

HFSA Endorsement Guidelines

Domestic Programs



ENDORSEMENT REQUIREMENTS

For educational programs to be considered for HFSA endorsement, CME activities must have the following:

1. A substantial focus on heart failure
2. Sponsorship by an ACCME-accredited provider
3. A chair/co-chair (preferred) or member of the planning committee who is an HFSA member
4. An endorsement fee of \$250 (charge will only be made to approved programs)

Applications generally come from academic or healthcare institutions. However, applications from for-profit or non-profit companies will be considered.

The HFSA is committed to fostering programs that reflect its core values – of diversity, equity, inclusion, and belonging. HFSA supports and promotes diversity of gender identity or expression, sexual orientation, race, ethnicity, discipline, career-stage and geography, among other domains across all areas of the association. Ideal HFSA Endorsed Courses will share the same principles.

HFSA reserves the right to refuse or reject endorsement requests that it deems to be inconsistent with its mission or that conflicts in some other way with its interests. HFSA will not consider endorsement of a program with dates that directly compete with scheduled HFSA developed and supported programs. Please refer to the HFSA website www.hfsa.org/events_education for a listing of current programs.

ENDORSEMENT APPLICATION AND MATERIALS

The following materials must be submitted for consideration:

1. Completed HFSA Endorsement Application (attached)
2. Letter or email documenting requirements 1-3 above have been met
3. Draft program including proposed faculty
4. Needs assessment and learning objectives
5. Draft evaluation form (or a copy of previous year's form)
6. Endorsement fee

Incomplete applications will not be reviewed for endorsement.

ENDORSEMENT REVIEW AND APPROVAL PROCESS

Endorsement requests should be submitted to Anna Leong at aleong@hfsa.org. Completed requests are reviewed by the HFSA Education Committee. The review process takes up to 30 business days.

ENDORSED PROGRAM OBLIGATIONS

Endorsed programs agree to provide HFSA the following:

1. HFSA is provided one complimentary registration to event.
2. HFSA is provided a complimentary table or equivalent (ex. exhibitor table/booth, virtual exhibitor opportunity) to share membership and educational materials at event. If HFSA is unable to attend, hosting organization will be asked to set materials.
3. HFSA is recognized during the welcome remarks by a program co-chair (member of the HFSA). The program chair is required to present the provided HFSA overview slide deck.
4. HFSA is recognized in program's walk-in slides using the HFSA Endorsement walk-in slide.
5. Post Follow-up Materials (see Endorsement Post-Program Follow-up Section)

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ENDORSEMENT POST-PROGRAM FOLLOW-UP

Endorsed programs are required to submit the following materials to HFSA after the activity:

- Sample announcement and handout, showing speaker disclosure information
- Evaluation summary
- Number of attendees, categorized by physicians vs non-physicians
- Reporting on HFSA complimentary table traffic (ex. # of visitors to booth/table, # of page views) – For Virtual Events
- Reporting on Meeting and Attendee Engagement (ex. # of attendees per session) – For Virtual Events
- HFSA is provided two (2) distributions of HFSA membership and educational information to a post conference attendee list by various means, in a manner pre-determined by HFSA staff and a representative from the hosting organization. *

If these materials are not submitted to HFSA, future endorsement of the program will not be made.

*Means include: sharing the post-conference attendee list directly with HFSA for emails sent by HFSA email marketing system**; sending emails on behalf of HFSA to the post-conference attendee list through the hosting organization's email marketing system*; providing attendee addresses directly to HFSA for direct mailing of collateral** or working with a mail house. **Organization to send list within 60 days of program. *Organization must provide metrics of email sends within 15 days from email distribution.

BENEFITS PROVIDED TO ENDORSED PROGRAM FROM HFSA

Endorsed programs will receive the following benefits from HFSA:

1. HFSA logo for use in publications, program brochure, program website and promotional materials. The logo should appear with the phrase “Endorsed by” and should be comparable in size to the logos of other endorsing organizations.

Program materials should include the following statement (or comparable statement):

Officially endorsed by the Heart Failure Society of America. The opinions presented in this educational activity do not necessarily reflect the opinions or recommendations of the HFSA.

2. HFSA Endorsement slide for walk-in slides.
3. Endorsed program will be listed on the events section of the HFSA website at hfsa.org/events.
4. Endorsed program details will be posted to HFSA's social media accounts (Twitter and Facebook).

The HFSA member list is available for purchase, please reference the [HFSA mailing list policies](#) for more information. The list can be used for marketing and promotion of the endorsed program. For more information about the purchase of the HFSA member list, please contact info@hfsa.org.

ENDORSEMENT FEE

The fee for HFSA endorsement is \$250 per program. Complete the credit card payment section on the application form. The endorsement fee will be charged at the start of the reviewing process.

QUESTIONS?

For additional information about the endorsement guidelines or process, please contact Anna Leong at aleong@hfsa.org.

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Please TYPE or PRINT legibly and complete ALL information requested on this interactive form. Completed applications should be submitted to Anna Leong at aleong@hfsa.org.

CONTACT INFORMATION

Date of Application: _____

Applicant Full Name (First, Last, MI): _____

Institution: _____

Email: _____

Telephone: _____

PROGRAM INFORMATION

Check box if previously endorsed by HFSA

Name of Previously Endorsed Program: _____

Date of Previously Endorsed Program: _____

Name of Program: _____

Date of Program: _____

Location of Program: _____

Program Chair / Co-Chair Names: _____

ACCME Provider for Program: _____

Program Continuing Education Credit Hours: _____

Program Website: _____

Program Social Media Hashtag: _____

Program Registration Fee(s): _____

PAYMENT & SUBMISSION INFORMATION (FEE: \$250)

Please complete the credit card information below. You may also call to relay information over the phone.

Name of Credit Card: _____

Credit Card #: _____

Expiration Date: _____

CCV: _____

Authorized Signature: _____