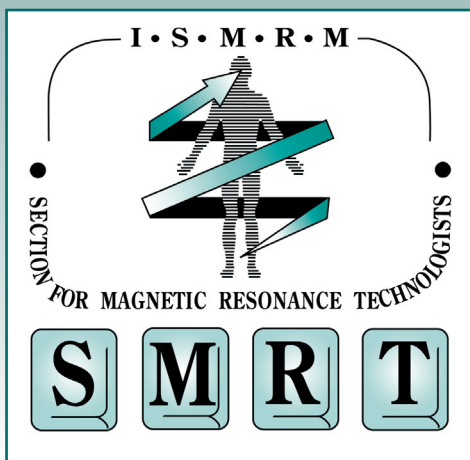


# SMRT

## REQUEST FOR CE APPROVAL

Source for **Magnetic Resonance Technologists Education**  
(SMaRT Ed) Credits



The Section for Magnetic Resonance Technologists (SMRT) is devoted to advancing the education, training and quality of magnetic resonance technologists, to promote worldwide communication of information in the field of magnetic resonance and to establish a forum for its dissemination.



2030 Addison Street, Suite 700, Berkeley, CA 94704 USA  
Phone: + 1 510 841 1899 Fax: + 1 510 841 2340  
E-mail: [smrt@ismrm.org](mailto:smrt@ismrm.org) Web: <http://www.ismrm.org/smrt>

# SMRT SMRT Request for CE Approval

Section for **Magnetic Resonance Technologists**  
of the International Society for Magnetic Resonance in Medicine  
2030 Addison Street, Suite 700, Berkeley, California 94704 USA  
Tel: +1(510) 841-1899 Fax: +1(510) 841-2340 E-mail: [smrt@ismrm.org](mailto:smrt@ismrm.org)  
Web site: <http://www.ismrm.org/smrt>

The **Section for Magnetic Resonance Technologists (SMRT)** is the recognized leader in providing magnetic resonance (MR) education to MR technologists throughout the world. Continuing education is that part of a professional's lifelong learning that begins at the conclusion of their formal education and continues throughout their professional life. The SMRT is recognized by the American Registry of Radiologic Technologists (ARRT) as a Recognized Continuing Education Evaluation Mechanism (RCEEM), through a continuing education system called **Source for Magnetic Resonance Technologists Education (SMaRT Ed) Credits**. The SMRT strives to promote activities in continuing education for the MR community in order to ensure that high standards of health care and professionalism are maintained. In addition, the SMRT provides to its members a tracking system to document participation in any of its CE programs.

All continuing education (CE) sponsors should read this general information packet and the enclosed application forms before proceeding with the application process. This packet is meant to assist the CE sponsors in applying for ARRT recognized Category A CE credits. Questions regarding the information in this packet or on any of the forms should be directed to the SMRT CE Office at 510-841-1899. Forms can also be found on-line at the SMRT website <http://www.ismrm.org/smrt/CE>

# SMRT SMRT Request for CE Approval

<b>Table of Contents</b>	<b>Page</b>
Introduction.....	1
General Guidelines/Instructions .....	3
Program Director.....	4
General Providers.....	4
Activity Type Definitions.....	4
General Credit Information.....	5
College Courses.....	6
Advertising/Promotional Materials.....	6
Activity Renewal.....	6
Activities Pending Renewal.....	6
Author Guidelines .....	7
Corporate Provider Information.....	8
Health Care Institution Providers .....	9
SMRT Affiliates .....	9
Proof of Attendance.....	10
Evaluation.....	10
Appeal Process.....	10
Copyright Laws.....	11
How to Plan a Successful Activity.....	12
The Request for Approval (RFA) Process .....	14
Glossary of Terms .....	15
Appendix of Forms.....	16
Seminar or Lecture Activity Application.....	17
Self-Learning Module Application .....	21
Author Credit Application .....	22
Lecture Development/Presentation Application .....	23
Health Care Institution Provider Application .....	24
Corporate Provider Application .....	25
Sample Attendance Roster/Sign-in Form .....	27
Sample Evaluation Form .....	28
Sample CE Certificate .....	29
Liability Release Form .....	30
Conflict of Interest Declaration Form .....	31

# SMRT SMRT Request for CE Approval

## Submitting a SMaRT Ed Continuing Education Application

### General Requirements

A continuing education activity must fulfill the following requirements in order to be eligible to receive credit approval:

1. The education activity must meet the ARRT definition of a continuing education activity (see glossary).
2. The appropriate application forms must be completed, submitted and obtain approval by a Recognized Continuing Education Evaluation Mechanism (RCEEM) according to the time frame outlined by the RCEEM organization. The time frame for submitting applications is usually 30-45 days prior to the scheduled activity, depending on the type of activity. The SMRT is a recognized RCEEM to provide Category A CE for MR.
3. Document the proof of attendance/participation for each participant, including completion or partial completion of an activity. Sign-in records are the most common method.
4. Have seminar participants complete evaluations of the activity.
5. Provide certificates to the participants to document completion of specified activity, date and credits.
6. Sponsor of educational activity must maintain records (Certificate of Attendance/Completion, Sign-In Roster, Evaluations) of the activity for a minimum of three years after the date of the activity.

These responsibilities are detailed throughout this guide for CE approval.

Note: Retroactive credit is not allowed. All CE programs must be approved thirty days prior to the scheduled activity or the release of a self-learning activity.

# SMRT SMRT Request for CE Approval

## Program Director

Each educational activity must have a person authorized to represent the institution or Sponsor of the activity (e.g. institution, company, organization, etc.) This person serves as the point of contact for any needed information or questions about the continuing educational activity.

The Program Director is responsible for submission of all materials for the continuing educational activity, including the post-activity documentation. The Program Director shall also be responsible for maintaining records of the continuing educational activity records (including the completed attendance roster/sign-in sheet, certificate of attendance/completion and evaluations) for a minimum of three (3) years.

## General Providers

General Sponsors are any organization or individual that wishes to provide Category A continuing education activities.

