



INDEPENDENT CERTIFIED SESSION GUIDELINES

Thank you for your interest in holding an independent certified session during ACC.18, the American College of Cardiology's (ACC's) 67th Annual Scientific Session, March 10 – 12, 2018, in Orlando, FL.

An "independent certified session" is any educational program that offers continuing medical education (CME), continuing nursing education (CNE) and/or continuing education (CE) credit; is independently organized and offered by a non-profit organization; and for which no commercial support has been received.

REQUEST PROCESS

Organizations that wish to host an independent certified session must submit an application for an independent certified session by **Friday, December 1, 2017**. The application can be found on page 3 of this document. An application must be submitted for each request to hold an independent certified session. An agenda of the session (outline will be accepted) must accompany each application. An invoice for the session fee of \$1,000 will be sent to the organization. Upon receipt of the fee, applications and program agendas will be reviewed for eligibility by a subset of the ACC.18 Program Committee.

Notification of eligibility to hold an independent certified session will be sent within 10 business days of receipt of the completed application and fees. Plans to reserve function space for the session may not begin until this notification ("Approval Letter") is received.

AGREED DATES AND TIMES

Independent certified sessions can be held as follows:

Friday, March 9: Anytime

Saturday, March 10 – Sunday, March 11:

Symposium completed by 7:45 a.m.

Monday, March 12: After 5:15 p.m.

FEE

\$1,000

Payments should not be made without receiving an invoice from the ACC.

ACC will accept credit card, check or wire payments. If using credit card or wire payments, please contact Robin Young at ryoung@acc.org for further details.

A check, made out to the American College of Cardiology, should be mailed to:

**American College of Cardiology
PO Box 79231
Baltimore, MD 21279**

Applications will be sent to the review committee once full payment is received.

SESSION CONTENT

Academic content will be planned by the organization and the agenda, program goals and target audience information must be submitted for approval to ACC's Annual Scientific Session Program Committee. The agenda must be aligned with the mission of the ACC and the Annual Scientific Session.



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FUNCTION SPACE

Once you have received approval from ACC for your independent certified session, you may contact any hotel or appropriate venue to request function space. Any hotel that you select will require that you provide a copy of the independent certified session approval letter before reserving function space for your organization. All communication from that point on will be between you and the hotel or venue, and any vendors you secure for transportation, audio/visual, food and beverage, etc. All charges for these items are the sole responsibility of your organization.

Please note that independent certified sessions may NOT be held at the Orange County Convention Center (where ACC.18 is being held); or the Hyatt Regency Orlando. You may hold your CME session on your campus (hospital or university) using your own facilities.

PROMOTING YOUR SESSION

Promotional Materials

At least one piece of promotional material showing your proposed promotional language must be submitted to ACC for approval prior to printing or use. Submissions should be sent via email to Robin Young at ryoung@acc.org. Please allow a minimum of five business days for approval.

All materials promoting independent certified sessions must include the following statement:

This educational activity is not part of ACC.18; however, the content was reviewed and approved by the ACC.18 Program Committee.

ACC does not co-sponsor programs. All materials promoting independent certified sessions must clearly indicate the name(s) of the organization. The ACC and ACC.18 logos, names, insignia and other identifying marks **may not be used** on any marketing or educational materials. The term "Scientific Session" may not be used in reference to an independent certified session.

Complimentary Online Listings

Organizations that have received approval to hold an independent certified session are encouraged to post information about their event. Send your logo (jpg format), along with your approved program materials, and we will post this information to the ACC.18 website (accscientificsession.org) at no additional charge. This information will be viewable beginning January 2018 and will assist ACC.18 attendees in planning their meeting agendas. Your session will also be listed in the ACC.18 App. Additional marketing resources will be available upon request.

CANCELLATIONS

In the event that an independent certified session for which full payment has been received must be cancelled, please email Robin Young at ryoung@acc.org.

If you cancel prior to Friday, January 5, 2018: 50% of your ICS fee **will** be refunded.

