

CONTINUING MEDICAL EDUCATION (CME) - INTAKE FORM

This form must be submitted to the ISMA prior to the start of any planning for an educational activity. Our initial Intake Form is mandatory in order to be in compliance with Accreditation Council for Continuing Medical Education (ACCME) Accreditation Criteria, which requires that anyone in a position to control the content of an educational activity has disclosed to us all relevant financial relationships with any commercial interest.

Therefore, all Planning Committee members must complete a Financial Relationship Disclosure Form prior to the planning of the activity.

Once your Intake Form is approved, you will receive a Preliminary Pre-Approval Email that will contain instructions and a corresponding CME Application & Planning Worksheet.

TODAY'S DATE	Click here to enter text.					
SOCIETY/ORGANIZATION NAME	Click here to enter text.					
	NAME & TITLE/ROLE		Click here to enter text.			
PRIMARY CONTACT INFORMATION	MAILING ADDRESS		Click here to enter text.			
	PHONE NUMBER(S)		Click here to enter text.			
	EMAIL ADDRESS		Click here to enter text.			
PROGRAM/ACTIVITY TITLE	Click here to enter text.					
PROGRAM DATE	Click here to enter text.		# HOURS OF INSTRUCTION		Click here to enter text.	
PROGRAM TIME	Click here to enter text.		LOCATION		Click here to enter text.	
PROGRAM FORMAT	☐ LIVE COURSE ☐ LIVE REGULARY SCHEDULED SERIES (RSS) ☐ INTERNET LIVE COURSE ☐ INTERNET ENDURING MATERIAL ☐ PRINT ENDURING MATERIAL					
EXPECTED # OF ATTENDEES	Click here to enter		AUDIENCE Cli	ck l	here to enter text.	
PROGRAM DESCRIPTION/AGENDA	Click here to enter text.					
WHY DO PHYSICIANS NEED THIS PROGRAM?	Click here to enter text.					
HAS PROGRAM BEEN PROMOTED OR ANNOUNCED?	☐ YES	ATTACH	, DESCRIBE OR THE PROMOTION		Click here to enter text.	
WILL THIS PROGRAM HAVE EXHIBITORS?	☐ YES ☐ NO		WILL THIS PROGRAM RECEIVE SOMMERCIAL SUPPORT/GRANT FUNDING SOME			
IF YES, LIST ALL PROSPECTIVE SUPPORTERS/GRANTORS	Click here to enter text.					

PLANNING COMMITTEE MEMBERS	NAME/DEGREE	FINANCIAL DISCLOSURE COLLECTED/ATTACHED				
	Click here to enter text.	☐ YES ☐ NO				
	Click here to enter text.	☐ YES ☐ NO				
	Click here to enter text.	☐ YES ☐ NO				
	Click here to enter text.	☐ YES ☐ NO				
	Click here to enter text.	☐ YES ☐ NO				
	Click here to enter text.	☐ YES ☐ NO				
	Click here to enter text.	☐ YES ☐ NO				
	Click here to enter text.	☐ YES ☐ NO				
	Click here to enter text.	☐ YES ☐ NO				
	Click here to enter text.	☐ YES ☐ NO				
	Click here to enter text.	☐ YES ☐ NO				
	Click here to enter text.	☐ YES ☐ NO				
	Click here to enter text.	□ YES □ NO				
	Click here to enter text.	☐ YES ☐ NO				
* The Joint Provider will appoint all planning committee members ensuring that no employees and/or owners (including spouse/partner) of an ACCME-defined commercial interest serve on the committee, and will provide the ISMA with the completed Financial Relationship Disclosure Forms for all planning committee members prior to any activity planning. The ISMA will not accredit the Educational Activity if a member of the planning committee is an employee and/or owner of an ACCME-defined commercial interest.						
Commercial Interest: The ACCME defines a "commercial interest" as any entity producing, marketing, re-selling, or distributing health care goods or services, used on, or consumed by, patients. The ACCME does not consider providers of clinical service directly to patients to be a commercial interest.						
For more information visit http://www.acc	me.org/requirements/accreditation-requirements-cme	-providers/standards-for-commercial-support.				

INTERNAL CME STAFF NOTES:

Click here to enter text.