

Professional Acknowledgment for Continuing Education

Provider Application and Manual

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American Society for Clinical Laboratory Science

1861 International Drive, Suite 200

McLean, VA 22102

571.748.3776

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# CHAPTER 1 : WELCOME & OVERVIEW

**Professional Acknowledgment for Continuing Education (P.A.C.E. ®)** is an administrative system established to stimulate and serve as the quality assurance mechanism for continuing education programs offered to clinical laboratory professionals by ASCLS constituent societies, laboratory industry, government agencies, hospitals and educational organizations.

In 1977, P.A.C.E. ® was created to provide a mechanism for recording credits for clinical laboratory professionals earned by attending continuing education programs to maintain and enhance their competence. P.A.C.E. ® serves as a quality assurance mechanism for program approval.

ASCLS sponsorship of continuing education credit granting programs was among the first implemented by a professional society, and P.A.C.E. ® has helped to maintain high standards of program quality and professional acceptability.

CLIA ‘88 recommendations, state licensure requirements, recertification requirements of the ASCP Board of Certification (BOC), and even laboratories’ employment requirements, all have one thing in common: the need for continuing education credits. Clinical laboratory professionals need and use P.A.C.E. ® programs to gain continuing education credit for recertification and licensure renewal.

P.A.C.E. ® approved programs are accepted by the ASCP-BOC for recertification, and for license renewal in all licensure states except Florida. Florida has additional requirements and provider fees for Florida are separate. As a P.A.C.E.® provider, you may fall under the ASCLS’ California Accrediting Agency number. See page 1-4 for a discussion of California and Florida continuing education approval.

The purpose of this manual is to provide information on the various aspects of the P.A.C.E. ® providership such as program procedures, billing policies, application procedures, and calculating contact hour credit.

## Goals

The goal of the P.A.C.E. ® Program is to create a combined system of program review and documentation of continuing education for clinical laboratory professionals.

To meet this goal, the P.A.C.E. ® Program will:

* approve Providers who meet P.A.C.E. ® criteria and standards
* offer contact hours as the basis for documenting attendance at continuing education activities
* establish a means of assuring that P.A.C.E. ® approved activities meet the needs of the profession
* establish and maintain a network of approved Providers
* require that each Provider verifies individual attendance at P.A.C.E. ® programs
* conduct a continuing review and evaluation of approved Providers and their programs
* conduct a continuing review and evaluation of P.A.C.E. ® Policies and Procedures
* publicize the program, approval criteria, and approval process
* cooperate with other organizations, educational institutions, and commercial firms in matters related to the P.A.C.E. ® Program

## Objectives of the Manual

After reading this P.A.C.E. ® Manual, the Program Administrator/Provider will be able to:

* Prepare an application for providership
* Use the Manual as a reference document
* Prepare and evaluate a program for P.A.C.E. ® approval
* Write measurable learning objectives
* Calculate contact hours
* Properly use the P.A.C.E. ® forms
* Submit Quarterly Activity Reports in an efficient manner
* Describe revocation of providership procedures
* Request California approval.

## Types of Providership

Any ASCLS constituent society, institution or company may apply to become a

P.A.C.E. ® Provider. There are two types of providership offered: annual, or single.

### Annual Providership

An Annual Providership permits an organization to offer an unlimited number of programs during the calendar year. Please see page 2-4 for a list of program types.

Depending on the number of programs planned during the year, an Annual Providership has the benefit of reducing the amount of administrative work, as well as the cost to the organization. Annual providers are only required to submit live presentations with their quarterly reports once a few of their initial offerings have been reviewed and approved.

Self-study programs must be reviewed prior to their initial offering.

### Single Providership

A Single Providership is for a single time program offering. A single program may be one session or one day of programming under a common theme. A Provider who hosts a multiday event is eligible to host such an event, but the fee must be paid for each day of programming.

The same program may be offered for a period of 2 weeks without submitting any additional fees. After that two week period, in order to offer the same program again, at a later time, or a different program, the application process must be repeated, and the Provider Fee is paid with each submission. .

Self-study Material Providership

As of January 1st 2015, the category of Self-study Provider has been eliminated. Those wishing to offer self-studies must do so as an Annual Provider.

## Providership Status for California and Florida

Approved Provider Status for the P.A.C.E. ® Program does not automatically indicate that an organization is approved to offer continuing education credits valid for licensure renewal for the licensees of the state of Florida.

ASCLS P.A.C.E. ® holds licenses as an approved provider of continuing education for Florida. . ASCLS national level programs, including Focus, published in the journal *Clinical Laboratory Science,* Learning Scope, published in *ADVANCE for Medical Laboratory Professionals*, the ASCLS Annual Meeting, the ASCLS Clinical Laboratory Educators’ Conference, ASCLS Advanced Management Institute, the ASCLS Legislative Symposium, ASCLS internet courses, and other ASCLS national level programs, will be approved for continuing education credit for licensure renewal in California and Florida.

**California**

All P.A.C.E. ® Providers will be included under the ASCLS P.A.C.E. ® California Agency license unless they choose to obtain their own California Agency license. The California Department of Health Services will only accept P.A.C.E. ® credits from Providers that include the CA Agency number on their certificates

Continuing education providers may seek California approval separately from P.A.C.E. ®. For information on becoming an accredited agency for California, separate from the P.A.C.E. ® Program, contact CA Department of Health Services, Laboratory Field Services - CE Office, at 510-620-3834 or visit their website <https://www.cdph.ca.gov/Programs/OSPHLD/LFS/Pages/Home.aspx>

**Florida**

The ASCLS P.A.C.E. ® Program does not have the authority to approve P.A.C.E. ® Providers for Florida status. The Florida Board of Clinical Laboratory Personnel requires an application by each individual organization providing continuing education. To become an approved provider of continuing education for Florida, go to the website [https://www.cebroker.com](https://www.cebroker.com/public/pb_index.asp). The Florida Department of Health, Division of Medical Quality Assurance, Board of Clinical Laboratory Personnel, prefers continuing education providers to work through CE Broker, but the board may be contacted at:

Florida Department of Health,

Division of Medical Quality Assurance,

Board of Clinical Laboratory Personnel

4052 Bald Cypress Way, Bin C 01

Tallahassee, FL 32399-3251

PH: 850-488-0595

Website: <http://floridasclinicallabs.gov/>

# CHAPTER 2: Application Process

## First Time Application

For a first time application, the following materials are to be submitted for review at least 30 days prior to the first program to allow time for any necessary changes. If the application materials are submitted less than 30 days prior to the program, a $100.00 rush fee will be assessed. Those requiring less than 2 weeks turn around will be assessed a $200 rush fee.

**It is recommended to submit all materials electronically to the P.A.C.E. ® Coordinator via email (andreah@ascls.org) or by providing a link to a file sharing website.**

**Information to Submit**: The following forms are provided in the appendices of this manual. These are the forms required for a provider application and initial program approval.

1. **Application for Provider Status**, (Appendix A-3)
2. **Brief Curriculum Vitae** (Appendix A-4) **of Program Administrator**. This form may also be used as a speaker information form.
3. **Appropriate provider fee-to be submitted to the ASCLS main office in McLean, VA with a copy of the payment form appendix A4 as directed by P.A.C.E. ®**
4. **Program Flyer/Brochure**, a draft, in case revisions are necessary. The flyer/brochure is to contain for each session: the Level of Instruction, the number of contact hours, measurable objectives, speaker credentials, agenda of session(s), and the P.A.C.E. ® statement.
5. **Program and Speaker Information Form**, (Appendix A-5) for each program to be presented. Items included on this form are: program title, brief speaker information, description of session, level of instruction, contact hours, measurable learning objectives that use appropriate action verbs. **This form is optional to submit.** I**f the information is provided elsewhere in the program materials (such as the program brochure/flyer), this form is not required**. It may be used as worksheet to prepare a flyer/brochure.
6. **Program Evaluation Form**, (Appendix A-9) to be used at the conclusion of each presentation. If an organization prepares their own Evaluation form, it is to contain questions regarding the speaker, program content, and achievement of the program objectives. Custom evaluation forms are submitted for approval by P.A.C.E. ®.
7. **Sample certificate** of attendance or completion. (Appendix A-11)
   1. Note – this is not required for ASCLS constituent societies or other providers using CE Organizer. CE Organizer generates all participant certificates.
8. **Example of the Attendance Roster to be Used. (**Appendix A8). The roster form may be modified, but must include all of the information as required in section 3.21 of this manual. \*Note – this is not required for ASCLS constituent societies as CE Organizer captures all of the required information.

Once materials are received, the P.A.C.E.® Coordinator or a P.A.C.E. ® Committee member will review for accurate allocation of contact hours, educational content, measurable learning objectives, speaker qualifications, and brochure/flyer content. Upon completion of the review, the applicant is notified of the outcome.

