



**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.***

***If your Intake Form is approved, you will receive a Preliminary Pre-Approval Email that will contain instructions and a corresponding***

***CME Application & Planning Worksheet.***

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| **TODAY’S DATE** | Click here to enter text. | | | | | | | | |
| **SOCIETY/ORGANIZATION NAME** | Click here to enter text. | | | | | | | | |
| **PRIMARY CONTACT INFORMATION** | **NAME & TITLE/ROLE** | | | Click here to enter text. | | | | | |
| **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 text. | **TARGET AUDIENCE** | | | Click 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**  **NO** | | **IF YES, DESCRIBE OR**  **ATTACH THE PROMOTION**  **OR ANNOUNCMENT** | | | Click here to enter text. | | | |
| **WILL THIS PROGRAM HAVE EXHIBITORS?** | **YES**  **NO** | | **WILL THIS PROGRAM RECEIVE**  **COMMERCIAL SUPPORT/GRANT FUNDING** | | | | | | **YES**  **NO** |
| **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 of an ACCME-defined ineligible company 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 ineligible company**

***Ineligible Company:***

***The ACCME defines an “ineligible company” as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. The ACCME does not consider providers of clinical service directly to patients to be an ineligible company.***

*For more information visit* [***https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce***](https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce)

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| **INTERNAL CME STAFF NOTES:**  Click here to enter text. |
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