### Activity Description and Fees for General Providers

Activity Type	Length of Approval	Application Processing Fee
Seminar	One-time event. Approval expires at end of activity.	\$40 per day
Single lecture	One-time event. Approval expires at end of activity. Lecture length up to two (2) hours.	\$40
Single lecture or course	Annual Approval Lecture, course or seminar. Expires at the end of one-year.	\$125
Self-learning product	Unlimited usage for a one-year period. Renewable on an annual basis.	0.5 - 3.0 hours \$125 3.5 – 9.0 hours \$250 9.5 + hours \$350
Self-learning product	Unlimited usage for a two-year period. Renewable on a bi-annual basis.	0.5 - 3.0 hours \$225 3.5 – 9.0 hours \$400 9.5 + hours \$650
Course	One-time event. Approval expires at end of course.	\$40

### Activity Type Definitions

**Seminar:** A program that may include several types of activities and cover multiple topics. Time frames vary between partial days, whole days, or multiple days.

**Single lecture:** A presentation.

**Self-learning product:** An activity where the presenter is not “live.” This may be in the form of selected readings, a videotaped presentation, a computer-based learning module, etc. with a post-test.

**Course:** A learning activity that covers a specific topic. The length of time is variable, but the learner must complete and pass the entire course in order to receive any credit for attendance. Examples of this are college classes such as cross-sectional anatomy, venipuncture, etc.) College courses must relate to the practice of Magnetic Resonance either directly or indirectly.

# SMRT SMRT Request for CE Approval

## General Credit Information

The credit approval process is based on the guidelines put forth by the ARRT. Each educational activity is measured in units based on time. One continuing education credit is awarded for one contact hour (at least 50 minutes). Activities longer than one hour are assigned whole or partial credits based on the 50 minute hour. Educational activities of 30 - 49 minutes of duration will be awarded one-half of one CE credit. An activity that lasts less than 30 minutes will receive no credit. Self-learning activities will receive credit based on the length of time it takes the average MR tech to complete the activity, excluding the time taken to complete the post-test.

Laboratory activities receive half credit (e.g. 1 hour lab = 0.5 credits. Note: 0.5 credits is the smallest approvable unit of credit. One exception is applications training: hands-on training or practice on equipment is not eligible for credit).

Program Type & Length	CE Credit
Didactic (Lecture/Seminar)*	
Less than 30 minutes	0
30-49 minutes	0.5
50-74 minutes	1.0
75-99 minutes	1.5
100-129 minutes	2.0
Self-learning excluding post-test*	Same as above
Laboratory**	
Less than 60 minutes	0
60-119 minutes	0.5

*\*More than 130 minutes of didactic or self-learning activity time will be based on the total length of the program with the activity educational hours divided based on 50 minutes in one contact hour.*

*\*\*Laboratory hours cannot exceed the didactic portion of the learning activity.*

Applicants should pick the appropriate forms for their Sponsor/Institution type and activity type. For questions, please contact the Continuing Education Department at the SMRT. Contact information is on page one of this packet. Applications must be complete or else they may be subject to rejection.

Each activity must have measurable learning objectives, an outline, and speaker credentials or a curriculum vitae. All activities longer than two hours must also submit a detailed schedule of events, including time for speaker transitions, breaks, lunch, etc.

**Post-test Self-Learning Requirements:** The participant must pass with a 75% or higher score. A post-test can be taken only up to 3 times to achieve a passing score. The Post-test question must adequately assess the entire content of the activity. The minimum number of questions required on a post-test are:

Activity Length	Minimum # of Post-test Questions
30 to 49 minutes (.5 Credit)	10 Questions
50 to 74 minutes (1.0 Credit)	20 Questions
75 to 99 minutes (1.5 Credits)	25 Questions
100 to 124 minutes (2 Credits)	30 Questions
Lengthier material	Add 5 questions for each additional .5 credit, up to a maximum of 120 questions

# SMRT SMRT Request for CE Approval

## College Courses

Courses offered by accredited post-secondary educational institutions leading to a degree or certificate such as magnetic resonance or other allied health sciences that will broaden the participant's technical/scientific knowledge base are the most desirable. Courses unrelated to the healthcare professions (art, history, physical education, etc) do not qualify for SMRT Category A CE credit.

One (1) semester credit hour is awarded 5 CE credits. One (1) quarter credit hour is awarded 4 CE credits.

## Advertising Guidelines/Promotional Materials

"Category A Continuing Education" is the phrase most technologists associate with when looking for education credits.

A Sponsor may advertise a continuing educational activity as being "approved for Category "A" Continuing Education Credit" only after approval of the activity has been granted.

If an application for CE approval has been submitted, the Sponsor may use "Category A Continuing Education Credit is pending approval by the SMRT" in promotional materials prior to the actual approval.

The SMRT CE Committee must be sent a copy of the advertisement to ensure that all material being advertised meets the published guidelines for continuing education programs. Do not use any trade marked terms or other registered/restricted terms in your advertisements or promotional materials. SMRT CE reference numbers are to be listed only on the participant's certificate of completion or attendance. The SMRT reference number should not be listed in any promotional material, syllabus, evaluations or any other documents.

## Activity Renewal

Continuing education activities are eligible for renewal. The Program Director or the Sponsor will be responsible for the CE renewal application, which must be submitted to the SMRT 60 days prior to the expiration of the activity. It is the responsibility of the Program Director to evaluate the activity to assure it meets current requirements for CE. A request for renewal form must be completed for any renewal.

The SMRT reserves the right to ask for additional information or details to support the renewal request. Renewals with changes must be well documented and be able to support the originally approved content, objectives and quality. When changes are submitted, a copy of the original submission must be included with the renewal application with changes clearly delineated. If the renewal with changes varies too far from the original, the SMRT reserves the right to require the Sponsor to resubmit the activity as a new activity, including all fees for processing the activity to be re-evaluated (This is subject to changes made by the Sponsor, not changes requested by the SMRT).

## Activities Pending Approval

If an activity receives pending approval, due to additional material or information needed, the sponsor must respond within thirty (30) days or the SMRT reserves the right to deny credit to the activity. Rejected applications must be resubmitted as new activities.

