



# A2 Application

## Approval of State Assembly Continuing Education Programs

Association of Surgical Technologists State Assembly  
6 W Dry Creek Cir, Ste 200 • Littleton, CO 80120-8031  
Phone: 800.637.7433 • [stateassembly.ast.org](http://stateassembly.ast.org)

### APPLICATION FOR STATE ASSEMBLY CE PROGRAMS APPROVAL



#### FORM A2

DUE: Thirty (30) days prior to the program date(s). Submit to [stateassembly@ast.org](mailto:stateassembly@ast.org).  
Include (1) this form, (2) program brochure, (3) program agenda, and (4) three learning objectives.  
The A3 Evaluation Form if applicable.

STATE ASSEMBLY \_\_\_\_\_

DATE OF PROGRAM \_\_\_\_\_

TITLE OF PROGRAM \_\_\_\_\_

LOCATION OF PROGRAM (City) \_\_\_\_\_

#### 1) PROGRAM BROCHURE AND AGENDA WITH THREE (3) PROGRAM LEARNING OBJECTIVES

- Submit a hard copy of program brochure *(include registration pricing)*
- Submit a hard copy of program agenda *(include beginning and ending times of each session, speaker's name, credentials, and topic)*
- Three (3) program learning objectives

#### 2) PROVIDERSHIP AGREEMENT (must be signed not typed or printed, e-signature accepted)

I hereby submit this application to the Association of Surgical Technologists, Inc. (AST) as a State Assembly provider of continuing education to the Certified Surgical Technologist (CST) and Certified Surgical First Assistant (CSFA). I understand that the length of approval is based upon the AST Policies for the Approval of Continuing Education Programs.

State Assembly \_\_\_\_\_

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

#### 3) PLANNING COMMITTEE

##### Committee Member

Name \_\_\_\_\_ Credentials \_\_\_\_\_

Contact Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

##### Committee Member

Name \_\_\_\_\_ Credentials \_\_\_\_\_

Contact Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

##### Committee Member

Name \_\_\_\_\_ Credentials \_\_\_\_\_

Contact Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

#### 4) SOURCES USED TO ASSESS THE EDUCATIONAL NEED FOR THE CE PROGRAM

(check all that apply)

- Review of previous attendee program evaluations
- Requests (verbal or written) from CSTs and/or CSFAs
- State Assembly Board of Directors identified CE need for particular program
- Survey of CSTs and CSFAs for this particular CE program
- New medical or surgical findings and research
- Other \_\_\_\_\_

#### 5) EVIDENCE OF ASSESSING ACHIEVEMENT OF LEARNING BY THE CST & CSFA PARTICIPANTS

Methods Used to Assess Achievement of Learning Objective by CST & CSFA Participants (check all that apply) Form

- A3: Appendix A: AST Participant Program Evaluation Form is used
- Other evaluation form is used (provide a copy with this application)
- Question and answer period during speaker presentation
- Post-presentation or post-program CE test
- Other \_\_\_\_\_

#### 6) CERTIFICATE OF ATTENDANCE FORM (interactive)

- To obtain form, as a member of your State Assembly Board, login at [stateassembly.ast.org](http://stateassembly.ast.org) using your AST Member Login. Under Menu -FORMS & TOOLS, Submenu - Meetings & Workshops.

- To receive CE credit(s) for the program the CST and CSFA participant must submit a copy of the *Certificate of Attendance* to the AST Member Services Department with the AST CE Reporting Form - the form is available at [ast.org](http://ast.org). The participate, including State Assembly Board of Directors, does not have authority to sign their own certificate, render invalid.

#### 7) POST-PROGRAM REPORT

See FORM A5, Appendix C: *AST State Assembly Post-Program Report*. Submit report to AST within five (5) business days of the program to [stateassembly@ast.org](mailto:stateassembly@ast.org).

Effective September 2018, the signed **Appendix B: AST Speaker Biographical Form and the Speakers' CV or resume** no longer requires submission to AST. With the elimination of speaker verification to AST, however, *confirm with your speakers to ensure their commitment to presenting at your upcoming state assembly program.*