Email: _____

Describe the nature of the support:

A copy of the Commercial Support Agreement is attached

Please attach any additional documentation that ensures the activity will remain free from commercial bias.