## Refund Policy

Refunds are not given for any RFA that has been reviewed in part or in whole. Refunds are not given for denied or rejected activities.

# SMRT SMRT Request for CE Approval

## Author/Editor Guidelines

Individuals are eligible for SMRT CE credit if they fit into one of the categories below:

<b>Category</b>	<b>Credit Award</b>	<b>Required Documentation</b>
Scholarly manuscript published in a peer reviewed scholarly journal (meets Index Medicus/Medline criteria)	1 <sup>st</sup> Author: 10 Category A 2 <sup>nd</sup> Author: 5 Category A 3 <sup>rd</sup> Author: 3 Category A All other authors: 1 Category A	Copy of article, copy of journal cover.
<i>Other (Authorship Requirements*):</i>		
Self-learning article published in a peer-reviewed scholarly publication	4 Category A	Copy of article, and journal cover.
Self-learning article published in a peer-reviewed scholarly publication, approved for Category A CE credits	4 Category A	Copy of article, journal cover, and copy of quiz.
Original textbook	24 Category A	Copy of title page and copyright page.
Chapter in an original textbook	10 Category A	Copy of title page, chapter, and copyright page.
Revised edition of an original textbook	4 Category A	Copy of title page, and copyright page.
Revised edition of chapters in a textbook (1 or more chapters)	1 Category A (regardless of # of chapters)	Copy of title page, chapter(s), and copyright page.

## Application

In order to receive credit, the author must submit an application for CE credit within six (6) months prior to the publication date or presentation.

If the published work is a revised submission or an update of a chapter or textbook, at least three (3) years must have elapsed between editions, if CE credit was requested and approved on the prior edition.

# SMRT SMRT Request for CE Approval

## Corporate Provider Application

Organizations or individuals that seek approval of twenty-five (25) or more educational activities or credits during a one-year period of time.

Corporate providers receive a discount based on the number of credits applied for over the year (see fee structure below). Each Corporate provider will be designated a Corporate Provider (CP) number, which must be used to identify the activity as a corporate activity. CP status must be renewed annually.

Corporate provider fees are non-refundable and are based on the number of activities they wish to submit for approval during the one-year period. If a Corporate Provider does not reach the number of activities proposed for the year, the credits do not roll over to the next year, they are forfeited. The Corporate Provider fee structure is good for any seminar or lecture, or self-learning activity.

### Corporate Provider Fee Structure

Number of proposed Activities	Cost for Each Activity	Prepaid Fee
25	\$120 each	\$3,000
50	\$116 each	\$5,800
100	\$112.50 each	\$11,250
150	\$106 each	\$15,900

Corporate Provider Accounts will be charged the following points for a live activity or a self-learning activity up to 3.0 hours:

#### Live Lecture:

- 1 Deduction – Annual Approval
- 2 Deductions – Two-year Approval

#### Self-Learning Activity:

- 1 Deduction - .05 - 3.0 hours - Annual Approval
- 2 Deductions – 3.5 – 9.5 hours – Annual Approval
- 2 Deductions - .05 - 3.0 hours - Two-year Approval
- 4 Deductions- 3.5 - 9.5 + hours - Two-year Approval

# SMRT SMRT Request for CE Approval

## **Health Care Institution Providers**

The Health Care Institution Provider designation is intended for institutions (hospitals, clinics, etc.) that provide direct patient care. The Health Care Institution Providership is good for one-year and must be renewed annually. Each Health Care Institution Provider will be designated a Health Care (HC) number, which must be used to identify the activity as a health care institution activity. The HC number is used to designate the institution. The continuing education activity will be given an activity number. An institution seeking this Health Care Institution Provider status must also agree to abide by the regulations of this designation (see application).

Health Care Institution Provider activities are open only to employees of the institution or employees of locally affiliated institutions. Health Care Institution Provider activities are limited to seminars, lectures, and computer based learning where time can be documented. Health Care Institution Providers must submit Request for CE Approval application for any educational activity. SMRT will issue a specific CE reference number for the approved educational activity.

The Health Care Institution Provider activities must follow the same rules as all other organizations in the quality, content, and required elements as outlined by the general requirements for continuing education credits.

### **Health Care Institution Provider Fees**

Health Care Providership is \$300 per annum

## **SMRT Affiliates**

Active chapters and active recognized affiliates of the SMRT are eligible for a waiver of the processing fee. However, if the activity is co-sponsored by an outside organization, the standard processing fee must be paid.

SMRT affiliates must follow the same rules as all other organizations in the quality, content, and required elements as outlined by the general requirements for continuing education credits.

# SMRT SMRT Request for CE Approval

## Proof of Attendance/Completion

Each person who attends and completes the CE activity must be supplied with a certificate of completion or attendance. If it is in the form of a letter, it should be printed on the official letterhead of the provider or sponsor. The letter or certificate must contain the following information:

1. Provider/Sponsor Name
2. Participant's Name and Unique Identifier (ARRT, SMRT number or Social Security last four digits)
3. Title of approved CE activity
4. Date(s) of attendance
5. Total number of CE credits awarded
6. Individual reference numbers(s) and CE credits from the SMRT CE approval letter
7. Program approval date(s)
8. Signature of program director or authorized representative. Person signing this documentation is verifying the information is accurate.

If an individual does not complete the entire activity, it is the program director's responsibility to determine if partial credit is warranted. If the program director becomes aware that the participant falsely claims credit, the program director should notify the SMRT.

## Evaluation

The evaluation process helps the provider receive information as a part of continuous quality improvement. Evaluation gives the participant a mechanism to provide feedback to the provider about the quality and content of the continuing educational activity. The evaluations may also ask for suggestions for future educational topics and activities. The evaluation data should be consolidated and shared with the speakers and planners of the CE activity.

The program director is responsible for maintaining the evaluation records as a part of the documentation of the program, however; only a summary of the evaluations is needed for submission to the SMRT. The program director is not to submit the actual evaluations to the SMRT office, but the SMRT reserves the right to request a detailed summary of the evaluations should any questions arise about the activity approved for credit.

