



## **SEDATION COMPUTERIZED COMPETENCY SIMULATOR**

Nurse CE and Physician CME Credits

Continuing Education Credits provided by:

Healthy Visions an approved provider of continuing nursing education by the Alabama State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation (ANCC). Code # 5-133 Expiration 7/15/2014.

Provider approved by the California Board of Registered Nursing. Provider # CEP 15997

Earn up to 48 AMA PRA Category 2 CME credits

\_\_\_ Application

\_\_\_ Evaluation

\_\_\_ Case Logs

\_\_\_ Payment of \$39.99 for each 8 cases submitted for 4 CE Credits

Submit the following with each eight case 4-CE/CME Credit Case Type. Each individual case takes approximately 30 minutes. You can earn up to 48 Continuing Education Credits.

You will be emailed your CE Certificate within 10-14 days



## Sedation Simulation CE/CME Application Form

CE/CME Credits are awarded to registered individual owners and licensed facilities of the Healthy Visions Anesoft Sedation Competency Simulation Training. You must have purchased the Sedation Competency Simulator to qualify for these CE Credits/

Please print clearly or type.

Case Type:

To choose the case type click in the blue area, then use the arrows to the right

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_

Email: \_\_\_\_\_

License Type (Ex: MD, PA, RN, CRNA): \_\_\_\_\_

License #: \_\_\_\_\_

CRNA I.D. #: \_\_\_\_\_

State Licensed: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Where do you give sedation? i.e. ED, OR, Endoscopy, Peds, etc: \_\_\_\_\_

Submit this form with Evaluation and Case Logs of Successful Sedation Competency Simulation Completion of the 8 cases in a case type for 4 CE credits. CEs are awarded in 4 CE increments.

You will receive a certificate of completion for 4 CE/CME credits when this form is received with a payment of \$39.99 per 4 CE/CME credits.

Pay by Check \_\_\_\_\_ CC type \_\_\_\_\_ or pay on line or call with CC number.

CC #: \_\_\_\_\_ EX : \_\_\_\_\_

If CC billing address is different than above place here \_\_\_\_\_.

**Sign if paying by CC this form:** \_\_\_\_\_

Mail to: Healthy Visions, 351 Market Street, Clinton, TN 37716 ph 865-269-4616



# Sedation Simulation CE/CME Application Form

*Healthy Visions  
CE/CME Provider*

351 Market Street  
Clinton, TN 37716  
Phone: 865-269-4616  
[www.sedationcertification.com](http://www.sedationcertification.com)

## Evaluation

**This evaluation is required for the awarding of CE/CME Credits**

Case Type \_\_\_\_\_ Date: \_\_\_\_\_

<b>INSTRUCTOR:</b> Computerized Sedation Simulation	<b>Title:</b> Sedation Competency Computerized Simulation				
	Not at all		Completely		
<b>Content Evaluation</b>	1	2	3	4	5
The seminar met the stated objectives					
I would recommend this training to others					
The Simulation presented an effective learning system					
	Very Little		A Great Deal		
<b>Personal Needs</b>	1	2	3	4	5
Learners' personal goal achievement					
Did you gain new insights relevant to your work?					
Overall, how satisfied are you with the Sedation Simulation?					
	Not at all		Completely		
<b>Training Material Evaluation</b>	1	2	3	4	5
Was the use of the simulator helpful in understanding the sedation process?					
The instructions were complete and easy to follow.					
<b>PLEASE PRINT OR TYPE</b>					

**Comments:**


Name Not Required. Name will indicate approval to use your name and comments for advertisement:  
**Print: Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_