



District Meeting Planning Application 2025-6

Complete this application. Send it to info@fhea.org 30 days prior to your meeting.

District: _____ Date: _____ Time: _____

Location and address: _____

Contact person: _____

Email & Cell: _____

Specific Directions (i.e. parking, entrance, etc.): _____

For Continuing Education Credits from ASHE, submit the following details (1.0 CEC is granted for every 45 minutes of instruction, **NOT** including registration, breaks, introductory periods, and evaluation times):

Title _____

Speaker(s) _____

(Attach Speaker Bios with application)

Discipline Area: CHFM CHC Both CHFM and CHC

CHFM Content Code: Compliance Healthcare Facility Project Management
 Maintenance and Operations Finance Administration

CHC Content Code: Healthcare Industry Fundamentals Financial Stewardship
 Planning, Design, and Construction Process
 Healthcare Facility Safety – Additions and Renovations

Learning Objectives and Timed Agenda (must submit 3 objectives):

1) _____

2) _____

3) _____

Session Description _____