When the application review has been completed, the provider will be notified and assigned a P.A.C.E. ® provider number if approved for providership.

For new annual providers, subsequent live programs do not need to be submitted for review prior to the presentation. Program information (flyer, program/speaker information) for these programs will be submitted with rosters and evaluation summaries in a quarterly report.

## Program Administrator Qualifications and Responsibilities

Annual providers are required to have a designated program administrator. The Program Administrator position requires a working knowledge of educational methodology and program planning, as indicated by one or more of the following:

* is or has been a director or coordinator of an accredited program in the clinical laboratory sciences;
* holds a degree in education or laboratory science;
* has sufficient teaching experience, or experience in educational program planning in the clinical laboratory sciences;
* has participated in a workshop or course in educational methodologies;
* has viewed a P.A.C.E.® training session at the ASCLS National Meeting or has been given training in another format by the P.A.C.E.® Coordinator or a P.A.C.E.® Committee members as instructed.

The Program Administrator is responsible for reviewing program information for each presentation, including educational content, speaker credentials, contact hour calculation, level of instruction, correct wording of measurable objectives and correlation to level of instruction, and review of brochure/flyer content for compliance with P.A.C.E. ® policies. In addition, the program administrator is responsible for filing Quarterly Reports and maintaining P.A.C.E. ® documentation.

The Program Administrator may identify a Program Coordinator who is responsible for filing of Quarterly Reports and dissemination of program information to speakers and participants. One person may perform the duties of both positions.

Annual Provider Program Administrators, please remember the following P.A.C.E. ® Policy:

* Providership is non-transferable, thus provider numbers may not be given or loaned to non-providers.
* P.A.C.E. ® approved Providers may jointly sponsor programs with non-providers and/or other P.A.C.E. ® approved Providers provided that:

1. Action is taken to provide P.A.C.E. ® credit where it might not otherwise be available.
2. There is no intent on the part of the sponsor to use joint sponsorship as a mechanism for avoiding the payment of fees.
3. The name of the approved Provider assuming responsibility for the program by using its Provider Number is clearly listed as a co-sponsor on the brochure.
4. **If the P.A.C.E. ® Provider is a professional organization, the event must be open and advertised to all members of said organization.**
5. **State Chapters of professional organizations can not fall under the umbrella of the national organizations’ P.A.C.E. ® Provider Number.**

## Changing Program Administrator

To change in Program Administrator, the new Program Administrator must notify the P.A.C.E. ® Office, and submit the Brief Curriculum Vitae or resume.

## P.A.C.E.® Provider Fee Schedule (Rev 11/2019)

**Fees for ASCLS Constituent Societies and state chapters of other professional organizations:**

|  |  |
| --- | --- |
| **Event** | **Fee**  **(includes CE Organizer)** |
| Annual Provider, ≤ 18 contact hours offered annually | $325.00 |
| Annual Provider, > 18 contact hours offered annually | $575.00 |
| Single Provider, ≤ 6 contact hours per day | $125.00\* |
| Single Provider, > 6 contact hours per day | $175.00\* |

**Fees for non-profits (e.g. hospitals, government organizations, other national professional organizations):**

|  |  |
| --- | --- |
| **Event** | **Fee**  **(includes CE Organizer)** |
| Annual Provider, ≤ 18 contact hours offered annually | $400.00 |
| Annual Provider, > 18 contact hours offered annually | $700.00 |
| Single Provider, ≤ 6 contact hours per day | $200.00\* |
| Single Provider, > 6 contact hours per day | $275.00\* |

**Fees for for-profits (ie for-profit CE Providers, businesses or other industry partners):**

|  |  |  |
| --- | --- | --- |
| **Event** | **Fee** | **CE Organizer Add-on** |
| Annual Provider, ≤ 18 contact hours offered annually | $1800.00 | $500 |
| Annual Provider, > 18 contact hours offered annually | $2500.00 | $750 |
| Single Provider, ≤ 6 contact hours per day | $500.00\* | $175 |
| Single Provider, > 6 contact hours per day | $750.00\* | $225 |

**Fees for webinars per credit hour. Fee includes issuance of credit for 1-year post in recorded form.**

|  |  |
| --- | --- |
| **Event** | **Fee** |
| State Chapter of Professional Society: Single Recorded webinar | $200.00 |
| Non-Profit: Single Recorded webinar | $400.00 |
| For-Profit: Single Recorded webinar | $700.00 |

**\*Single provider fees apply to EACH DAY of programming.**

**Contact hours are calculated based on all available sessions offered, not by the maximum total amount of hours a participant can receive. If breakouts are offered, each session offered each hour is counted individually. For example, if you offer 3 session options at a conference in the 9AM-10AM hour block, that is counted as 3 contact hours.**

## Program Types

**Live Presentations:** Any program in which there is live interaction with the presenter. The program can be distributed electronically, but the attendee must have the opportunity to interact with the presenter in some fashion. Having a chat window available when distribution is electronic serves this purpose.

Live webinars, onsite instrument training, conferences, symposiums, or wet workshops are all examples of live programs.

Live programs may be presented multiple times within a 2 week period, and still be considered the same course offering.

**Recorded Live Presentations**: Live programs that have been previously P.A.C.E. ® approved may be presented in recorded form for P.A.C.E. ® credit, for a period of one year after the original presentation. After the one year period, the archived program can become a self-study and must meet the Self-study requirements.

A mechanism to ensure the participant attended the entire program must be in place. Offering an attestation statement on the evaluation or tracking the screen viewing time are 2 of the ways one can accomplish this. Offering a simple post test or requiring some form of participant interaction throughout the recording are other ways.

**Self-study:** Self Studies must be reviewed and approved by the P.A.C.E. ® Committee before they are used. A Self-study is valid for two years from the time of committee approval. This expiration may be rounded to the approval month’s end for ease of tracking expirations. For example, a self-study program that is approved June 13, 2014 is approved through June 30, 2016. Self studies will retain the same numbering for the entire 2 year period.

Materials should be received 60 days prior to program distribution.

At the end of 2 years, self studies must be thoroughly reviewed, revised, renumbered and resubmitted as a new program.

Self-study programs must include an exam for which the participant must achieve a minimum score of 70% or better. Self studies may have any number of questions the author chooses. However, exams should have at least 5 questions per contact hour being awarded.

### Tips for Better Multiple Choice Questions

* The first part of the question is the stem. A question is preferred over an incomplete sentence.
* The second part of the question are the options

**Do’s and Don’ts**

1. Don’t use a multiple choice question when there are limited distractors. Use True/False.
2. Use a question format “ Which of the following is the chemical used to …?”
3. Use reasonable distractors even if you only have three options in your test question.
4. Make options the same length.
5. Use only one correct option.
6. Use correct grammar.
7. Avoid the following:  only, always, never, negative questions, nonsense answers, all of the above, and none of the above.

## Examples of Self-study Delivery Mechanisms and Calculation of Contact Hours

**Journal Articles and Other Printed Materials**

Read the manuscript and complete the examination under timed conditions. Allow 1.5 times as much credit for a manuscript as it takes to read the assignment. This allows for variation in reading speed. Award one (1) minute per test question.

(Average reading time x 1.5) + 1 minute/question = contact hours rounded down to the nearest hour or half hour.

**Internet Materials and Web-based Instructional Materials**

Linked pages should be included in the timed review. Multiply the time it takes to complete the Self-study material by 1.5 to calculate the contact hours to be awarded. Award one (1) minute per test question. (Average completion time x 1.5) + 1 minute/question = contact hours rounded down to the nearest hour or half hour.

**Recorded Audio or Video of Live Presentations**

These programs can be provided a variety of ways such as CD, DVD, or web video links. These are programs that were previously P.A.C.E® approved live programs. Determine the length of time it takes to listen or view the program then add one (1) minute per test question.

Listening/viewing time + 1 minute/question = contact hours rounded down to the nearest hour or half hour.

**Poster and Exhibit Exam Sessions:**

An exhibit or poster exam can be created if there is a minimum of 5 exhibitors or posters included and at least 1 question per exhibitor or poster are asked. It is assumed that it will take 5 minutes to answer each question on the exam. Contact hours awarded are based on the minimum amount of required answers.

If a 20 question exam is created and the provider requires the participant to answer 10 questions, 10 questions x 5 minutes each = 50 minutes. In this case 1 hour can be awarded (hours can only be rounded up for the first hour of programming). A minimum passing score of 70% must be achieved, no partial credits can be awarded. If a participant chooses to answer all 20 questions in the example above, they still may only be awarded 1 contact hour due to the minimum requirements established.

## Criteria for Self-study Materials

Each Self-study package must be reviewed and approved by the P.A.C.E. ® Committee before it can be used for P.A.C.E. ® credit. Each program must be thoroughly reviewed and “beta-tested” prior to submission to the P.A.C.E. ® committee.