## Speaker Evaluations

It is the sponsor's responsibility to notify the approving organization if the speaker evaluation is poor or if the lecture does not meet the CE guidelines. The approving organization should notify the speaker and counsel as appropriate for the situation. Future approvals may be denied if the deficiencies are not corrected.

## Appeal Process

If a CE activity is not approved for credit or is approved for less than the provider/sponsor requested, the program director will be sent written notification. The notification will include the detailed reasons why the activity was denied or what factors entailed the amount of credits approved.

The Program Director is given 30 days to appeal the decision and fix deficiencies in order to be re-evaluated. A detailed letter from the Program Director should address each area stated by the SMRT CE Committee's evaluation for the CE activity and include a full application to be reviewed. If the Program Director does not respond within 30 days, the CE Committee's decision becomes final.

The CE Committee Chair will appoint three (3) members to re-evaluate the CE activity and review the letter of appeal and supporting documentation. The CE Committee Chair will notify the Program Chair of the final appeal results within sixty (60) days.

# SMRT SMRT Request for CE Approval

## **Copyright Laws:**

The provider/sponsor of a continuing educational activity is responsible for ensuring that copyright laws are being adhered to. By applying for CE credit, the Program Director is guaranteeing that the material being used is either original, or the appropriate copyright permissions have been obtained. The SMRT does not evaluate whether the educational material is original or not and is not responsible for any copyright infringements made by the provider/sponsor of the continuing educational activity.

## **Liability Release Form:**

The Liability Release form must accompany all self-learning products/homestudies, including audiotapes, videotapes, online activities, pod casts and written text submitted for evaluation. This release form must accompany a self-learning product for the SMRT to evaluate the product for CE credit. This form may also be required for live lecture activities that appear to contain content that is proprietary in nature. Make a copy of the signed release form for your sponsorship records.

## **Declaration of Financial Interest or Relationships Form:**

The Declaration of Financial Interest or Relationships form must be completed for self-learning products, live seminar, courses or web casts. This ensures a CE course that will have balance, independence, objectivity, and scientific rigor in Continuing Education programs. The Declaration Form insures that the CE activities promote improvements or quality in healthcare and are independent of the control of commercial or relationship interests.

# SMRT SMRT Request for CE Approval

## How to plan a successful educational activity

### **PLAN EARLY. PLAN EARLY. PLAN EARLY.**

There are several things you must ask and evaluate before deciding to submit an application for CE approval.

#### **Goal/Objectives:**

- What is your educational activity overall goal or purpose?
- What do you want the learners to achieve (objectives)?

#### **SMRT Connection:**

- What is your, the faculty or audience connection to the SMRT?

#### **Audience:**

- What level(s) of technologists do you expect to participate?
- Does your audience represent multiple modalities or just MR?

#### **Evaluation:**

- How will you evaluate effective learning and measure learner performance outcome?

#### **Planning Committee:**

- Who is involved in planning this activity.

#### **Presentation Method:**

- How will you present your material, i.e. lecture, seminar, self-learning, etc.?

#### **Faculty:**

- Who will teach?
- What are the qualifications of the faculty?

#### **Funding/Budget/Disclosure:**

- What are the projected costs, e.g. facility rent, course materials, refreshments?
- How will you fund this activity? Will there be a registration fee?
- How will you disclose faculty association with commercial support services/products?

#### **Marketing:**

- How will you advertise this educational activity?

