

Region III+ Perinatal Education Consortium

Service Points Record

One clock hour of service will be awarded one point for registration fees-no other use- to be used by anyone the hospital voting member designates. One point equals \$5.00. Only staff members of a member hospital may earn credit.

Name: _____ Title: _____ Position: _____ Hospital: _____

Type of Participation:

Teaching Name/date of conference: _____

Actual lecture time (s): _____ Preparation time: _____

Up to 16 hours of preparation time are allowed per new lecture

Up to 4 hours of preparation time are allowed per established lecture

Monitoring/evaluating/facilitating Name/date of conference: _____ Hours: _____

Any committee member/consultant may earn points by listening to the lectures of others as part of the quality improvement and planning process for committee work/conference planning. So, for example, if you are giving only one lecture, or no lectures, but stay the entire day of a conference and provide feedback to the speaker and/or conference committee, you earn points for the entire day, not just your lecture time.

Planning/committee meeting Name of committee: _____

Date: _____ Start time: _____ End time: _____ Total hrs: _____

Committee preparations/Consortium paperwork not associated with lecture *This time must be reviewed and approved by the involved sub-committee members and/or the executive committee.*

Activity and date(s): _____ Hours requested: _____

Travel hours for above: _____

Travel time to/from any activity is considered part of the service.

Hosting *Actual preparation and clean-up time, commonly an extra hour, may be included, in addition to the actual hours of the conference. This section is an award to the institution. If a person from the institution is also faculty, monitoring, or facilitating, or assisting with conference duties, extra points may be earned in other categories.*

Food donation *Host hospitals may claim 1 point for every person who actually attends the conference in place of sending a bill for food that is provided. If the Consortium requests that lunch be provided in addition to the standard conference breakfast and break beverages, 2 points may be claimed.*

Name/date of conference: _____ Actual hrs: _____ Prep hours: _____

I verify that the above service was completed as described. **Total points requested:** _____

Signature: _____ Date: _____

Mail/FAX this record to Regional Perinatal Education MH 3rd Fl, Perinatal Office, 2142 N. Cove Blvd., Toledo, OH 43606
FAX 419-479-6981 Phone: 419-291-4645 Debbie Fritz, Coordinator