If a provider chooses to let their Providership lapse, credits can no longer be awarded for self-study programming even if the course is not expired.

**A checklist for submission of self-studies is included in the appendices and is required to accompany all self-study submissions.**

The P.A.C.E. ® Committee ultimately will determine if the number of contact hours to be awarded for completion of a Self-study item is appropriate. Providers must submit a suggested number of contact hours to be earned by participating in the self-study program. Each item must take a minimum of thirty (30) minutes for a participant to complete. Self-study programs must include an exam or other mechanism to evaluate whether the participant has achieved the learning objectives. This can be estimated by “beta-testing” the product with 3-5 people who are similar in educational background to the expected participants.

Self-study providers must comply with U.S. Copyright laws. Content not owned by providers must have appropriate permissions obtained and noted in the materials.

* Material must be properly cited.
  + AMA format is recommended, but other formats are acceptable.
* If the material is a textbook, textbook chapter, journal article or other content, it is presumed to be presented in its entirety. Editing the material and presenting as your own or in partial form is unacceptable. Making minor edits or alterations to complete works and presenting them in a way that obscures original ownership is not acceptable.
  + The material should be presented in its original form, in compliance with the intent of the author and/or publisher.
  + Permission for use should be noted in the self-study.

Self-studies should be reviewed by at least one subject matter expert prior to being sent to P.A.C.E. for review.

* A subject matter expert is a person who has a deep knowledge of the particular topic or discipline.
* The author (including post-test question author) and reviewer cannot be the same person.

Authors should be prominently noted in the course materials, including those who are responsible for writing the post-test.

## Speaker and Author Qualifications for All Programming

Speakers should have a background and the experience necessary to teach the subject. Extensive CVs are not needed for documentation of speaker qualifications. Listing the speaker’s academic credentials or job title is often sufficient to document that the speaker is qualified to present the program. The Speaker Information Form located in the appendices will provide sufficient information to document the speaker qualifications.

## Determining Level of Instruction

The flyer or brochure is to include the level of instruction for the program. This assists the potential attendee determine if the program will be suitable for their level of experience with the subject.

**Basic:** Entry level; no prior knowledge of subject necessary

**Intermediate:** Refresher course; some basic knowledge required; for the experienced staff technologist with some years of experience

**Advanced:** Highly technical; for those with current skills/knowledge and extensive experience in a specialty area

Note: when determining level of instruction, it is important to consider your target audience.

## Writing Measurable Learning Objectives

The program objectives should be made available to participants in at least one of the following manners:

* On the flyer/brochure advertising the activity
* At the beginning of the educational session or activity
* As a part of the post-activity evaluation

There are four essential elements in a measurable learning objective:

1. Audience: for whom is the program intended?
2. Action: what is the participant supposed to be able to do as a result of the program?
3. Conditions: what initial set of criteria is the participant given?
4. Degree: how well is the participant expected to be able to perform the action at the end of the program?

Steps for developing measurable learning objectives are:

1. Determine level of instruction: basic, intermediate, advanced;
2. Identify what your audience should be able to do after the program;
3. Write specific measurable learning objectives in terms of actions, conditions, and degree to correlate with level of instruction the attendee is expected to attain;
4. Evaluate whether the program instruction satisfies the objectives.

**Example Objectives:**

*At the conclusion of this session, the participant will be able to:*

*Discuss the advantages and disadvantages of X technology.*

*Explain why X technology is essential to effectively reduce turnaround time for test X.*

*Determine the correct utilization of test X in a pediatric population.*

**It is recommended to provide a minimum of 3 objectives for a 1 hour program.**

A list of appropriate verbs that may be used to prepare measurable learning objectives is included in the appendices to assist P.A.C.E. ® providers in developing acceptable objectives.

## Contact Hour Calculation for Live Programming

The P.A.C.E. ® program uses contact hours as the measure of continuing education credit awarded. The smallest unit of continuing education that is P.A.C.E. ® approved is 0.5 contact hour. To qualify for 0.5 contact hour the program must be a minimum of 30 minutes in length. P.A.C.E. ® does not award approval for less than 0.5 contact hours. One-half contact hour equals a minimum of 30 minutes of participation in an organized continuing education experience, under responsible sponsorship, capable direction, and qualified instruction.

**For the first hour only, a 50 minute session may be rounded up to 1 contact hour. Other than the first hour, contact hours are rounded down to the nearest half hour increment. For example, a session that is 1 hour 15 minutes, will be awarded 1 contact hour for completion.**

Contact hours are to be awarded for *instructional and participant evaluation time (e.g. quiz)* only. Time for breaks, announcements, etc. is not counted as instructional time. Instructional time after the first hour is to be reported in half-hour increments. For programs which are focused around one main topic, contact hours are figured with the following formula:

Total Program Time (-) minus Non Instructional Time (=) Total Instructional Time.

This figure is then rounded down to the nearest half hour to determine the number of contact hours.

Group activities within sessions can be counted towards instructional time as long as learning is actively occurring. Q&A immediately following a session can be counted towards the instructional time as long as it doesn’t exceed 10 minutes per hour of instruction.

Sessions, such as role-playing, buzz sessions, product preparation, or “wet lab” sessions are calculated on the basis of one (1) hour of credit for every two (2) hours of activity. However, if there is a student: faculty ratio of 5 or less students per 1 instructor, or student: instrument ratio of 2 students or less per each instrument, then the activity may be calculated as one (1) hour of credit for every one (1) hour of activity.

The following activities do not qualify for P.A.C.E. ® credit:

Association Membership or Certification Programs

Committee Meetings

Academic Credit Programs

Entertainment and Recreation

Sales Presentations

Student Bowl judging

## Flyer/Brochure Requirements

The P.A.C.E. ® criteria for a program flyer/brochure include **all** of the following for **each** session:

1. Faculty credentials or qualifications
2. Description of program content
3. Measurable learning objectives \*
4. Level of instruction
5. Schedule/time table
6. Fee, if applicable
7. Number of contact hours awarded
8. Date and location
9. **The P.A.C.E. ® statement: “(Organization’s Name) is approved (or has applied for approval) as a provider of continuing education programs in the clinical laboratory sciences by the ASCLS P.A.C.E. ® Program.”**

\*If measurable learning objectives are not in the flyer/brochure they must be posted at the registration area of the meeting, available as a handout to participants, or written on the evaluation form for the participants.

## Certificates of Completion or Attendance

A certificate of attendance or completion that is given to a participant after a P.A.C.E. ® approved program must contain the following required elements.

1. Participant’s name
2. Name and address of the P.A.C.E. ® provider
3. Program date
4. Title
5. Program number
6. Number of contact hours, separate and total
7. Name and address of the national P.A.C.E. ® Office (note: this does not have to be a prominent item on the certificate)
8. Signature of the Program Administrator or designee
9. Space for a P.A.C.E. ® validation sticker (physical or electronic)
10. California Accrediting Agency Info

Timeframe to claim credit:

1. No credit will be awarded to individuals greater than 6 months after the completion of the event.
2. If a course is purchased before the expiration date of the course, a participant will be allowed up to 90 days after the expiration to complete said course.
3. Participants should be given a minimum of 45 days to claim electronic certificates in CE Organizer.

Providers may modify the certificate examples in Appendix A-11 or they may design their own certificates if the required elements are included. A sample certificate is to be included with the P.A.C.E. ® application.

The P.A.C.E. ® sticker is a self-adhesive seal provided by the P.A.C.E. ® Office, to be placed on Certificates as proof of attendance. The seal is also available in an electronic form. Providers can use the P.A.C.E. ® sticker request form (Appendix A-12) or email the quantity needed, provider number, and shipping address to the P.A.C.E. ® Coordinator to request stickers. Requests for stickers should be sent far enough in advance to ensure sticker arrival before a planned program. Stickers will be sent via United States Postal Service whenever possible. .

Upon an Annual Provider’s yearly renewal, stickers are not automatically sent. The provider is to inform the P.A.C.E. ® Office as to how many stickers to send. A year’s supply may be requested at one time. P.A.C.E. ® stickers are dated so new stickers must be used each year.

**NOTE: All certificates sent electronically must be in PDF or other format that makes editing by the recipient hard.**

## CE Organizer

All ASCLS constituent societies are now required to use CE Organizer as of January 1st 2015. Training materials and login information will be provided by the P.A.C.E. ® Coordinator. Any Provider that uses CE Organizer does not need to submit paper rosters. Program information and a summary of the evaluations are still required with your post program reporting or quarterly report in the case of annual providers.

## The Completed Application

The application form and the remaining materials are to be sent to the P.A.C.E. ® Coordinator. Please see the Application checklist located in the appendices.