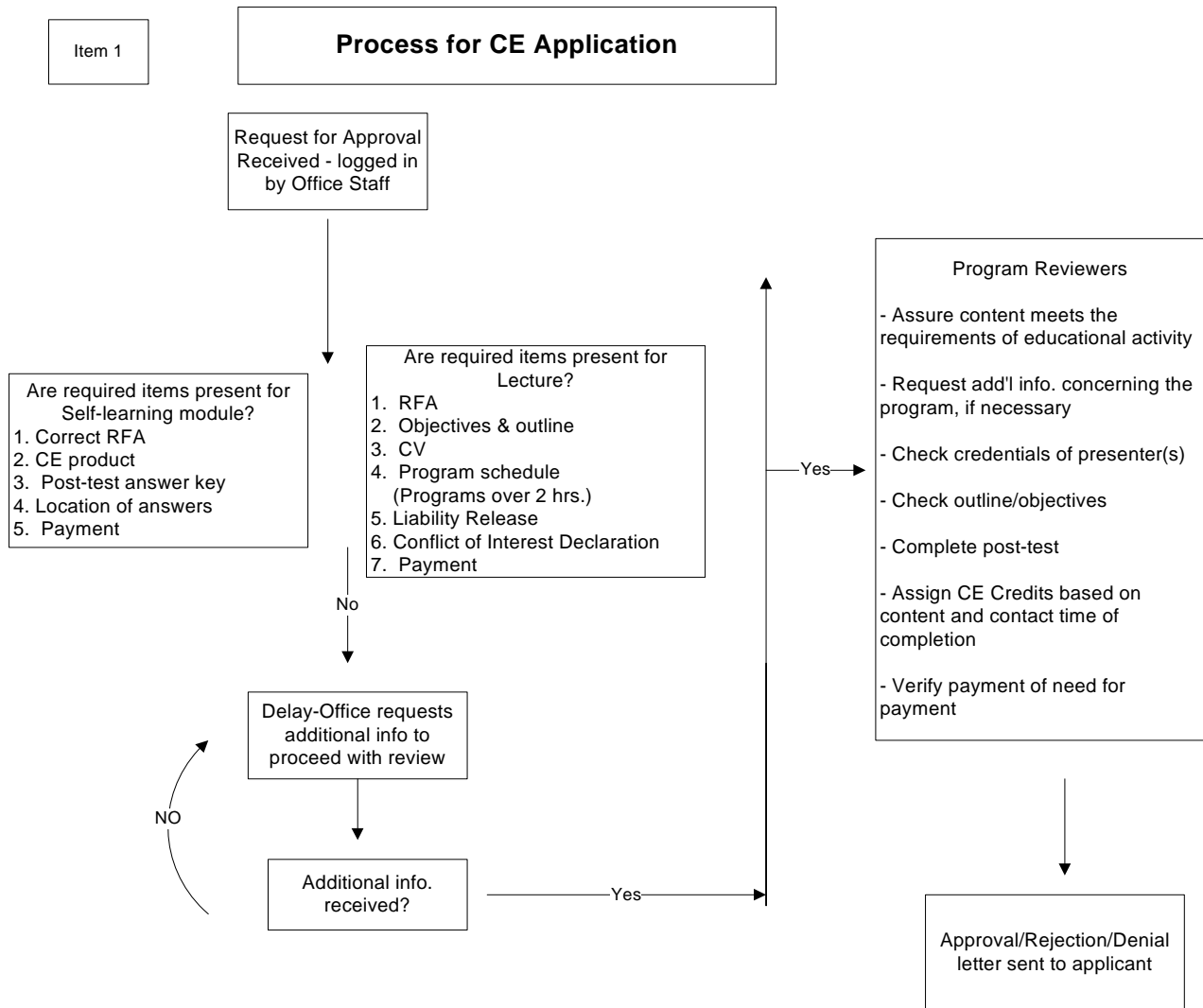
# SMRT SMRT Request for CE Approval

## **Continuing Education Support:**

- What pre-activity support will you need? (syllabus prep, evaluation tool, etc.)
- What on-site support will you need?
- What post-activity support will you need?
- What date will your educational activity be held?
- Where will this activity be presented?
- What is your proposed title?
- Who are your points of contact?
- Who is the educational activity director?
- Who is the education activity administrator?
- Will you include a meeting planning or communication company?

# Request for Approval (RFA) Process

This process takes up to 45 days to complete. Therefore it is imperative that all applications be received no later than 30 days prior to a planned CE activity.



# SMRT SMRT Request for CE Approval

## Glossary

**Activity:** Planned and implemented educational offering, course, program, and monitored per accreditation agency(ies) guidelines.

**Category A:** An activity that has been reviewed and approved by a Recognized Continuing Education Evaluation Mechanism (RCEEM).

**Commercial Support:** Monies/funds/resources received to fund part or all of a continuing education activity.

**Contact Hour:** A contact hour is defined as being equal to 50 minutes and is awarded one continuing education credit.

**Continuing Education Credit:** The unit of measurement for continuing education activities. One continuing education credit is awarded for one contact hour (at least 50 minutes). Activities longer than one hour are assigned whole or partial credits based on the 50 minute hour. Educational activities of 30 - 49 minutes of duration will be awarded one-half of one CE credit. An activity that lasts less than 30 minutes will receive no credit.

**Continuing Education Activity:** An offering that may be an episode or a serial event planned to update professional knowledge and skills of a technologist in health care practice, management or professional growth. The activities are planned around identified learning needs, have explicit objectives, are educationally designed based on current health professional information, use methods that are appropriate to the subject matter and audience, and collect evaluation feedback.

**Continuing Education for Health Professionals:** Planned educational activities intended to further the education and training of specific health professionals for the enhancement of practice, education, administration and research. Organized programs of study leading to a degree are generally not considered continuing education.

**Copyright:** Entitles the copyright holder to exclusive rights to the reproduction or distribution of an author's work. If one wishes to reuse any part of a copyrighted piece of work, permission must be obtained from the copyright holder (i.e. publisher).

**Enduring materials:** Audio, visual or computer-assisted educational material that may be used over a time period at various sites, e.g. audiotape, monograph, videotape).

**Financial Disclosure Declaration:** Prior to an education activity, all participating faculty must disclose to the audience any existence of significant financial or other relationship with the manufacturer(s) of any commercial products(s) or service(s) discussed in their presentation. Declaration form of Financial Interest must be completed.

**Needs Assessment:** Identifying and analyzing data that support the need for a particular continuing education activity.

**Objectives:** Statements that clearly describe what the learner will be able to know or do after participating in a continuing education activity.

**Participant:** Attendee of a continuing education activity.

**Program Director:** A person authorized to represent the institution or Sponsor of the activity (e.g. institution, company, organization, etc.).

**RCEEM:** Recognized Continuing Education Evaluation Mechanism as designated by the American Registry of Radiologic Technologists (ARRT). For details about CE requirements see <http://www.arrt.org/>

**Sponsor:** An individual, institution, organization or agency responsible for the development, implementation, evaluation, financing, record-keeping, and maintenance of a quality assurance mechanism for a continuing education offering, program or a total continuing education curriculum.

## Appendix of Application Forms

Request for CE Approval:  
Seminar or Lecture Activity  
Self-Learning Module  
Author Credit  
Lecture Development/Presentation  
Health Care Institution Provider  
Corporate Provider  
Liability Release Form  
Declaration Financial Interests or Relationships Form

## Supplemental Forms

Documentation and Sample Certificate  
Sample Attendance Roster/Sign-in Sheet  
Sample Evaluation Form

## SMRT Request for CE Approval Seminar or Lecture Activity

<b>Application Type</b> <input type="checkbox"/> <b>New Application</b> <input type="checkbox"/> <b>Annual Renewal</b>	Along with a <i>Request for CE Approval</i> form, a separate outline and objectives page must be completed and submitted for each lecture/activity topic. Incomplete applications will be returned. Please type or print clearly all information.
--	---

<b>Applicant/Sponsor Information</b> Name of sponsoring institution, company, affiliate or individual: _____  Program Contact Person: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: (____) _____ Fax: (____) _____ E-mail: _____
---

<b>Activity Identification</b> (if you are submitting a self-learning activity, please use the Self-learning Module form) Title of Activity: _____ Location: _____ Scheduled Date: _____ Activity Length: _____ Speaker(s): _____ _____
---

Has this activity been submitted to another RCEEM?  
 Yes  No If Yes, Name of RCEEM: \_\_\_\_\_

### Activity Description and Fees

(Please check all that best apply to the activity you are requesting).

