



Thank you for expressing interest in becoming a Board of Ambulatory Surgery Certification (BASC) educational program 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 Administrative Education Units (AEUs) and Infection Prevention Contact Hours (IPCHs) only if it meets the following guidelines. The program must be:

- Relevant to the management of an ambulatory surgery environment or setting and/or infection prevention.
- Related to at least one of the five major content areas of the CASC Examination Content Outline and/or CAIP Examination Content outline.
- 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 BASC 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 BASC information is to be included, and
- applicable non-refundable application fee;
 - Bundled three-year price for state ASC associations is \$300
 - Bundled three-year price for other AEU/IPCH providers is \$600
 - Bundled one-year price for state ASC associations is \$125.
 - Bundled one-year price for other AEU/IPCH providers is \$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 approved period.

Once granted approval, the AEU/IPCH Approved Provider must:

- Submit a copy of the agenda, with times of each session and content areas, for each event. This must be submitted to BASC 30 days prior to the event for the approval of the number of AEUs/IPCHs that can be offered.
- Use the following specific language in flyers or advertisements: “This program is approved for X hours of AEU and X hours of IPCH credit by BASC Provider #XXXX.” (The content areas in which AEUs/IPCHs may be claimed for CASC/CAIP recertification may also be stated.) No other statement may be made regarding AEUs, IPCHs. CASC, CAIP, or BASC in advertising or flyers.
- 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 AEUs/IPCHs only for programs meeting the criteria established by BASC.

For questions, please contact BASC at 856-222-7619 or basc@aboutbasc.org.



AEU/IPCH Provider Application

Organization Information:

Organization:			
Contact Person:			
Address:			
City:		State:	
		Zip:	
Phone Number:		Fax Number:	
Email Address:			
Web Site:			

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/IPCH provider status.

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

(Signature)

(Print Name)

(Title)

(Date)



Provider Type:

- Bundled three-year approval for state ASC associations - \$300
- Bundled three-year approval for other AEU/IPCH providers - \$600
- Bundled one-year approval for state ASC associations - \$125
- Bundled one-year approval for other AEU/IPCH providers - \$250

The 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* *Discover*

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

Signature: _____ Date: _____

Paying by Check: **Please mail your completed application to:**
AEU/IPCH Provider Application
Board of Ambulatory Surgery Certification
1120 Rt. 73, Suite 200
Mt. Laurel, NJ 08054