**PREFERRED METHOD OF SUBMISSION IS ELECTRONIC VIA EMAIL**

ASCLS P.A.C.E. ® Coordinator

347 Ypsilanti St., Dundee, MI 48131

PH: 571-748-3776

Fax: 734-310-6880

**Email:** [**AndreaH@ascls.org**](mailto:AndreaH@ascls.org)

# CHAPTER 3: Program Management

## Provider Number and Program Numbers

Upon approval of an organization for providership, a provider number is assigned. This is an identification number and does not change. Include this provider number on all correspondence with P.A.C.E. ®.

Providers assign a program number to each program they offer. A program number must be in the format shown below:

\_\_\_ \_\_\_ \_\_\_ --- \_\_\_ \_\_\_ \_\_\_ --- \_\_\_ \_\_\_

Provider Number Session ID Year

**Provider Number**: the first three digits of ALL Program Numbers are the assigned Provider Number.

**Session Identifier Number**: the middle digits will be the unique number that the

P.A.C.E. ® Provider will assign to each program or course offered in a particular year. This number must be a minimum of 3 digits in length, but more can be used if the provider chooses. If the same course is offered more than once, it should be given the same Program Number each time it is offered. Providers may choose to begin numbering the first program 001, and continue numbering each program consecutively, i.e. 002, 003, 004, etc. As long as the numbers are unique, it does not matter if they go in sequence or not. Organizations may choose to assign a group of numbers to a particular event.

For providers that offer the same course year after year such as instrument training, the same middle digits may be used year after year if the provider wishes. The terminal two digit year must be updated to the current year in the case of any live program. For instance a course on Packaging and Shipping that is offered by a government agency that is given the number 123-101-14 in 2014, could be repeated in 2015 as course 123-101-15.

**Year:** The last two digits indicate the year the program was presented. Any program offered in the calendar year of 2014 receives the number 14. The program number for Self-study materials retains the same year throughout the two year life of the material. For example, a self-study program with the program number 123-456-14 will be identified by that number until the program expires in 2016.

**If a multiday session program consists of several different disciplines, all sessions must be given a different program number.**

**If all sessions in a day of program fall under the same discipline, one number for the entire day’s worth of sessions can be used.**

**When a day of programming consists of multiple disciplines, individual sessions must have individual program numbers.**

## P.A.C.E. ® Procedures Prior to and day of the Educational Program

### Rosters

P.A.C.E. ® requires that a mechanism must be in place to document a person’s attendance at the event. The method of attendance documentation is up to the provider. Steps should be taken to reduce, as much as possible, the opportunity for cheating.

If a paper roster is used, the attendee must be identified by two identifiers. Printed name and signature is considered one identifier, often a signature is hard to read. Examples of the second identifier are address, license number, member number, or institution name. The roster header must identify the program for which the person is attending. It is recommended that an attestation statement be included at the top of the roster. See appendix A-8 for a sample roster.

Online programs may use a demographic form or sign-on mechanism to identify attendees. Two identifiers are still required as described above for the paper rosters. When submitting roster information for the quarterly report, this information can be downloaded into a spreadsheet.

### Evaluations

The evaluation tool aids the provider in improving the specific program or in preparing for future events.

Evaluation forms must evaluate the following:

1. the speaker or speakers,
2. if the stated objectives were met or not (may be a rating scale or a yes or no statement)
3. the content of the program.

Any rating scale may be used (ie 1-5 or 1-4) as long as there is an explanation of the scale used.

A sample evaluation form is found in Appendix A-9. Providers may design their own evaluation tool as long as it contains the required elements and identifies the program being evaluated. The participants are given time to complete the evaluations at the end of the program. A summary of the evaluations is included in the quarterly report for annual providers or final report for single providers.

Electronic evaluations (through services such as Survey Monkey) are acceptable for usage, as long as all of the above required points are evaluated. The questions provided on the sample evaluation forms can be used on electronic evaluations.

Distribution of the evaluation links should be limited to those who participated in the activity only. The session code for CE Organizer should not be made available until after the evaluation is completed. There should be a reasonable time frame after the activity and distribution of the evaluation for participants to complete the evaluation. The aggregate results of the evaluation should be included in the quarterly report. The P.A.C.E. logo should be included on the evaluation form used for the activity.

### Forms

Copies/examples of the forms an organization needs to fulfill P.A.C.E. ® requirements are found in the Appendices of this Manual. They may be copied and used. An organization may design their own forms as long as all required elements are included. A copy of customized forms must be submitted to P.A.C.E. ® for approval. Note that while it is necessary to have the P.A.C.E. ® office address on certificates, it does not need to be a prominent feature. The P.A.C.E. ® office address is **not** required to be on evaluation forms or attendance rosters, although the P.A.C.E. ® logo should be included on these two forms. Providers may wish to make their own institution’s name, address and logo more prominent. This will decrease the likelihood of participants mailing rosters and evaluations to the P.A.C.E. ® office in error.

## Post Program P.A.C.E. ® Reporting

Following a program, the evaluation forms and roster sheets are collected. The evaluations are summarized and the summary is recorded on a roster cover sheet or evaluation summary sheet found in the appendices.

Copies of the attendance rosters and evaluation summary sheets are sent to the P.A.C.E. ® office as:

* part of the final report (for single providers) or
* part of the quarterly report (for annual providers)

### Quarterly Activity Report (Appendix A-13)

Annual Providers submit Quarterly Activity Reports which include:

1. Report of Quarterly Activity form (A13)
   1. Form may be modified or omitted as long as all the information is provided every quarter in a clear concise way
2. Attendance rosters
   1. Rosters are not required for those using CE Organizer
   2. Electronic spreadsheet files are acceptable as long as 2 identifiers are given
3. A **summary** of the evaluations
4. Program information including: flyer/brochure, speaker qualifications, objectives, level of instruction, number of contact hours, and P.A.C.E. ® statement.
   1. For reoccurring programs, program information only needs to be submitted once per year
   2. For self studies, program information received at the time of the request for approval is sufficient

Record in chronological order each session the organization has presented. Record only those programs given in that specific quarter. **Self-study programs are reported in the quarter in which the participant finished the program.**

Quarterly Reports are due within thirty (30) days of the end of the quarter. The closing dates for the quarters are:

* First Quarter, March 31 Report due April 30
* Second Quarter, June 30 Report due July 30
* Third Quarter, September 30 Report due October 30
* Fourth Quarter, December 31 Report due January 30

Annual providers: if no programs were held during a particular quarter, please send a note or email stating that there was no activity.

Single providers: reports are due thirty (30) days after the program has been presented.

Quarterly reports are to be sent to the P.A.C.E. ® Coordinator. **Electronic submission is preferred and can be sent to** [**andreah@ascls.org**](mailto:andreah@ascls.org) **or shared online via an online file sharing service**. Should you need to send hard copies, please send to the P.A.C.E. ® satellite office: ASCLS P.A.C.E. ®, Andrea Hickey, 347 Ypsilanti St., Dundee, MI 48131.

Quarterly reports are reviewed for compliance with P.A.C.E. ® policies. Additionally the attendance rosters may be used to verify an individual’s attendance, if the participant is audited by a standards, accrediting or regulatory agency.

### Record Retention

The provider is to keep a copy or original of attendance rosters, evaluation summaries along with the program information for five years. If all files have been scanned in electronically, there is no need to keep the hard copies provided the electronic files have been reviewed for accuracy. Only the evaluation **summaries** need to be kept, not each individual participant’s evaluation form. Individual evaluation forms may be discarded once they have been summarized.

# Chapter 4: Miscellaneous INFORMATION

## Fiscal Year

The fiscal year of the P.A.C.E. ® program and Annual Providership is January 1 to December 31.

## Affiliation Policy

P.A.C.E. ® shall consider affiliations with educational institutions, professional organizations, governmental agencies, and commercial firms when such affiliation is in the best interest of both parties.

All affiliation agreements shall be in writing and negotiated in accordance with ASCLS policy. Affiliation agreements shall be maintained in the Executive Office.

## Confidentiality

All personal facts and individual activities recorded for participants and Providers are held in confidence. Data may be released by P.A.C.E. ® in summary as long as it does not identify specific individuals. Final authority for release of data and the negotiation of fees rests with the ASCLS President. All of the following conditions must be met before anonymous personal data will be released:

* A statement of intent must be reviewed by the P.A.C.E. ® Committee;
* A copy of the report using the data must be submitted to the Chair for approval prior to the publication of the final draft; and
* The proper fee as negotiated with ASCLS must be received.