- Chapter or Affiliate of the SMRT  
 Name of local chapter or affiliate \_\_\_\_\_
- Program or Seminar, \$40 One-time Event
- Corporate Provider, Number \_\_\_\_\_
- Single Lecture Activity (one time use, up to 2 hours), \$40
- Course, \$40 One-time Event
- Single Activity or renewal (one year, regardless of length), \$125 per day

Indicate the method of payment (US Funds) Amount \$ _____  _____ Check or money order _____ Amex _____ MasterCard _____ Visa  Name _____ Exactly as it appears on credit card  Card Number _____ Security Code _____ Expires ____/____
---

### Checklist

- Completed *Request for Approval* form
- Objectives for each activity or lecture
- Outline for each activity or lecture
- Conflict Of Interest Declaration Form
- Copy of program, brochure/flyer, or schedule
- Faculty CV or credentials for each speaker
- Application fee

<b>Official Use Only</b> Date Received: _____ Reference Number: _____ Approved Credit: _____ Primary Reviewer: _____ Date: _____ Date Expires: _____ Fee received: _____
---

## Outline and Objectives

Title of Activity: \_\_\_\_\_

Topic/Lecture Title: \_\_\_\_\_

### Objectives (What the participant is expected to learn or acquire as a result of this activity)

Upon completion of this activity, participants will be able to:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_

### Outline (List the major points of this activity)

- I. \_\_\_\_\_
    - A. \_\_\_\_\_
      1. \_\_\_\_\_
      2. \_\_\_\_\_
    - B. \_\_\_\_\_
      1. \_\_\_\_\_
      2. \_\_\_\_\_
  - II. \_\_\_\_\_
    - A. \_\_\_\_\_
      1. \_\_\_\_\_
      2. \_\_\_\_\_
    - B. \_\_\_\_\_
      1. \_\_\_\_\_
      2. \_\_\_\_\_
  - III. \_\_\_\_\_
    - A. \_\_\_\_\_
      1. \_\_\_\_\_
      2. \_\_\_\_\_
    - B. \_\_\_\_\_
      1. \_\_\_\_\_
      2. \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Speaker Information

Title of Activity: \_\_\_\_\_

*A Curriculum Vitae (CV) or resume may be used in place of this form for speaker credentials.*

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Education:

---

---

Certifications:

---

---

---

Practice/work Experience:

---

---

---

**Declaration Form** - Please complete the Financial Interests or Relationships Declaration Form

**ORGANIZER/SPEAKER DECLARATION OF FINANCIAL INTERESTS OR RELATIONSHIPS:**

The SMRT is committed to

1. ensuring balance, independence, objectivity and scientific rigor in all Continuing Education programs, and
2. presenting CE activities that promote improvements or quality in healthcare and are independent of the control of commercial interests.

Therefore, it is the policy of the SMRT that any

- 1) speaker making a presentation at,
- 2) organizer of, or
- 3) other person having influence over the content of

a program designated for Category A Continuing Education Credit must disclose any financial interest or other relationship (i.e., grants, research support, consultant, honoraria, etc.) that the individual may have (or have had within the last 12 months) with the manufacturers, distributors or providers of any commercial products or services that may be discussed in the presentation. This disclosure requirement extends to interests/financial relationships of spouses/partners.

This policy is intended to insure balance, independence, objectivity and scientific rigor in all Continuing Education programs. All participants with any influence on the content of any CE programs are expected to disclose any real or apparent conflict(s) of interest that may have a direct bearing on the subject matter of the continuing education activity. This pertains to relationships with pharmaceutical companies, biomedical device manufacturers, or other companies whose products or services are related in a significant way to the subject matter of the presentation.

SMRT does not imply that such financial interests or relationships are inherently improper or that such interests or relationships would prevent the person from participating. However, it is required that such financial interests or relationships be identified so that participants at the CE activity may have these facts fully disclosed, and may form their own judgments about it.

**In keeping with this policy, the participant is required to complete the following disclosure statement and sign at the bottom of the page.**

**DECLARATION:** Check A OR B below, whichever applies to you; if you have checked B please describe conflicts in space provided.

Clearly Print Name: \_\_\_\_\_

- A. I have no actual or potential conflict of interest in relation to the subject/content of this program.
- B. I have a financial interest/arrangement with one or more organizations that could be perceived as a real or apparent conflict of interest in the subject of my presentation.(Give names of companies/organizations and types of relationships below.)

Name(s) of Companies or Organizations \_\_\_\_\_ Type of Relationship (Give number of relationship type from list below)

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

- Grant/research support.....#1
- Consultant.....#2
- Speakers bureau.....#3
- Stockholder.....#4
- Employment.....#5
- Other financial or material support.....#6

Signature \_\_\_\_\_

Date \_\_\_\_\_

# SMRT SMRT Request for CE Approval

## CE Credit Application for Self-Learning Module

<b>Application Type</b> <input type="checkbox"/> New Application <input type="checkbox"/> Annual Renewal <input type="checkbox"/> No Changes	I hereby apply to the Section for Magnetic Resonance Technologists for lecture development/ presentation. Applications must include payment.
---	--

**Completely fill out this form. Type or print your information clearly.**

**Sponsor Information**  
 Name of organization/company: \_\_\_\_\_

Contact Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Evening Phone (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

**Module Information**  
 Module Title \_\_\_\_\_

Prior CE Reference # (if renewing) \_\_\_\_\_

Author (include CV) \_\_\_\_\_

Estimated completion time \_\_\_\_\_

Intended publication date \_\_\_\_\_

Type/Style of Module

Check all appropriate:

Written Text     Audio Tape     Video Tape     CD     DVD

Web-based: URL \_\_\_\_\_

Username/password (if applicable) \_\_\_\_\_

Has this module been submitted to another RCEEM?  Yes     No

If Yes, Name of RCEEM \_\_\_\_\_

**A copy of the module MUST be provided with the application along with post-test questions and answer key. If web-based, a printed copy should be submitted.**

