**UNIVERSITY OF NORTH DAKOTA SCHOOL OF MEDICINE AND HEALTH SCIENCES**

**REQUEST FOR CONTINUING MEDICAL EDUCATION CREDITS**

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| **1. Activity:**  **2. Program Title:**  **3. Location:** | **4. Date:** | **5. Time:** |
| **6. Presenter(s):** | |
| **7. Responsible Organization/Department Name & Address:** | **Name/Phone Number:**  **Email of Contact:** | |
| **Signature:** | |
| **8. Date of Request:** | **9. Credits Applied For:** | |
| **10.**  **With Commercial Support Provided By**: | | |
| **11. Total Amount of Commercial Support Provided (minus advertising and exhibit income): $**  **Exhibit/Advertising Income: $** | | |
| **12. Type of Providership:  Directly Provided  Jointly Provided** | | |
| **13. Name of Educational Partner If Program Is Jointly Provided:** | | |
| **14. Curriculum Vitae of Presenter(s) attached (if not, explain):** | | |
| **15. Educational Objectives: Upon completion of this program, the learner will be able to:** | | |
| **16. How These Objectives Will Be Made Known To Prospective Learners:  Brochure  Flyer**  **** **Other (Specify):** | | |
| **17. Format:  Conference  Enduring Material  Internet Activity Enduring Material  Internet Live Course  Other (Specify)** | | |
| **18. Needs Assessment: Methods Used to Determine Professional Practice Gaps/Educational Needs for this Activity (attach “CME Gap Analysis/Needs Assessment” form and provide other types of documentation for items checked)  Survey  Staff Meeting  Previous Evaluations  Other (Specify):** | | |
| **19. Anticipated Audience:** | | |
| **20. Method of Evaluation: (attach evaluation form)** | | |
| **21.** **Presenter Disclosure - What Methods of Presenter Disclosure to Learners Do You Intend to Use:**  ** Disclosure on printed materials  Announce disclosure at start of activity**  **Disclosure posted via sign, slide or overhead  Other (specify):** | | |
| **22. Planning Committee Disclosure on file with UND SMHS Office of Continuing Medical Education:**  ** Yes  Enclosed  No (if no explain):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **23. Administration Fee Enclosed:  Yes  No (if no explain):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ** UND SMHS Department Directly Provided Activities Exempt** | | |

**ACTION OF REVIEW TEAM**

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| **Approved:  Yes  No Date:** | **If No, Reason:** |
| **CME Credits Assigned:** | **Authorized Signature:** |
| ** Course** ** Enduring Material  Internet Live Course  Internet Activity Enduring Material  Other** | **Information Complete:**  ** Yes  No**  **CME Credits Entered or Sent:**  ** Yes  No** |