## Program Audits

P.A.C.E. ® reserves the right to conduct on-site audits of approved programs. Continuing education credits received for participation in a program sponsored by an approved provider shall not be denied as a result of information obtained by an audit. Programs sponsored by P.A.C.E. ® approved providers may be audited by members of the P.A.C.E. ® Committee or individuals designated by the Committee. Program sponsors and faculty may or may not be told that an audit is in progress. Auditors are to be granted courtesy admission to the program, as they are attending at the request of the P.A.C.E. ® Committee. The auditor will prepare and send a written audit report to the P.A.C.E. ® Committee for review. It will not be given verbally at the time of the program. A copy of the audit report will be sent to the program administrator after the Committee review.

## Revocation of Provider Status

Approved Provider Status may be revoked if one or both of the following conditions occur:

* Provider fails to follow the criteria and procedures as outlined in this Manual;
* There is a high incidence of unsatisfactory evaluations by the participants.

## Revocation Procedures

The Program Administrator will be notified in writing of the non-compliance or unsatisfactory evaluations. A written response from the Program Administrator is to be received by the P.A.C.E. ® Office within thirty (30) days, outlining corrective action to be taken. If there is no response within 30 days, a second notice will be sent and a follow up phone call made.

After the P.A.C.E. ® Committee evaluates the written response the Committee may recommend one of the following:

* continue Approved Provider Status;
* Probationary Status during which the Provider must develop and implement a plan of corrective action to the satisfaction of the Committee;
* Revoking Provider Status.

If no response is received from the second attempt of notification, the Provider Status is automatically revoked and the Program Administrator will receive written notification. Notification will also be sent to agencies that accredit P.A.C.E. ®. If the Committee recommends Revocation of Provider Status, the Provider may appeal the decision to the ASCLS Board of Directors. The decision of the Board will be final.

## Complaint Resolution

The Complaint Resolution process is designed to communicate potential problems or complaints. The process may be initiated by: a Provider, licensing agency, certifying agency, or the P.A.C.E. ® Office.

In the event that a problem or concern arises with a P.A.C.E. ® approved program, a Complaint Resolution form is to be completed and sent to the P.A.C.E. ® Office. Notice will be sent to the Program Administrator for a response. Program Administrators are to respond within thirty (30) days. Complaints will be investigated. The form, including the response and any additional documentation will be placed in the Provider File. Providership could be jeopardized if the Program Administrator fails to respond or if too many complaints are filed against a Provider.

## P.A.C.E. ® Operational Procedures Modifications

The P.A.C.E. ® Operational Procedures may be modified by agreement between the P.A.C.E. ® Chair and/or Committee and the P.A.C.E. ® Office. The P.A.C.E. ® Committee periodically submits changes and modifications of the policies to the ASCLS Board of Directors. Submit suggestions and questions for policy or procedural changes to the P.A.C.E. ® Office.

# Chapter 5: Appendices

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## GLOSSARY

***Annual Provider:*** *an organization or individual who has paid a yearly fee to provide an unlimited number of continuing education programs; has authority to approve its own live programs after approval of its first program by the P.A.C.E. ® Committee.*

***Applicant:*** *an organization or individual that has submitted Program information to P.A.C.E. ® seeking approval as a Provider.*

***Approval:*** *the acceptance by the P.A.C.E. ® Committee of an organization or individual for P.A.C.E. ® credit.*

***Attendance Roster:*** *a mechanism to record an individual’s attendance at a program. The roster identifies the specific program and the attendees. Attendees are to sign-in using two identifiers. Printed names and written signatures are counted as one identifier. A second identifier is any other unique identifier that in conjunction with the name will positively identify the learner, such as address, ASCLS Membership Number, or email address to name a few.*

***Attestation Statement:*** *a statement included on paper rosters or other attendance mechanisms in which the attendee attests to having attended the complete program. An example is “I attest that I have attended the full instructional time for the program. I understand that completion of the program and my signature on the roster form are necessary to receive the contact hours awarded.”*

***Brochure/Flyer:*** *a document that is prepared and circulated to inform potential attendees of an upcoming educational program.*

***Certificate:*** *a document given to a program participant verifying complete attendance at a continuing education session.*

***Contact Hours:*** *the unit of time used by P.A.C.E. ® for continuing education credit. Contact hours and continuing education units (CEU) are not synonymous. A contact hour is based on an actual clock hour. One CEU is equal to ten contact hours. One contact hour is equal to 0.1 CEU.*

***Evaluation Summary form:*** *used to compile program evaluation information. This* ***form*** *is optional and may to be used for tallying purposes.* ***Reminder: a summary of the session evaluations is still required with your post program report, but the method in which it is submitted can be different than this form.***

***Manual:*** *the collection of information that forms the procedures and policies for the P.A.C.E. ® Program.*

***Measurable Learning Objectives:*** *a statement that describes what the participant will be able to do after successfully completing a particular educational experience.*

**A1**

***Quarterly Activity Report:*** *information compiled by an Annual Provider for a specific three month period; includes Quarterly Activity Report form, Attendance Roster forms with Evaluation Summary,*

*Program flyer/brochure for each program. Use of the Roster Cover Sheet is optional. Evaluation Summary Form with summary information is optional.*

***P.A.C.E. ®:*** *a registered trademark for Professional Acknowledgment for Continuing Education.*

***P.A.C.E. ® statement:*** *the statement included on flyers/brochures that informs a prospective attendee that the program is P.A.C.E. ® approved or pending approval****: “(Organization’s Name) is approved (or has applied for approval) as a provider of continuing education programs in the clinical laboratory sciences by the ASCLS P.A.C.E. ® Program.”***

***Participant(s):*** *person(s) attending continuing education programs.*

***Program Administrator:*** *the person in an organization responsible for reviewing program information for each presentation, including speaker credentials, contact hour calculation, Level of Instruction, correct wording of measurable objectives and correlation to Level of Instruction, review of flyer/brochure content for compliance with P.A.C.E. ® policies.*

***Brief Curriculum Vitae:*** *provides information on a Program Administrator or speaker qualifications. The form is used to report a change in Program Administrator of an Annual Provider. It is not necessary for a speaker to complete this form.*

***Program Coordinator:*** *the person in an organization responsible for filing Quarterly Reports, dissemination of program information to speakers and participants. One person may perform the duties of Administrator and Coordinator.*

***Program Evaluation form:*** *utilized by participants to provide feedback to the organization on the quality of the program, its speakers, and education methods. Evaluations remain with the Provider and only Evaluation Summaries are to be submitted to the P.A.C.E. ® office.*

***Program Number****: a unique number assigned to a P.A.C.E. ® approved continuing education program by the Provider. The first three digits identify the Provider, the second three-five digits identify the specific session, and the last two digits identify the year the program was first given.*

***Program/Speaker Information form:*** *information on this form is to be included in an organization’s program flyer/brochure. This form does not need to be submitted to P.A.C.E. ® if the Program Information was submitted to the National Office by some other mean. One form should be used for each speaker. For organizations with ongoing training programs, the same form can be used if you list each speaker and their credentials (may be submitted as a list on a second page. Note that extensive CVs are not needed to document a speaker’s qualifications.*

***Provider:*** *an organization or individual who provides continuing education programs.*

***Provider Number:*** *a three-digit number assigned to a P.A.C.E. ® approved Provider by the P.A.C.E. ® Office. This number never changes from year to year and is the beginning 3 digits of all program numbers.*

**A1**

***Roster Cover Sheet form:*** *If the current Attendance Roster form (Appendix A-8) is used, this form is optional. It provides space for the recording of the number of participants in each session. Using one Roster Cover Sheet form for more than one session is not acceptable.*

***Self-study:*** *self-instructional material; a program that a participant uses at her/his convenience, e.g. online course, audio/video recording that is intended to be used for >1 year, journal articles, self-check samples, etc.*

***Self-Study Provider:*** *an organization or individual who provides a self-study program.*

***Single Provider:*** *an organization or individual who pays a single fee to provide a single continuing education program; additional presentations of the program require an additional fee if P.A.C.E. ® approval is requested.*

***Sticker:*** *a self-adhesive seal provided by the P.A.C.E. ® Office, to be placed on Certificates as proof of attendance. The seal is also available in an electronic graphic form. P.A.C.E. ® stickers are dated; new stickers are available each year.*

***Validation:*** *the placement of a Program Administrator’s, or designee’s, signature and P.A.C.E. ® Sticker on a participant’s Certificate after verifying a participant’s complete attendance at sessions, correct calculation of total contact hours and completion of information regarding program titles and numbers.*

**A1**

**APPLICATION CHECKLIST**

Use this checklist to insure that your application is complete and submit items to:

**PREFERRED METHOD OF SUBMISSION IS ELECTRONIC VIA EMAIL**

ASCLS P.A.C.E. ***®*** Coordinator

347 Ypsilanti St., Dundee, MI 48131

PH: 571-748-3776

Fax: 734-310-6880

**Email:** [**AndreaH@ascls.org**](mailto:AndreaH@ascls.org)

Completed and signed Application for Provider Status. (A3)

