# Continuing Medical Education Event Proposal Approval Application

## Basic Applicant Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Person Submitting A</td>
<td>[Click here to enter text]</td>
</tr>
<tr>
<td>Department</td>
<td>[Click here to enter text]</td>
</tr>
<tr>
<td>Location</td>
<td>[Click here to enter text]</td>
</tr>
<tr>
<td>Phone</td>
<td>[Click here to enter text]</td>
</tr>
<tr>
<td>Email</td>
<td>[Click here to enter text]</td>
</tr>
</tbody>
</table>

## Basic CME Program Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Program</td>
<td>[Click here to enter text]</td>
</tr>
<tr>
<td>Is this Event Reoccuring</td>
<td>[Yes] [No]</td>
</tr>
<tr>
<td>How often is the Reoccurrence</td>
<td>[Annual] [Bi-Annual] [Quarterly]</td>
</tr>
<tr>
<td>Proposed Date</td>
<td>[Click here to enter text]</td>
</tr>
<tr>
<td>Alternate Date</td>
<td>[Click here to enter text]</td>
</tr>
<tr>
<td>Proposed Time</td>
<td>[Click here to enter text]</td>
</tr>
<tr>
<td>Proposed Location</td>
<td>[Click here to enter text]</td>
</tr>
<tr>
<td>Alternate Location</td>
<td>[Click here to enter text]</td>
</tr>
<tr>
<td>Course Director (s)</td>
<td>[Click here to enter text]</td>
</tr>
<tr>
<td>Topic Area</td>
<td>[Click here to enter text]</td>
</tr>
<tr>
<td>Type of CME Program</td>
<td>(Check One) [C3]</td>
</tr>
<tr>
<td>Live Single Day</td>
<td>[ ]</td>
</tr>
<tr>
<td>Live Multi-day</td>
<td>[ ]</td>
</tr>
<tr>
<td>Web</td>
<td>[ ]</td>
</tr>
<tr>
<td>Enduring Materials</td>
<td>[ ]</td>
</tr>
<tr>
<td>Type of Credit Requested</td>
<td>(Check all that apply) [C16, 20, 21]</td>
</tr>
<tr>
<td>AMA PRA Category 1 Credits</td>
<td>[ ]</td>
</tr>
<tr>
<td>BRN</td>
<td>[ ]</td>
</tr>
<tr>
<td>AFP</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
Attendance

Proposed Tuition:
- MD/DO: [Click here to enter text]
- RN/MW/Allied Health: [Click here to enter text]
- Fellow/Student: [Click here to enter text]

Estimated total number of attendees: [Click here to enter text]
- Estimated Number of MD/DO: [Click here to enter text]
- Estimated Number of RN/MW/Allied Health: [Click here to enter text]
- Estimated Number of Fellows/Students: [Click here to enter text]

Geographic Target Area:
- Local/County (list): [Click here to enter text]
- State(s) (list): [Click here to enter text]
- National: [Click here to enter text]
- Canada: [Click here to enter text]

Specialty Target Areas (List): [Click here to enter text]

Program

Brief Description: [Click here to enter text]

Proposed Agenda: [Click here to enter text]

Program Materials:
- Printed Program
- CD Program
- Printed Handouts
- Evaluations
- CME Credit Forms
- Onsite Registration Forms
### AV Requirements

**Presentation:**
- [ ] Power Point Presentation
- [ ] Video
- [ ] Audience Response System

**Video Recording:**
- [ ] Online posting for reference
- [ ] Online posting for CME credits
  
  Tuition charge: [Click here to enter text](#)

### Speakers

**Number of Guest Speakers:** [Click here to enter text](#)

**Guest Speaker Provisions (check all that apply):**
- [ ] Honoraria $: [Click here to enter text](#)
- [ ] Airfare
- [ ] Hotel
- [ ] Ground Transport
- [ ] Meals/Per Diem
- [ ] Other Expenses (List): [Click here to enter text](#)

**Number of Faculty Speakers:** [Click here to enter text](#)

**Faculty Provisions (check all that apply):**
- [ ] Airfare
- [ ] Hotel
- [ ] Ground Transport
- [X] Meals/per Diem
- [ ] Other Expenses: Please list: [Click here to enter text](#)

### Program Recruitment

**Solicitation of Attendees (check all that apply):**

C9, 10

- [ ] Save the Date:
- [ ] Printed Brochure
- [ ] Email Blast Flyer
Support

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

If YES,
All grants must comply with ACCME Standards for Commercial Interest (provided by the Office of CME)
All grants must comply with the Office of CME policies 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 the 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 unconditional financial support to offset expense of the event

Company Solicitation (List):  [Click here to enter text]
Solicitation Amounts (List):  [Click here to enter text]

Commercial Support (Exhibitors):
Companies that pay a fee to have space provided for the promotion of their company/products at the event

Company Solicitation (List):  [Click here to enter text]
Solicitation Amounts (List):  [Click here to enter text]

Event Logistics

Parking:  
☐ Included  ☐ Paid by Registrant

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