



Continuing Medical Education Even Proposal Approval Application

Basic Applicant Information

Name of Person Submitting Application: _____

Department: _____

Course Director (s): _____

Location: _____

Phone: _____ **Email:** _____

Basic CME Program Information

Name of Program: _____

Is this Event Reoccurring: No Yes

How Often is the Reoccurrence: Annual Bi-Annual Quarterly

Proposed Date: _____ **Proposed Time:** _____

Proposed Location: _____ **Alternate Location:** _____

Therapeutic Topic Area: _____

Type of CME Program: (Check One)

Live Single-day Activity Live Multi-day Web Enduring Materials

Type of Credit Requested: (Check all that apply)

AMA PRA Category 1 Credit™ ABP Part 2 MOC Credit Nursing Credit (CEU)

Description of Target Audience

Audience type Internal External Both

Select the target audience:

- | | | |
|---|--|---|
| <input type="checkbox"/> Nurse Practitioners | <input type="checkbox"/> Physicians | <input type="checkbox"/> Respiratory Therapists |
| <input type="checkbox"/> Pharmacists | <input type="checkbox"/> Psychologists | <input type="checkbox"/> Social Workers |
| <input type="checkbox"/> Physician Assistants | <input type="checkbox"/> Registered Nurses | <input type="checkbox"/> Other |

Estimated Attendees: MD/DO: _____ RN/Allied Health: _____ Fellow/Student: _____

Attendee Demographics	Physicians	Nurses/Allied Health	Other	Total
Estimated Tuition Fees				
Estimated Totals				
Total Tuition	\$	\$	\$	

Audience Generation

Geographic Target Area:

Local/County (List): _____

State (s): _____

National: _____

Canada: _____

Specialty Target Areas (List): _____

Program

Brief Description: _____

**Please submit a proposed agenda*

Program Marketing Materials:

Printed Brochure Save the Date Printed Handouts Email Blast

Number of Guest Speakers: _____

Guest Speaker Provisions (check all that apply):

Honoraria \$: _____ Airfare Hotel Ground Transport Meals/Per Diem

Number of Faculty Speakers: _____

Faculty Provisions (check all that apply):

Honoraria \$: _____ Airfare Hotel Ground Transport Meals/Per Diem

Support

Will there be commercial companies providing funding for this activity? No Yes

If Yes,

All grants must comply with ACCME Standards for Commercial Support (provided by the Office of CME). All grants must complete with the Office of CME polices regarding the acceptance of Commercial Support. Please Note: All commercial support, whether real or in-kind MUST be administered through the Office of CME. Acceptance of direct non-educational grant support may result in loss of CME credit for the activity.

I have received the policies listed above and AGREE to all terms and conditions: _____(initial)

Educational Support (Grants):

Companies that provide unrestricted financial support to offset expense of the event.

Company Solicitation (List): _____

Solicitation Amounts (List): _____

Exhibitors:

Companies that pay a fee to have space provided for the promotion of their company/products at the event.

Potential Exhibitors (List): _____

Solicitation Amounts (List): _____

Event Logistics

Parking:

Included Paid by attendee

Meals Included:

Breakfast:

Continental Hot Buffet Hot Plated

Lunch:

Boxed Cold Buffet Hot Buffet Hot Plated

Reception:

Coffee/Tea Soda Wine/Beer Cheese/Crackers Appetizers

Dinner:

Hot Buffet Hot Plated

Breaks:

Coffee/Tea Soda Snacks

AV Requirements:

PowerPoint Presentation Video Audience Response System