# **\*\*\*All info must match brochure/flyer exactly\*\*\* delete this line when complete**

# **Name of Organization Providing Conference**

**Title of Conference**

**Date, City, State**

**Program Schedule**

**Outcome:** To enable the perianesthesia nurse to increase knowledge on (the content of your program) [This statement must match the outcome statement on your flyer/brochure]

**Target Audience:** All perianesthesia nurses

**Accreditation**

This nursing continuing professional development activity was approved by the American Society of Perianesthesia Nurses (ASPAN), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Registered nurse participants may receive up to contact hours for this activity.

**Contact Hours:**  Participants who successfully complete this activity will be awarded up to contact hours.

**Requirements for successful completion:** You must attend the entire program, achieve a minimum of 80% on the post-test and turn in the evaluations at the end of the program in order to receive contact hour credit.

**Standards for Integrity and Independence**

None of the planners or presenters for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.