UNIVERSITY OF NORTH DAKOTA SCHOOL OF MEDICINE AND HEALTH SCIENCES REQUEST FOR CONTINUING MEDICAL EDUCATION CREDITS

REGUEST TOR CONTINUOUS INC	DIOAL EDUCATION OREDIT	<u> </u>
Activity: Program Title:	4. Date:	5. Time:
3. Location:	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		
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	