Curriculum Vitae (CV) or Resume of Program Administrator (Annual Providers only)

Provider Invoice Request Form (A4)

Sample of program brochure/flyer (See requirements in section 2.12 of the P.A.C.E.® manual

Program/speaker information form for each program (Note: this is optional if the information on this form is already included in the brochure/flyer.) (A5)

Example of the roster to be used (A8 or equivalent)

Program Evaluation Form for participant to evaluate the program (only 1 version of A9 or equivalent needed)

Example of the certificate of completion/attendance to be used (A11)

**A2**

**APPLICATION FOR PROVIDER STATUS**

**Provider Name:**

**Program Administrator:       Credentials:**

**Title or Current Position:**

**Specialized Training:**

**Email:       Telephone Number:**

As the Program Administrator, I have read the procedures pertaining to P.A.C.E. ® Provider Status and agree to be responsible for compliance with all criteria. As an Annual Provider, at quarterly intervals during the year, I will provide P.A.C.E. ® with a complete Report of Quarterly Activity that includes Attendance Rosters for each program. As a Single Provider, within 30 days of the end of the program, I will provide P.A.C.E. ® Attendance Rosters of the program. I acknowledge the right of P.A.C.E. ® to withdraw approval if there is evidence that the prescribed policies and procedures are not being met.

Program Administrator Signature Date

**If applying for an Annual Providership, please include CV or Resume of P.A.C.E.® Administrator**

**Program Coordinator:       Credentials:**

**Title or Current Position:**

**Specialized Training:**

**Email:       Telephone Number:**

**A3**

**PROVIDER INVOICE REQUEST FORM**

**Provider Name:**

**Provider Number:       (IF KNOWN) Non Profit  For Profit**

**Billing Address:**

**City, State; Zip:**

**Telephone Number:**

***For Annual Providers:***

**# of courses being awarded annually:**

***For Single Providers (please break down your course offerings by day):***

**# of hours being offered: Day 1:       Day 2:       Day 3:       Day 4:**

**Activity Title:       Activity Date(s):**

**Total Due:**

**Amount: $**

**A4**

**Program/Speaker Information Form**

|  |  |
| --- | --- |
|  | **Program Number:**  **Program Title:**  **Date:**  **Contact Hours:** |
| Provider Name/Provider Address | Provider Logo if desired |

|  |  |
| --- | --- |
| *Format: (Lecture, slides, discussion group, live webinar, archived webinar, Computer-Driven Instruction, etc.)* | |
| *Speaker Name, Credentials, and Affiliation: List your name and credentials, as they should appear in the program.*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | |
| *List your professional affiliation, as it should appear in the program:* | |
| *The moderator or speaker will disclose to the audience any conflict of interest regarding the topic being presented.* | |
| *­Description of Session: Limit to 50 words. Type or print, being as specific as possible about learning to take place.* | |
| *Level of Instruction:* ***BASIC INTERMEDIATE ADVANCED*** *(Circle one)*  ***BASIC:*** *Entry level; no prior knowledge of subject necessary to attend this program;*  ***INTERMEDIATE:*** *Refresher course; some basic knowledge required;*  ***ADVANCED:*** *Highly technical; for those with at least five years of experience in a specialty area.*  *PROGRAM OBJECTIVES (Please list three. May be continued with an attachment)*  *At the end of the session, the participant will be able to:* | |
| *1.* | |
| *2.* | |
| *3.* | |
| *PROGRAM TIME TABLE* | |
| *Begin time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | |
| *Break(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lunch\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | |
| *CONTACT HOURS PROPOSED: \_\_\_\_\_\_\_\_\_* | *CONTACT HOURS: \_\_\_\_\_\_\_\_ per Committee (for Office Use Only)* |

**A5**

|  |  |
| --- | --- |
|  | **Program Number:**  **Program Title:**  **Date:**  **Contact Hours:** |
| Provider Name/Provider Address | Provider Logo if desired |

**ROSTER COVER**

Program Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_

Program Start: \_\_\_\_\_\_\_\_ Program End: \_\_\_\_\_\_\_\_ Time & Length of Break(s):\_\_\_\_\_\_\_\_\_

Number of participants: \_\_\_\_\_\_\_\_\_\_\_\_

Low High

Summary of Evaluations: 1 2 3 4 5 Note: be sure the

Speakers: rating scale on this form Objectives Achieved: matches the scale on Program Content: the evaluation form.

I certify that the participants listed on the Attendance Roster(s) have successfully completed the above program and are deserving of the P.A.C.E. ® contact hours indicated.

Signature – Program Administrator or Designee Date

Telephone or email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail with: Attendance Rosters, &, if not previously submitted, Program brochure/flyer with Program Information & Speaker Credentials.

Single Providers: due 30 days after Program.

Annual Providers: include in Quarterly Activity Report.

**A7**

|  |  |
| --- | --- |
|  | **Program Number:**  **Program Title:**  **Date:**  **Contact Hours:** |
| Provider Name/Provider Address | Provider Logo if desired |

**Attendance Roster with Summary**

**VERIFICATION OF ATTENDANCE: I have attended the full instructional time for this program. I understand that completion of this program and my PRINT NAME on this form are necessary to receive the contact hours awarded for this program.**

|  |  |  |
| --- | --- | --- |
| **PRINT NAME** | Address | Lic.#/State |
| Signature | City/State/Zip | ASCLS # |
| **PRINT NAME** | Address | Lic.#/State |
| Signature | City/State/Zip | ASCLS # |
| **PRINT NAME** | Address | Lic.#/State |
| Signature | City/State/Zip | ASCLS # |
| **PRINT NAME** | Address | Lic.#/State |
| Signature | City/State/Zip | ASCLS # |
| **PRINT NAME** | Address | Lic.#/State |
| Signature | City/State/Zip | ASCLS # |
| **PRINT NAME** | Address | Lic.#/State |
| Signature | City/State/Zip | ASCLS # |
| Summary of Evaluations: ☹ 1 2 3 4 5 ☺ Note: be sure the  Speakers: rating scale on this  Objectives Achieved: matches the scale on  Program Content: the evaluation form. | | |

**I certify that the participants listed on the Attendance Roster(s) have successfully completed the above program and are deserving of the P.A.C.E.® contact hours indicated.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRINT NAME** - Program Administrator or designee Date

**Page 1 of :**

**A8**

|  |  |
| --- | --- |
|  | **Program Number:**  **Program Title:**  **Date:**  **Contact Hours:** |
| Provider Name/Provider Address | Provider Logo if desired |

**Attendance Roster**

V**ERIFICATION OF ATTENDANCE: I have attended the full instructional time for this program. I understand that completion of this program and my PRINT NAME/Signature on this form are necessary to receive the contact hours awarded for this program.**

|  |  |  |
| --- | --- | --- |
| **PRINT NAME** | **Address** | **Lic.#/State** |
| **Signature** | **City/State/Zip** | **ASCLS #** |
| **PRINT NAME** | **Address** | **Lic.#/State** |
| **Signature** | **City/State/Zip** | **ASCLS #** |
| **PRINT NAME** | **Address** | **Lic.#/State** |
| **Signature** | **City/State/Zip** | **ASCLS #** |
| **PRINT NAME** | **Address** | **Lic.#/State** |
| **Signature** | **City/State/Zip** | **ASCLS #** |
| **PRINT NAME** | **Address** | **Lic.#/State** |
| **Signature** | **City/State/Zip** | **ASCLS #** |
| **PRINT NAME** | **Address** | **Lic.#/State** |
| **Signature** | **City/State/Zip** | **ASCLS #** |
| **PRINT NAME** | **Address** | **Lic.#/State** |
| **Signature** | **City/State/Zip** | **ASCLS #** |

**I certify that the participants listed on the Attendance Roster(s) have successfully completed the above program and are deserving of the P.A.C.E.® contact hours indicated.**

**PRINT NAME** – Program Administrator or designee Date

**Page:       of**

**A8**

|  |  |
| --- | --- |
|  | **Program Number:**  **Program Title:**  **Date:**  **Contact Hours:** |
| Provider Name/Provider Address | Provider Logo if desired |

|  |
| --- |
| SAMPLE PROGRAM EVALUATION |

Use this form to evaluate the above-titled program/session **ONLY**. Fill in the numbered circle to indicate your ratings of this program, objectives, and speaker(s); using one response per line, completely erasing errors. Turn in the completed form to the Program Moderator or as directed.

**SPEAKER RATING Low/Poor High/Excellent Not Applicable**

To what extent:

was the speaker knowledgeable, organized and effective

during the presentation? ① ② ③ ④ N/A

did the speaker clarify and focus on the stated objectives? ① ② ③ ④ N/A

 

were the speaker's teaching methods & aids appropriate & effective? ① ② ③ ④ N/A

were the teaching methods & aids appropriate & effectively used? ① ② ③ ④ N/A

**OBJECTIVES RATING Low/Poor High/Excellent Not Applicable**

To what extent was each objective achieved?

