



ASTS Application for Joint Providership

As an accredited provider of continuing medical education (CME) activities, the American Society of Transplant Surgeons periodically may jointly provide CME activities with non-accredited organizations. ASTS will review your application and notify you of acceptance or denial. If your activity is accepted, you will be invoiced for the joint providership fee.

Note: no communication of ASTS involvement may occur until the application has been approved and signed and full payment has been received by ASTS.

Date of Application: _____

Name of Program: _____

Date of Program: _____

Location of Program:
(venue, city, state,
country)

Program Directors: _____

Contact Person: _____

Organization: _____

Address: _____

City: _____

State: _____

Postal Code: _____

Telephone: _____

Email: _____

Program Website: _____

Program Information

New Program Established Program

AMA PRA Category 1 Credits™: _____



Target Audience:

(e.g., transplant surgeons, cardiologists, cardiovascular surgeons, internists, nurses)

Anticipated Attendance:

Physicians:

Other

Learners:

Program Description: (Attach if necessary)

Needs Assessment Summary: (Attach if necessary)

How were the needs of your intended audience determined? (Check all that apply)

Evaluation Results Expert Consensus New Medical Developments

Suggestions of Potential Attendees Survey Results

Other:

Program Learning Objectives:



Role of the Accredited Provider:

As the accredited provider of the CME activity, ASTS will take all necessary actions to ensure compliance with ACCME Standards for Commercial Support of CME. Any actions not explicitly stated here, but deemed necessary by ASTS to comply with these requirements, will be implemented.

Educational Activity Development

ASTS is responsible for ensuring the content, quality, and scientific integrity of the CME activity are compliant with the currently adopted standards for CME.

All planning sessions must be documented by the organization, and all information must be forwarded to ASTS upon completion of the activity.

ASTS will be responsible for

- Verifying the needs assessment
- Approving final language of brochures and promotional materials
- Verifying CME credits and certificates
- Approving the activity content to include the objectives and proposed faculty
- Maintaining activity planning records throughout our current accreditation term

AMA Credit Designation Statement

The American Society of Transplant Surgeons designates this live activity for a maximum of _____ *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Accreditation Statement

This activity has been planned and implemented in accordance with the accreditation requirements of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the American Society of Transplant Surgeons and (name of nonaccredited provider). The American Society of Transplant Surgeons is accredited by the ACCME to provide continuing medical education for physicians.



RECOGNITION

ASTS will be recognized as the program joint provider on all program and promotional materials. In all instances where the (organization’s name) logo appears, the ASTS logo must also appear.

FEE

(Sponsoring Organization) will remit **\$8,000 upon application approval** (payable to ASTS) for a joint providership.

I accept the responsibilities outlined above for programs joint-provided/endorsed by ASTS and will fulfill these requirements if the program is approved.

AGREEMENT

The undersigned agree to the conditions stipulated above.

Name/ Title (Organization’s Name): _____ Date: _____

Ellie Proffitt (ASTS): _____ Date: _____

Please sign and date this application and return it to: **ellie.proffitt@asts.org**

*At the discretion of ASTS, additional fees may apply if it is deemed necessary for ASTS education staff to attend the live activity (travel expenses)