



A1 State Assembly Date Request Form

Association of Surgical Technologists State Assembly
6 West Dry Creek Circle, Ste 200 • Littleton, CO 80120-8031
stateassembly.ast.org • 303.325.2547 or 303.325.2512

Submit to AST no less than 120 days before the date(s) of the program. Form must be received by the first (1st) of the current month for program publication in the next month of the AST monthly journal - The Surgical Technologist. Workshops consist of continuing education credits. No elections or workshops can be held within a month of the AST National Conference.

PROGRAM TYPE *(Check Only One)*

ANNUAL BUSINESS MEETING & WORKSHOP with Board of Directors & Delegate Elections (All voting must be in person)

Onsite - one location - *Complete Section A*

Onsite - one location with a webinar (webinar participants earn CE credits but cannot vote) - *Complete Section A & C*

Onsite - two or more locations (sites combined to meet a quorum) - *Complete Section A & B*

WORKSHOP ONLY - no elections can be held

Onsite Workshop (no webinar) - *Complete Section A*

Webinar Workshop (no onsite) - *Complete Section A & C*

Onsite & Webinar Workshop (conducted onsite along with webinar participants) - *Complete Section A & C*

PROGRAM REPRESENTED BY

Solely State Assembly Program

A registration fee charged? Yes No

Jointly Sponsored Program (i.e., chapter of AORN, NSAA, IAHCMM, NAOT, etc.)

Who are the sponsors? _____

A registration fee charged? ~~Yes~~ Yes No

SECTION A: DATE REQUEST INFORMATION

State Assembly _____

Program Date _____

Program Title _____

Location name _____

(Name of institution or facility where program is being held - Leave blank if a Webinar)

Program Address _____

City _____ State _____ Zip _____

(Leave blank if a Webinar only and not an onsite location)

Number of CE Credits _____ pending approval by State Assembly's submission of CE documentation.

To help advertise your program on social media, please provide a start time for each day your program is being held.

CONTACT INFORMATION FOR PROGRAM

Primary Contact's Name _____

Contact Address _____

City _____ State _____ Zip _____

Contact Phone Number(s) _____

Contact Email Address _____

SECTION B: ANNUAL BUSINESS MEETING / ELECTIONS

Complete if only 2nd Onsite Location – name and complete address of remote viewers. Broadcast in its entirety.

Location Name _____

Program Address _____

City _____ State _____ Zip _____

State Assembly Board Members or Teller Committee at Location 2:

For onsite 2nd location elections, board members or non-board members to serve as Tellers must be present. Also applies to delegate and alternate elections. Both sites combined to meet a quorum.

SECTION C: WEBINAR

What interactive *Webinar Platform* used? (e.g., Zoom-meeting, WebEx, etc.) If attendance is limited, indicate the number. Participants must be able to ask the presenter(s) questions in real-time and Q&A after if needed.

Considerations when setting up a webinar: costs involved, accommodates your audience size, reaches across all devices, allows assignment of multiple presenters, provides technical support, and analytics for tracking.

What *Registration* system used? If different than the webinar platform to track individual attendance of CE credits earned throughout the program.

What type of *Participate Program Evaluation* be disseminated? (e.g., post-program evaluation, quiz)

Check which *Member Participants CE Credit Earned* submission to AST will be used.

- AST Group Recording Workshop CE Credits Spreadsheet – State Assembly submits
- AST Certificate of Attendance – participate submits

For nonmembers – send the individual a Certificate of Attendance. The preset spreadsheet template and Certificate of Attendance available on the State Assembly Leadership Resources site, menu 702.7.

Additional Information - if needed

SUBMIT FORM BY EMAIL ATTACHMENT TO stateassembly@ast.org

If you did not receive a confirmation email within three business days, AST did not receive and please resubmit.