



## Hyperbaric Medicine Introductory Course Approval Application

*Please Note: All sections of this form are required. Incomplete applications will result in application denial.*

APPLICANT INFORMATION			
Course Sponsor/ Applicant:			
Contact Person:		Title:	
Address:		Phone Number:	
City/State/Zip:		Email:	
COURSE INFORMATION			
Course Title:			
Course Length (hours):		Number of CE credits:	Cost:
Difficulty Level:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Delivery Method:	<input type="checkbox"/> Live Lecture	<input type="checkbox"/> Enduring (On Line, Web Based)	<input type="checkbox"/> Other (provide additional Info)
Course Frequency:	<input type="checkbox"/> One time only	<input type="checkbox"/> Recurring over a 1 year period	<input type="checkbox"/> Other (provide additional Info)
Date(s) this course will be offered:			
Course Location(s):			

Classification of Course Sponsor (check all that apply):

- An ACCME/ACGME approved accreditor
- A nonprofit organization
- An organization offering only educational services for which no money or other consideration is paid
- A for-profit business or organization (Pharma or Device Company)
- A professional society
- A healthcare organization (Management Company)

The following **required** documentation is provided in support of this application:

- ACCME or ACGME approval documentation
- A detailed, timed course agenda
- Complete course syllabus to include overall course objectives and objectives for each course segment
- Copy of lecture presentations (submitted in PDF six slide format)
- List of faculty
- A current CV each faculty member
- Disclosure forms for all faculty and planners

*In addition to these documents, the ACHM reserves the right to request additional information to determine the validity of the course submission. If you feel there is information beyond the listed requirements that would assist the ACHM Board of Directors in making a determination, please include that information with your application.*

I certify that the information provided in this application is accurate to the best of my knowledge. In addition, I certify that this course will contribute directly to the professional competence of the practitioner. I am responsible for the course content and faculty, as well as for retaining course materials and attendance records for the 3 years after the last date this course is offered. I will furnish said records to the ACHM upon request.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date