If you cancel on or after Friday, January 5, 2018: your ICS fee **will not** be refunded.

In the event that an independent certified session is not granted eligibility the full fee will be refunded.

TIMELINE

- **Tuesday, August 1, 2017:** Independent certified session guidelines and application form available online
- **Friday, December 1, 2017:** Application deadline to hold an independent certified session including proposed meeting agenda (or an outline)
- **January 2018:** Complimentary online viewings will be available at accscientificsession.org
- **Saturday, March 10, 2018: ACC.18 Education starts at 8:00 a.m. at the Orange County Convention Center in Orlando, FL**

MORE INFORMATION

For more information, or if you have any questions, please contact Robin Young at ryoung@acc.org.



INDEPENDENT CERTIFIED SESSION APPLICATION

Please complete the application form in full. This application will not become a binding contract until it is approved and signed by the American College of Cardiology. Questions? Contact Robin Young at ryoung@acc.org.

Sponsoring Organization & Primary Contact Information

Organization Name _____

Website _____

Street Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Primary Contact Name _____

Primary Contact Email Address _____ Primary Contact Telephone _____

Session Information

Title of Session _____

Date _____ Start Time _____ End Time _____

Session Chair _____ Email _____ Phone _____

Session Chair _____ Email _____ Phone _____

Total Continuing Education (CE) hours this session will offer: _____ hours

Type(s) of credit that this session will provide: MD/CME RN, NP, CNS, PA/CNE Other _____

Program Learning Objectives/Goals: _____

Target Audience: _____

Please describe the group(s) of medical professionals for whom this program is intended to benefit: _____

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INDEPENDENT CERTIFIED SESSION APPLICATION

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Primary Pathway:

ACC.18 is comprised of 10 learning pathways designed to address specific needs of learners. Please select the one (1) pathway that would most appropriately describe the overall focus of this session:

<input type="checkbox"/> Acute and Stable Ischemic Heart Disease	<input type="checkbox"/> Interventional Cardiology	<input type="checkbox"/> Pulmonary Hypertension and Venous Thrombo-embolic Disease
<input type="checkbox"/> Arrhythmias and Clinical EP	<input type="checkbox"/> Non Invasive Imaging (Echocardiography, Nuclear, PET, MR & CT)	<input type="checkbox"/> Valvular Heart Disease
<input type="checkbox"/> Congenital Heart Disease	<input type="checkbox"/> Prevention	<input type="checkbox"/> Vascular Medicine
<input type="checkbox"/> Heart Failure and Cardiomyopathies		

Agreement

I, the undersigned, hereby make application to hold a certified independent session during ACC.18, the American College of Cardiology's (ACC's) 67th Annual Scientific Session. The company/organization listed on this application agrees to comply with the regulations contained in the ACC.18 Independent Certified Session Guidelines. ACC does not co-sponsor programs.

- I affirm and agree to abide by the rules by which this symposium is governed.
- I affirm that the _____ (name of Organization) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians OR is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.
- I affirm that this activity will not be funded by commercial support.
- I affirm and agree to this statement: Approval to hold an ICS at ACC.18 provides no guarantee of future collaborative involvement in the ACC's Annual Scientific Session as part of its official programming.

Primary Contact Name

Date

Primary Contact Signature

For Use by ACC: This program is: Approved Not Approved

Comments:

Reviewer Signature

Date

Payments

Upon receipt of an invoice, a check, made payable to the American College of Cardiology, should be mailed to:

American College of Cardiology
PO Box 79231
Baltimore, MD 21279

If using credit card or wire payments, please contact Robin Young at ryoung@acc.org for further details.

CHECKLIST

Send the following via email to ryoung@acc.org by no later than Friday, December 1, 2017:

- Signed application form (1 per session)
- Independent certified session agenda (outline will be accepted)
- Payment of \$1,000 with each application upon receipt of invoice; credit card, check, or wire payments are accepted