



11 West Monument Ave
Suite 510
Dayton, OH 45402
Voice 877.607.6268
Fax 937.586.3699
E-mail nant@meinet.com

NANT CONTACT HOUR APPLICATION INSTRUCTIONS

Thank you for your interest in the Contact Hours provided by NANT. In order to ensure that your application will be processed in a timely manner, please follow the following instructions carefully.

Please complete all forms provided and return them to the NANT national office **at least three weeks prior to your program**. All certificates will be shipped to the Program Coordinator via UPS ground delivery. Applications received with less than three weeks lead-time may not be processed prior to the date of your program.

Before mailing your Contact Hour application to the national office, please take a moment to complete the following checklist. This checklist includes all of the materials that should be included with your application. **Your contact hour application will not be processed if any of these items are missing.**

- ☐ Application for Approval for contact hours
- ☐ Program Coordinator Information Form
- ☐ Speaker Information Form (one per speaker; do not enclose biography or CV)
- ☐ Program Evaluation Form (you may complete and use the form provided or create one of your own)
- ☐ Program Agenda (a program brochure or typed copy of the schedule)
- ☐ Check or Money Order payable to NANT for the appropriate Contact Hour Fee (see attached fee schedule)

PROCESSING

After your application has been reviewed and approved, the national office will provide the Program Coordinator with the number of contact hour certificates requested and Contact Hour Certificate Forms before the date of your program. The top portion of the Contact Hour Certificate Form should be completed by the program participant; the certificate number will be completed by the Program Coordinator.

Following the program the completed evaluation forms, the unused Contact Hour Certificate Forms, and unused contact hour certificates must be returned to the national office for inclusion in your file.

If you have any questions regarding the Contact Hour Application or Process, please contact the national office at 937.586.3705, or toll-free 877.607.NANT.



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SCHEDULE OF CONTACT HOUR FEES

These fees are based on the number of minutes the program participants are actually in an educational session. Refreshment and lunch breaks, committee meetings, etc. are not included. In order to determine the correct number of Contact Hours applicable to your program, divide the total program minutes by 50.

The Contact Hour Fee Schedule is as follows:

TOTAL MINUTES	CONTACT HOURS	NANT CHAPTERS	NEPHROLOGY RELATED PROFESSIONAL/ VOLUNTARY ORGANIZATIONS/HEALTH CARE FACILITIES	CORPORATE/ BUSINESS
60 - 175	1 - 3.5	\$15	\$85	\$200
180 - 350	3.6 - 7	\$25	\$115	\$300
355 - 650	7.1 - 13	\$35	\$175	\$500
655 - 1000	13.1 - 20	\$45	\$250	\$600
1005 - 1500	20.1 - 30	\$55	\$295	\$700
1505 - 2000	30.1 - 40	\$65	\$345	\$900
2005 - 2500	40.1 - 50	\$75	\$395	\$1,800
>= 2505	>50	\$85	\$475	\$2,500

RUSH PROCESSING FEE: \$30.00

(APPLIED TO ALL CONTACT HOUR APPLICATIONS RECEIVED 7 OR FEWER DAYS PRIOR TO MEETING DATE.)

If you have any questions regarding the Contact Hours applicable to your session, contact the NANT national office at 937.586.3705, or toll-free 877.607.NANT.

APPLICATION FOR APPROVAL OF CONTINUING EDUCATION ACTIVITIES

Contact Hours are requested for:

- ☐ one single offering
☐ total program
☐ individual sessions within a larger program
☐ independent study offering

Date of Submission

Date(s) of Presentation

Sponsoring Group

Program Coordinator (include titles) (Attach Program Coordinator Information Sheet)

Coordinator Mailing Address

City State

Zip

Daytime Phone

Fax

E-Mail

Title of Presentation

Place presentation to be held

Estimated Attendance

Audience:

- ☐ National Level
☐ Local Chapter
☐ Other: _____

Targeted for:

- ☐ Technician/ Technologist
☐ Registered Nurse
☐ All Personnel

Contact level:

- ☐ Basic
☐ Intermediate
☐ Advanced

Number of Certificates Requested: _____

Total number of minutes of presentation: _____

Total Contact Hours Requested: _____

Contact Hour Fee Enclosed: \$ _____



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PROGRAM COORDINATOR INFORMATION FORM

Please type or print

Coordinator Name

***Education:**

Degree

Major

Institution

Professional Certificates:

Nephrology related experience:

Experience in planning renal technology education programs:

List all members of the planning committee for this educational activity. Include academic and professional credentials for each committee member:

**Program coordinator does not have to have a college degree.*



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SPEAKER INFORMATION FORM

PLEASE PRINT OR TYPE

Title of Program/Offering

Date(s) of Program/Offering

Name

Mailing Address

City

State

Zip

Telephone

Years in Nephrology field

Present Position (include dates)

Relevant Past Experience (most recent)

Publications/Papers/Presentations related to topic of this program/offering:

How was this speaker involved in planning this program/offering?

PROGRAM EVALUATION FORM

To assist us in evaluating the effectiveness of this educational activity, please complete the evaluation form by circling the appropriate rating. Each education session/speaker must be evaluated separately. Please return this form to the Program Coordinator.

Title of Program: _____

GENERAL EVALUATION:

	Too Complex	Appropriate	Too Simple
Do you think the level of this meeting was:	☐	☐	☐

On the whole, how would you rate the following aspects of this meeting?

	Excellent	Satisfactory	Poor
Content	☐	☐	☐
Overall Quality of Speakers	☐	☐	☐
Organization	☐	☐	☐
Registration Procedure	☐	☐	☐
Visual Aids	☐	☐	☐
Meeting Rooms	☐	☐	☐

Please list topics you would like to see at future NANT meetings:

SESSION EVALUATION:

Refer to program materials for specific objectives for this session.

Session Title: _____ Speaker: _____

	Excellent	Satisfactory	Poor
Met Stated Objectives	☐	☐	☐
Content was Related to Objectives	☐	☐	☐
Met Personal Objectives	☐	☐	☐
Effectiveness of Teaching Methods	☐	☐	☐
Speaker Effectiveness	☐	☐	☐

Comments: _____

EDUCATIONAL OBJECTIVES

Please complete separate form for each session! This information will form the basis of your subject discussion with a potential speaker. The speaker, once chosen, will have the opportunity to revise these educational objectives.

Topic: _____

Person completing this form: _____

List at least 3 educational objectives for your presentation.

1. _____
2. _____
3. _____
4. _____

These educational objectives should describe the intended behavior to be attained by the conclusion of the program. In general, they should state:

1. What the learner should be able to do at the completion of the presentation.
2. Under what conditions (if any) you want the learner to be able to do it.
3. How well it must be done (if applicable).

Educational objective should be specific, clear, capable of being measured, concise and realistic for the learning time and level. When formulating these objectives, do not use verbs that are open to multiple interpretations, such as learn, know, tell, understand, enjoy, appreciate, believe, and perceive. Utilize verbs from the list below to help write observable, active measurable behaviors when formulating objectives.

adapt	construct	develop	implement	recommend
analyze	contrast	discuss	integrate	recognize
apply	create	distinguish	interpret	select
assess	critique	document	organize	specify
choose	define	evaluate	perform	summarize
classify	describe	examine	plan	synthesize
compare	design	formulate	prepare	utilize
compute	detect	generalize	prescribe	