**C. Fees** (non-refundable) See Page 4 – Self-Learning Product Processing Fees: \$ \_\_\_\_\_

Indicate the method of payment (US Funds)

\_\_\_\_\_ Check or money order    \_\_\_\_\_ Amex    \_\_\_\_\_ MasterCard    \_\_\_\_\_ Visa

Name \_\_\_\_\_

Exactly as it appears on credit card

Card Number \_\_\_\_\_ 3 Digit Security Code \_\_\_\_\_

Expiration Month/Year (XX/XXXX) \_\_\_\_\_

**Official Use Only**

Date Received: \_\_\_\_\_ Reference Number: \_\_\_\_\_ Approved Credit: \_\_\_\_\_

Primary Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Date Expires: \_\_\_\_\_ Fee received: \_\_\_\_\_

## SMRT Request for CE Approval Author Credit Application

The SMRT will grant CE credits for authors of scholarly and educational publications that were published within the author's biennium period. Incomplete applications will be returned. Please type or print clearly all information.

### Applicant/Sponsor Information

Name of individual: \_\_\_\_\_  
 SMRT Membership Number or SSN: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
 E-mail: \_\_\_\_\_

### Publication Information

Title of Publication: \_\_\_\_\_  
 Title of Article: \_\_\_\_\_  
 Publication Date: \_\_\_\_\_ Publisher: \_\_\_\_\_  
 Author(s): (List in order as they appear in the publication): \_\_\_\_\_  
 \_\_\_\_\_

### Category of Work:

<b>Check One Category</b>	<b>Credit Award</b>	<b>Required Documentation</b>
<input type="checkbox"/> Scholarly manuscript published in a peer reviewed scholarly journal (meets Index Medicus/Medline criteria)	1 <sup>st</sup> Author: 10 Category A 2 <sup>nd</sup> Author: 5 Category A 3 <sup>rd</sup> Author: 3 Category A All other authors: 1 Category A	Copy of article, copy of journal cover.
<i>Other (Authorship Requirements*):</i>		
<input type="checkbox"/> Self-learning article published in a peer-reviewed scholarly publication	4 Category A	Copy of article, and journal cover.
<input type="checkbox"/> Self-learning article published in a peer-reviewed scholarly publication, approved for Category A CE credits	4 Category A	Copy of article, journal cover, and copy of quiz.
<input type="checkbox"/> Original textbook	24 Category A	Copy of title page and copyright page.
<input type="checkbox"/> Chapter in an original textbook	10 Category A	Copy of title page, chapter, and copyright page.
<input type="checkbox"/> Revised edition of an original textbook	4 Category A	Copy of title page, and copyright page.
<input type="checkbox"/> Revised edition of chapters in a textbook (1 or more chapters)	1 Category A (regardless of # of chapters)	Copy of title page, chapter(s), and copyright page.

### Official Use Only

Date Received: \_\_\_\_\_ Reference Number: \_\_\_\_\_ Approved Credit: \_\_\_\_\_  
 Primary Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

# SMRT SMRT Request for CE Approval

## CE Credit Application for Lecture Development/Presentation

**A copy of the program or brochure must be included with this application.**

I hereby apply to the **Source for Magnetic Resonance Technologists Education (SMaRT Ed) Section for Magnetic Resonance Technologists** for lecture development/presentation. Applications must include payment.  
**This/These lecture(s) may be claimed only once during any biennium.**

**Completely fill out this form. Type or print your information clearly.**

### Applicant Information

Name of individual\*:

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

**\*Please include CV with application**

### B. Lecture Information

Lecture Title(s)\* and/or Course Title and Approval Number(s)

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

Date of Presentation \_\_\_\_\_ Number of Credit Hours \_\_\_\_\_

Program Sponsor \_\_\_\_\_

Sponsor Contact Name (if known) \_\_\_\_\_

#### Official Use Only

Date Received: \_\_\_\_\_ Reference Number: \_\_\_\_\_ Approved Credit: \_\_\_\_\_

Primary Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Date Expires: \_\_\_\_\_ Fee received: \_\_\_\_\_

# SMRT SMRT Request for CE Approval

## Health Care Institution Provider Application

<b>Application Type</b> <input type="checkbox"/> New Application <input type="checkbox"/> Annual Renewal	I hereby apply to the Source for Magnetic Resonance Technologists Education (SMaRT Ed as a Health Care Institution Provider. I understand providership is for one year. Approved programs expire one year from the date of approval or initial presentation. Applications must include payment.
--	---

Completely fill out this form. Type or print your information clearly.

### Health Care Institution Providers

Company \_\_\_\_\_

Coordinator's Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail address \_\_\_\_\_

### Health Care Institution Providers

The following health care institutions may apply for a providership or are included under the agreement.

- Hospitals, clinics, medical carriers or physicians' offices that deliver direct patient care. These institutions provided educational activities for the exclusive benefit of radiologic technologists, radiation therapists, nuclear medicine technologists and sonographers whom they employ, and temporary employees if under contract at the time of the educational activity.
- Satellite facilities owned by the health care institution and in the same geographic area, such as urgent care centers, outpatient clinics, imaging centers or attached physicians' offices.

### Health Care Institution Provider Definition

A health care institution provider is a hospital, medical center, clinical or physician's office that provides direct patient care and has applied for recognition as an institutional provider. Institutional providers are not allowed to self-approve their own activities.

#### Notification of Expiration

As an SMRT approved provider, your institution may submit unlimited educational activities through the expiration date indicated by the SMRT on this form. Approved activities can be presented throughout the provider year. Sign-in records, course evaluation summaries and correspondence must include the reference number assigned to the activity. SMRT sends a renewal notice 60 days before the expiration date of the providership year.