1: \_\_\_\_*These objectives must be filled in BEFORE*\_\_\_\_\_\_\_\_\_\_\_ ① ② ③ ④ N/A

2: \_\_\_\_*the form is given to the attendee.*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ① ② ③ ④ N/A

3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ① ② ③ ④ N/A

**PROGRAM CONTENT RATING Low/Poor High/Excellent Not Applicable**

To what extent did the program contentrelate to the

program objectives? ① ② ③ ④ N/A

Rate the contribution of this session to your overall knowledge

of this subject. ① ② ③ ④ N/A

Rate your overall degree of satisfaction with this session. ① ② ③ ④ N/A

Rate your level of expertise in this subject prior to this session. ① ② ③ ④  N/A

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: Providers may use their own evaluation form as long as it evaluates the speaker, objectives being met, and the program content rating. Make sure the ratings scale on the evaluation form matches the scale on the evaluation summary form. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for attending this P.A.C.E. ® approved program & completing this Evaluation Form.**

**A9-Full Page**

|  |  |
| --- | --- |
| **PROGRAM EVALUATION** | **Program Number:**  **Program Title:**  **Date: Contact Hours:** |
| Provider Name/Provider Address | |

Use this form to evaluate the above-titled program/session. Return the completed form to the Program Moderator or as directed.

**RATING SCALE 5 = Yes/High/Excellent; 1 = No/Low/Poor; NA = Not Applicable**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Rate the speaker(s) in terms of knowledge, organization and effectiveness.** | ⑤ | ④ | ③ | ② | ① | NA |
| **Rate your overall satisfaction with the program content.** | ⑤ | ④ | ③ | ② | ① | NA |
|  | | | | | | |
| **Were the below stated objectives met?** | Yes | | | No | | |
| 1. «Objective\_1» |  |  |  |  |  |  |
| 2. «Objective\_2» |  |  |  |  |  |  |
| 3. «Objective\_3» |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | | | | | | |
| Was the content presented without commercial bias? | Yes | | | No | | |

Comments:

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|  |  |
| --- | --- |
| **PROGRAM EVALUATION** | **Program Number:**  **Program Title:**  **Date: Contact Hours:** |
| Provider Name/Provider Address | |

Use this form to evaluate the above-titled program/session. Return the completed form to the Program Moderator or as directed.

**RATING SCALE 5 = Yes/High/Excellent; 1 = No/Low/Poor; NA = Not Applicable**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Rate the speaker(s) in terms of knowledge, organization and effectiveness.** | ⑤ | ④ | ③ | ② | ① | NA |
| **Rate your overall satisfaction with the program content.** | ⑤ | ④ | ③ | ② | ① | NA |
|  | | | | | | |
| **Were the below stated objectives met?** | Yes | | | No | | |
| 1. «Objective\_1» |  |  |  |  |  |  |
| 2. «Objective\_2» |  |  |  |  |  |  |
| 3. «Objective\_3» |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
|  | | | | | | |
| Was the content presented without commercial bias? | Yes | | | No | | |

Comments:

**A9-Half Page**

|  |  |
| --- | --- |
|  | **Program Number:**  **Program Title:**  **Date:**  **Contact Hours:** |
| Provider Name/Provider Address | Provider Logo if desired |

**PROGRAM EVALUTION**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | | 3 | 4 | 5 | | N/A |
| **Speaker** |  |  | |  |  |  | |  |
| Rate the speaker(s) in terms of knowledge, organization and effectiveness |  |  | |  |  |  | |  |
| Rate your overall satisfaction with the program content. |  |  | |  |  |  | |  |
| Objective achieved | Yes: | | No: | |  | |  | |
| Was the content presented without commercial bias? | Yes: | | No: | |  | |  | |
|  | 1 | 2 | | 3 | 4 | 5 | | N/A |
| **Speaker** |  |  | |  |  |  | |  |
| Rate the speaker(s) in terms of knowledge, organization and effectiveness |  |  | |  |  |  | |  |
| Rate your overall satisfaction with the program content. |  |  | |  |  |  | |  |
| Objective achieved | Yes: | | No: | |  | |  | |
| Was the content presented without commercial bias? | Yes: | | No: | |  | |  | |
|  | 1 | 2 | | 3 | 4 | 5 | | N/A |
| **Speaker** |  |  | |  |  |  | |  |
| Rate the speaker(s) in terms of knowledge, organization and effectiveness |  |  | |  |  |  | |  |
| Rate your overall satisfaction with the program content. |  |  | |  |  |  | |  |
| Objective achieved | Yes: | | No: | |  | |  | |
| Was the content presented without commercial bias? | Yes: | | No: | |  | |  | |

**A9-Mulitple Speakers**

|  |  |
| --- | --- |
|  | **Provider Name:**  **Program Number:**  **Program Title:**  **Date:**  **Contact Hours:** |

**PROGRAM SUMMARY**

**Speaker (with credentials):**

**Objectives:**

**List Objective 1**

**List Objective 2**

**List Objective 3**

**Evaluation Summary:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **5** | | **4.5** | **4.25** | | **4** | **3.75** | **3.5** | | **3.0** | **2.5** | **2.0** | | **1.5** | **1.0** |
| **Speaker Rating** |  | |  |  | |  |  |  | |  |  |  | |  |  |
| **Objective Rating** |  | |  |  | |  |  |  | |  |  |  | |  |  |
| **Content Rating** |  | |  |  | |  |  |  | |  |  |  | |  |  |
| **Presented W/O Commercial Bias** | | **YES** | | |  | | | | **NO** | | | |  | | |

**APPROXIMATE head count:**

**I certify that the attendees were given the session code and reminded of PACE® in their packets.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature - Program Moderator or Assistant Date**

**Comments:**

**A10**

Provider Logo/Name

Provider Address

CERTIFICATE OF ATTENDANCE FOR:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Exp. Date:\_\_\_\_\_\_\_\_

**Change rows as you see fit. “Attended” column may be deleted**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **P.A.C.E. ®**  **Program #** | **Session Title** | **Contact Hours** | **Attended**  **(X)** |
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|  |  |  |  |  |
|  |  | **Total Hours** |  |  |

**VALID WHEN SIGNATURE AND P.A.C.E.*****®* STICKER ARE PRESENT.**

I certify that this individual has attended the above session(s) and completed the program requirements.

Signature of P.A.C.E. ® Administrator or Designee

**PLACE P.A.C.E.® STICKER HERE**

**(You may delete this box)**



ASCLS P.A.C.E.®

1861 International Drive, Suite 200

McLean, VA 22102

CA Accrediting Agency No: 0001

**A11**

|  |  |
| --- | --- |
|  | STICKER REQUEST may be sent to:  P.A.C.E. ***®*** Coordinator  347 Ypsilanti St  Dundee, MI 48131  W: 571-748-3776  F: 734-310-6880  E: [AndreaH@ascls.org](mailto:AndreaH@ascls.org) |
|  | |
| Provider Number: |  |
| Organization:  Program Coordinator:  Mailing Address:  (no P.O. Box deliveries) |  |
| Phone:  Fax:  FedEx: |  |
| Indicate the number of Validation Stickers needed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Note: Please return unused stickers to P.A.C.E.***®*** | |
|  | |
| For Office Use Only | |
| Date Requested/Rec’d \_\_\_\_\_\_\_\_\_\_\_\_ | Date Shipped \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**A12**

|  |  |
| --- | --- |
| **QUARTERLY ACTIVITY REPORT** | **PROVIDER NUMBER \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_**  **ORGANIZATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **CITY, STATE, ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **CONTACT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

Report for the Quarter Ended:  March 31  June 30  September 30  December 31 YEAR \_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Program Number | Program Date | Location | Program Title | Contact Hours per participant |
|  |  |  |  |  |
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**List sessions individually. Preferred submission is electronic. Email with copies of Attendance Rosters, Evaluation Summaries, & Program brochure/flyer that contains: Speaker Credentials, Objectives, Level of Instruction, number of Contact Hours, and P.A.C.E. ® statement, to:** [**andreah@ascls.org**](mailto:andreah@ascls.org)**.**

**A13**

**P.A.C.E.® Self Study Materials Application Checklist**

Title:

Speaker(s) or Author(s):

Program Date:

Program Number:

Proposed Contact hour calculation:

#### (Program Length)+ (# of Exam Questions)= (Total)

When submitted for approval, each Self Study program application must contain:

1. Sample of flyer/brochure/web page, for marketing the product, which is to include:

Level of Instruction  Number of contact hours

Learning Objectives  P.A.C.E® Statement

Organization Name, contact name or number

1. Copy of the product: audio or video recordings, URL or hard copy of material (handouts), if an online product. Material must include:

Author’s name, credentials  Level of instruction

Number of contact hours  Learning objectives

P.A.C.E® Statement  References

1. Equipment needed and directions to use or view the material. Please include access information (including user names and passwords) if applicable.
2. Sample of examination that the participant is expected to complete at the conclusion of the activity (include an answer sheet)
3. Mechanism used for evaluation of the program by the participant. All evaluations must evaluate the Speaker/Author, content and objectives.

