

ADA CANYON MEDICAL EDUCATION CONSORTIUM
305 WEST JEFFERSON STREET
BOISE, IDAHO 83702

CME OFFERING CREDIT APPLICATION

INSTRUCTIONS: Copy and use to provide information to ACMEC on co-sponsored programming. Use additional sheets as needed. Be Specific! Upon approval you will receive a letter with the number of Category I hours assigned **broken down by hours per session**.

Conference Title:

Date of Meeting:

Contact Person:

Phone #:

E-mail:

Fax#:

1. Physician Designation: _____

2. Agenda (Can be attached): _____

3. Learning Objectives (At least one per topic):

4. Speaker Qualifications (Bio or C.V. for speakers): _____

5. ****Budget/Financial Support Delineation (Industry, registration fees, etc.):** _____

6. Disclosure Statement (attached)

7. Attestation of Disclosure (This is signed the day of the meeting by the person doing the introductions & returned with attendance/evaluations.)

8. Description of Teaching Method: _____

**The FDA requires that no dollars may be given by industry directly to speaker.

9. Attendance Recording Procedure Delineated: _____

10. Evaluation Procedure Delineated: _____

11. Outcome Assessment Delineated: _____

12. Credit Certificates will be provided upon approval of the conference.

13. Delineation Statement Included in any Publications

14. Fee Submitted (\$300.00)

Approval: _____ Category I Hours

_____ Date

_____ David N. Mueller

Upon completion we will require a list of attendees, evaluations or a summary evaluation.