<b>Primary Coordinator ( please print)</b>  Name: _____  Address: _____  City/State/ZIP _____ Phone _____ Fax _____	<b>Other Authorized Persons</b>  Name _____ Dept _____  Name _____ Dept _____  Name _____ Dept _____
--	--



SMRT Request for CE Approval

Health Care Institution Provider Application
Continued

I hereby apply to the Section for Magnetic Resonance Technologists (SMaRT Ed) as a Health Care Institution Provider. I understand providership is for one year. During the providership year this institution may submit unlimited programs for evaluation at no additional fee, excluding self-learning activities, for the exclusive participation of its employees. Activities approved by the SMRT expire at the end of the providership year and must be resubmitted for renewal for the next providership year. Institutional providers are not allowed to self-approve their own activities.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Any submission from a person not listed here will be returned for your authorization.

Submit payment in U.S. Funds drawn on a U.S. Bank. Processing fees are nonrefundable.

\_\_\_\_\_ Check or money order \_\_\_\_\_ Amex \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa

Name \_\_\_\_\_

Card Number \_\_\_\_\_ Exp \_\_\_\_\_ 3 Digit Security Code \_\_\_\_\_

Health Care Institution Provider Fee Structure
A \$300 application fee must accompany this completed form.







# Documentation and Sample Certificate for SMaRT Ed Approved Activity

As a sponsor of an approved Category A CE activity, you must provide participants a certificate or letter that includes all of the following information:

1. **Sponsor's Name.** Use name listed on Request for Approval form.
2. **Participant's Name.**
3. **Activity Title.** Use exact title listed on approval letter.
4. **Number of credits completed/awarded.**
5. **Date.** The date the activity was attended or completed.
6. **Signature of instructor or representative of the sponsor.**
7. **CE Reference number(s), located on the SMaRT Ed approval letter. Must include SMRT as the RCEEM provider.**
8. **CE Program date.**
9. **When individual reference numbers are assigned, each reference number must be included on the certificate or letter.**

This sample certificate fulfills the documentation requirements.

_____ Sponsor's Name			
<i>Certifies</i>			
_____ Participant's Name			
<i>Has satisfactorily completed</i>			
<u>Reference Number</u>	<u>Activity Title</u>	<u>Date</u>	<u>Credits</u>
SMRT CE Reference #XXXX	Activity Title XXXXXX	Activity Date	Credits Earned
SMRT CE Reference #XXXX	Activity Title XXXXXX	Activity Date	Credits Earned
SMRT CE Reference #XXXX	Activity Title XXXXXX	Activity Date	Credits Earned
<i>And has earned ____ C.E. Category A Credit(s)</i>			
_____ Activity Title as listed on Request for Approval Form (XXXX Seminar)			
_____ Date Completed		_____ Signature of Instructor/Sponsor	

## Liability Release Form

I, the undersigned, created or hired someone else to create a self-learning product or live lecture activity titled \_\_\_\_\_ (hereinafter "Work") being presented to the Section of Magnetic Resonance Technologists (SMRT) for evaluation as a continuing education activity.

The undersigned warrants that he/she is the sole owner of all rights in the Work; that the Work is original, does not contain proprietary information or trade secrets of others, and is not in the public domain or that permission has been obtained from all authors whose materials are contained in the Work to use their copyrighted materials in the Work; that the Work does not violate or infringe on any existing copyright and that he/she has obtained permission to use all illustrations, charts, videotapes and photographs from the owner of such materials if they are not the property of the undersigned.

The undersigned agrees to indemnify and hold the SMRT and its directors, officers, employees, agents and members harmless with respect to any and all claims, losses, damages, liabilities, judgments or settlements, including reasonable attorneys' fees, costs and other expenses incurred by the SMRT on account of any libelous or infringing material contained within the Work, or any allegations of such. The rights and responsibilities in this paragraph shall survive indefinitely the termination of this Agreement.

The undersigned recognizes that execution of this document is in consideration for the SMRT to evaluate the Work as continuing education.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Relationship to CE sponsor \_\_\_\_\_

Date \_\_\_\_\_

# Declaration Form - Please complete the Financial Interests or Relationships Declaration Form

## ORGANIZER/SPEAKER DECLARATION OF FINANCIAL INTERESTS OR RELATIONSHIPS:

The SMRT is committed to

1. ensuring balance, independence, objectivity and scientific rigor in all Continuing Education programs, and
2. presenting CE activities that promote improvements or quality in healthcare and are independent of the control of commercial interests.

Therefore, it is the policy of the SMRT that any

1) speaker making a presentation at,

2) organizer of, or

3) other person having influence over the content of

a program designated for Category A Continuing Education Credit must disclose any financial interest or other relationship (i.e., grants, research support, consultant, honoraria, etc.) that the individual may have (or have had within the last 12 months) with the manufacturers, distributors or providers of any commercial products or services that may be discussed in the presentation. This disclosure requirement extends to interests/financial relationships of spouses/partners.

This policy is intended to insure balance, independence, objectivity and scientific rigor in all Continuing Education programs. All participants with any influence on the content of any CE programs are expected to disclose any real or apparent conflict(s) of interest that may have a direct bearing on the subject matter of the continuing education activity. This pertains to relationships with pharmaceutical companies, biomedical device manufacturers, or other companies whose products or services are related in a significant way to the subject matter of the presentation.

SMRT does not imply that such financial interests or relationships are inherently improper or that such interests or relationships would prevent the person from participating. However, it is required that such financial interests or relationships be identified so that participants at the CE activity may have these facts fully disclosed, and may form their own judgments about it.

In keeping with this policy, the participant is required to complete the following disclosure statement and sign at the bottom of the page.

**DECLARATION:** Check A OR B below, whichever applies to you; if you have checked B please describe conflicts in space provided.

Clearly Print Name: \_\_\_\_\_

- A. I have no actual or potential conflict of interest in relation to the subject/content of this program.
- B. I have a financial interest/arrangement with one or more organizations that could be perceived as a real or apparent conflict of interest in the subject of my presentation. (Give names of companies/organizations and types of relationships below.)

Name(s) of Companies or Organizations

Type of Relationship (Give number of relationship type from list below)

_____	.....
_____	.....
_____	.....
_____	.....
_____	.....

- Grant/research support.....#1
- Consultant.....#2
- Speakers bureau.....#3
- Stockholder.....#4
- Employment.....#5
- Other financial or material support.....#6

Signature

Date