Access the Clinical Instructor Education Modules by following 5 easy steps:



3. Complete required Attendee Information and Demographic Questions, and then click Continue.

| Attendee Information | | | | * Required field | | |
|---|-------------|--------------------|----------------------|--|--|--|
| First Name ' | Last Name " | | | Demographic Questions Which best describes your employer? | | |
| required | required | | | - Select - | | |
| Hospital/Medical Center/Facility at which | h you work? | | | | | |
| required | | | | Perfusion education program(s) for which you serve as a clinical instruc | | |
| City* | | State/Province | | Nothing selected | | |
| required | | - Select - | • | How long have you served as a clinical instructor?" | | |
| Country | | | | - Select - | | |
| - Select - | • | | | | | |
| Registrant's email address | | Confirm your email | address [*] | | | |
| tmsisneros@icloud.com | | required | | Clear | | |

4. Click Continue after reviewing registration information, and Continue when No Payment Required appears.



5. Print and/or save your

REGISTRATION CONFIRMATION on your computer in an accessible location. It contains a link to the Session Portal and a Login ID and Password.

You will also receive an email containing a link to the Session Portal and Login information, typically within 24-48 hours of registration.

| ATT | ENDEE | REGISTRATION | |
|-----|-------|--------------|--|
| | | | |

| HIS IS YOUR REGISTRATION CONFIRMATION | | | Print | | | | |
|---------------------------------------|--|--|--------|--|--|--|--|
| 2022-02-0 | 0 22:34:28 | | | | | | |
| | CONFIRMATION ID: | ZVXMP | | | | | |
| | CONTACT INFORMATION | | | | | | |
| | Name: Organization: Email: | Theresa Chaloupka None Imsisperos@icloud.com | | | | | |
| | Update Contact Info | | | | | | |
| | REGISTRATION FEE SUMMARY | | | | | | |
| | Registration Item | | Cost | | | | |
| | Attendee Registration | | \$0.00 | | | | |
| | | Total Purchase | \$0.00 | | | | |
| | Payment Method | | Amount | | | | |
| | Palance Due | Total Payment | \$0.00 | | | | |
| | balance Due | | 30.00 | | | | |
| | LOGIN INSTRUCTIONS | | | | | | |
| | Screenshot or save this information for future refe | rence and access. | | | | | |
| | Follow this URL and use the user name and password below to access the sessions. | | | | | | |
| | Session Portal | | | | | | |
| | Attendee Login Credentials: Theresa Chaloupka (tmsisneros@icloud.com) (Please do not share your credentials, as they are t | unique to you. | | | | | |
| | Login ID: ZVXMP Password: ZFCKB | | | | | | |

Once you arrive at the Session Portal, Login.



The name, title, description of the session, and name of the speaker(s) is listed. Click the Bio button under each picture to read a short biography of the speaker.



| Accreditation Committee - Perrosion Education | | | |
|---|---------------------------------|--|--|
| Certíficate | of Completion | | |
| [insert participant name] | | | |
| Completed the following AC-PE Clinical Instructor Module Module #1: Accreditation - the Terms, the Abbreviations, the Lingo (17 min) | | | |
| AC-PE Chair | Date of Completion | | |
| | A Committee on Accreditation of | | |

All those who have registered for the modules will be contacted with instructions for printing certificates of completion once available.

1

Committee of the Commission on Ac Allied Health Education Programs