By signing below, I attest that the self-study submission has been:

* Reviewed by a subject matter expert prior to submission.
* Complies with U.S. Copyright laws. Content not owned by providers must have appropriate permissions obtained and noted in the materials.

Printed name:

Signature: Date:

For Provider Use:

Submission Date: Approval Date:

No. of credit hours approved: Expiration Date:

*Note: courses expire 2 years from the end of the month they were approved in.*

**A14**

|  |  |
| --- | --- |
|  | COMPLAINT RESOLUTION FORM  Professional Acknowledgment for Continuing Education  ASCLS P.A.C.E. ® Office  347 Ypsilanti St.  Dundee, MI 48131  Phone:571-748-3776 Fax: 734-310-6880 |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provider #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Number: \_\_\_\_\_ - \_\_\_\_\_ -\_\_\_\_\_ Program Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Complaint: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Action requested or recommended:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Office use only)

Complaint referred to: \_\_ Provider \_\_ Instructor \_\_ P.A.C.E.***®*** Committee

Action taken:

Copies sent to: \_\_ Program Administrator \_\_ Instructor \_\_ P.A.C.E.***®*** Committee

\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Documentation to File: \_\_\_\_/\_\_\_\_/\_\_\_\_

**A15**

## SAMPLE INSTRUCTIONS FOR VALIDATION OF P.A.C.E. ® CERTIFICATES

1. If your daily program includes more than one session, ask the participant if they will attend additional sessions. Certificates should only be validated after they have attended their last session.

2. Make sure all information is complete on the certificate:

A. Participant’s Name

B. Provider Name (Your organization)

C. Provider Address (Your organization’s address or contact address)

D. Session Date

E. Session Title

F. Session P.A.C.E. ® Program Number

G. Number of Contact Hours

3. If any information is missing, return the certificate and ask the participant to fill in the missing information**. Certificates should not be validated unless all information is complete.**

4. Check to see that contact hours have been recorded correctly.

5. If the certificate is completely filled in with sessions, place the validation sticker at the bottom.

6. If all of the lines on the certificate have NOT been completed, place the validation sticker directly under the last program listed, and NOT at the bottom. This insures that no additional programs can be added. A participant that decides to attend another session should be given a new certificate.

7. Sign the certificate.

## ***SAMPLE*** MODERATOR CHECKLIST

*Sample: adjust according to your organization’s needs.*

The moderator packet includes the following:

Instructions for Moderators

Program information sheet

Speaker introduction information

P.A.C.E.***®*** Attendance Rosters, Roster Cover Form (optional)

Program Evaluation Forms for participants

Extra Certificates of Attendance

(Any additional material the Provider has)

At the end of the session, return the Moderator Packet with the following enclosed:

Completed P.A.C.E.® Attendance Rosters, signed by participants and moderator

Roster Cover Form, signed with number of attendees

Completed Program Evaluation Forms

Evaluation Summaries

**RETURN THE COMPLETED MODERATOR PACKET TO THE PROGRAM ADMINISTRATOR**

## SAMPLE MODERATOR INSTRUCTIONS

Before the session:

1. Locate the room for the session. Plan to arrive about 30 minutes before the start of the session, to find the light switches, heat control, confirm AV equipment.

2. Introduce yourself to the speaker(s) and explain your role. Make sure the speaker has obtained his/her packet and name tag. Review your introduction information with the speaker to see if he/she has any changes or additions. If biographical information on the speaker was not in your packet, ask the speaker how he/she wishes to be introduced.

3. Ask the speaker to check that the audio-visual equipment is adequate. Offer to assist the speaker in passing out any handouts.

4. ALL participants must wear a nametag. Workshop and Roundtable participants must also have a ticket. These tickets must be collected and turned in with the Moderator’s Packet at the end of the program. It is your responsibility to ensure that only registered meeting participants attend the session by checking name badges as individuals enter the room. During the session, count the total number of participants.

Beginning the Session:

5. Begin the session on time.

6. Circulate the P.A.C.E.***®*** Attendance Rosters and ask all participants to sign it, both ASCLS members and non-members. If the session has a break, pass out the Attendance Roster after the break. Hand out the Program Evaluation forms to the attendees.

7. Introduce yourself; give a warm welcome to the participants; and announce the program speaker, program sponsor, if applicable, program title, program number and number of contact hours. This information is on the program information sheet in the moderator packet.

8A For Providers that do not use CE Organizer:

Make the following announcements:

a. Emphasize that the participant MUST keep their Certificate of Attendance, as it is the ONLY permanent record of attendance and that ALL INFORMATION MUST BE COMPLETE, LEGIBLE, AND CORRECT.

b. Announce to the participants that to become an official record of attendance the Certificate of Attendance MUST have a signature and official P.A.C.E.***®*** Program sticker. Signatures and Stickers are available at the P.A.C.E.***®*** Desk.

c. Request that all participants turn off or mute any cell phones or pagers.

8B For Providers that use CE Orgnaizer:

Make the following announcements:

a. Emphasize that the participant MUST create their Certificate of Attendance using CE Organizer

b. Remind the participants that they will need to record the unique session code that will be announced at the end of the session.

c. Request that all participants turn off or mute any cell phones or pagers.

9. Introduce the speaker, including name and background information (if available). If the speaker has a sponsor, notify the audience of the sponsor.

10. If the session has more than one speaker, make sure that all speakers stay on schedule.

At the end of the session:

11. Begin the applause; thank the speaker and the sponsor, if applicable.

12. Collect the Program Evaluation Forms and P.A.C.E. ***®*** Attendance Rosters.

13. Review the Evaluation Forms & summarize the findings on the Roster Cover Form.

14. Complete the Moderator Checklist and return the packet to the P.A.C.E.***®*** Desk immediately after the session. This will allow ample time for P.A.C.E.***®*** to verify and validate certificates.

## APPROPRIATE VERBS FOR LEARNING OBJECTIVES

**Avoid non-measurable verbs: amplify, appreciate, be acquainted with, be aware, be(come) familiar with, explore, gain insight, improve, increase, know, learn, realize, understand.**

**The following verbs will help to write good learning objectives. This chart is based on Bloom’s Revised Taxonomy**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| REMEMBERING | UNDERSTANDING | APPLYING | ANALYSING | EVALUATING | CREATING |  |
| Cite  Choose  Define  Draw  Label  List  Locate  Match  Memorize  Name  Recall  Recite  Recognize  Record  Repeat  Reproduce  Select  State  Tell  Write | Arrange  Associate  Clarify  Classify  Convert  Demonstrate  Describe  Diagram  Draw  Discuss  Estimate  Explain  Express  Generalize  Identify  Interpret  Locate  Outline  Paraphrase  Relate  Report  Restate  Review  Sort  Summarize  Transfer  Translate  Visualize | Adapt  Apply  Calculate  Catalogue  Chart  Choose  Classify  Compute  Construct  Consolidate  Demonstrate  Develop  Employ  Extend  Extrapolate  Generalize  Illustrate  Infer  Interpolate  Interpret  Make  Manipulate  Modify  Order  Predict  Prepare  Produce  Relate  Show  Sketch  Solve  Submit  Tabulate  Transcribe  Use  Utilize | Analyze  Appraise  Audit  Break down  Calculate  Categorize  Certify  Compare  Contrast  Correlate  Criticize  Deduce  Defend  Detect  Diagram  Differentiate  Discriminate  Distinguish  Examine  Identify  Infer  Inspect  Investigate  Question  Reason  Separate  Solve  Subdivide  Survey  Take apart  Test  Uncover  Verify | Appraise  Approve  Argue  Assess  Choose  Conclude  Confirm  Criticize  Critique  Debate  Decide  Defend  Diagnose  Discuss  Estimate  Evaluate  Judge  Justify  Prioritize  Prove  Rank  Rate  Recommend  Research  Resolve  Revise  Rule on  Select  Support  Validate  Verify  Weigh | Arrange  Assemble  Build  Combine  Compile  Compose  Conceive  Construct  Create  Design  Devise  Discover  Draft  Forecast  Formulate  Generate  Integrate  Invent  Make  Manage  Organize  Plan  Predict  Prepare  Propose  Reorder  Reorganize  Set up  Structure  Synthesize |  |

**A19**