

TO:
FROM: Gina Throneberry, BASC Executive Director
RE: CASC Administrator Education Units One-Year Provider Application
DATE:

Thank you for expressing interest in becoming a CASC Administrator Education Unit (AEU) Provider. If your organization becomes an Approved Program Provider, the information in this document must be followed. An individual program or webinar will be approved for AEU's only if it meets the following guidelines. The program must be:

- Relevant to the management of an ambulatory surgery environment or setting.
- Related to at least one of the five major content areas of the CASC Examination Content Outline. (Attached)
- Current and includes recent developments in the topic area.
- In a format where sessions are at least 60 minutes in length.
- Taught by someone knowledgeable in area of instruction who discloses any conflict(s) of interest.

To apply to become a one-year program provider the following items must be submitted:

- a completed application at least 30 days in advance of the meeting or publication of promotional materials if CASC information is to be included, and
- a non-refundable application fee of \$250.

If approval is granted, the organization will be issued a provider number and a memo to assist in meeting the obligations of this program during the one-year period.

Once granted approval, the AEU Approved Provider must:

- Submit a copy of the agenda, with times of each session, for each event. This must be submitted to BASC 30 days prior to the event for the approval of the number of AEU's that can be offered.
- Submit the proposed flyer or brochure for the program. Use the following specific language in flyers or advertisements: "This program is approved for X hours of AEU credit by BASC Provider #XXXX." (The content areas in which AEU's may be claimed for CASC recertification may also be stated.) No other statement may be made regarding AEU's, CASC, or BASC in advertising or flyers.
- Submit the sample certificate for the program.
- Monitor meeting attendance.
- Maintain records of attendance for at least four years and agree to provide access to these records if requested by BASC.
- Provide attendees course objectives and use course objectives to evaluate how objectives were met.
- Provide attendees with a certificate or other proof of attendance listing your BASC Provider number within 90 days of completion of the course free-of-charge.
- Provide AEU's only for programs meeting the criteria established by BASC.
- Submit a copy of all promotional materials for conferences to BASC at the time of mailing.

For questions, please contact me at 703.836.4871 or casc@aboutcasc.org.

Attachments



1012 Cameron Street
Alexandria, VA 22314

703.836.4871
(fax) 703.549.0976

www.aboutcasc.org
casc@aboutcasc.org

One-Year AEU Provider Application

Organization Information:

<i>Organization:</i>			
<i>Name of Person Completing Application:</i>			
<i>Address:</i>			
<i>City:</i>		<i>State:</i>	<i>Zip:</i>
<i>Phone Number:</i>		<i>Fax Number:</i>	
<i>Email Address:</i>			
<i>Web Site:</i>			

Check all that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> Association 501(c)(3) | <input type="checkbox"/> For-profit Corporation | <input type="checkbox"/> Health Care Facility |
| <input type="checkbox"/> Association 501(c)(6) | <input type="checkbox"/> Government Entity | <input type="checkbox"/> University, College or School |

Record Keeping:

<i>Individual Responsible for Record Keeping:</i>			
<i>Address of Record Storage (if different than above):</i>			
<i>Phone Number:</i>		<i>Fax Number:</i>	
<i>Email Address:</i>			

Continuing Education Coordinator:

<i>Individual Responsible for Continuing Education:</i>			
<i>Phone Number:</i>		<i>Fax Number:</i>	
<i>Email Address:</i>			



AEU One-Year Program Providers must:

- Advertise only as specified by BASC.
- Provide attendees with a certificate or other proof of attendance listing your BASC Provider number within 90 days of completion of the course free-of-charge.
- Monitor meeting attendance.
- Maintain records of attendance for at least four years and agree to provide access to these records if requested by BASC.
- Provide attendees course objectives and use course objectives to evaluate how objectives were met.

DISCLOSURE STATEMENT

I certify that all information on this application is true and understand that if any information on the application is found to be falsified, misleading, or a misrepresentation of facts, the organization will be declared ineligible for AEU provider status.

The organization agrees to comply with all BASC policies integrating, contacting, reporting, and record keeping related to AEU and AEU programs.

(Signature)

(Print Name)

(Title)

(Date)

The \$250 non-refundable application fee must be submitted with the application. Payment may be made by check payable to BASC or a major credit card.

Paying by Credit Card: *MasterCard* *Visa* *American Express*

Credit Card Number:		Expiration Date:	/	CVV:	
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Name on Credit Card:	
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Billing Address:	
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City:		State:		Zip:	
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My signature below authorizes BASC to charge my credit card the appropriate AEU Provider non-refundable \$250 application fee.

Signature: _____ Date: _____

Paying by Check: **Please mail your completed application to:**
 AEU Provider Application
 Board of Ambulatory Surgery Certification
 1012 Cameron St.
 Alexandria, VA 22314