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| **TODAY’S DATE:** | | | | Click here to enter text. | | | | | | | | | | |
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| **CONTACT INFORMATION:** | | | | | | | | | | | | | | |
| Organization Name | | | | Click here to enter text. | | | | | | | | | | |
| Your Name | | | Click here to enter text. | | | | | | Your Title | | | | Click here to enter text. | |
| Your Phone # | | | Click here to enter text. | | | | | | Your Email | | | | Click here to enter text. | |
| Your Address | | | Click here to enter text. | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **PROGRAM/SEMINAR INFORMATION:** | | | | | | | | | | | | | | |
| Title | Click here to enter text. | | | | | | | | | | | | | |
| Brief Description/Agenda | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | |
| Date(s) | | Click here to enter text. | | | | | | Time(s) | | | | Click here to enter text. | | |
| # Hours of Instruction | | | | | Click here to enter text. | | | Location(s) | | | | Click here to enter text. | | |
| Who is your Target Audience(s)? | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | |
| Format of Program (Live, Web, Print, Archived Webinar) | | | | | | | | | | Click here to enter text. | | | | |
| Expected number of attendees | | | | | | Click here to enter text. | | | | | | | | |
| Planning Committee Members\* (If Known) | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | |
| Why do physicians need this program? | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | |
| Has this program been promoted or announced? | | | | | | | Click here to enter text. | | | | | | | |
| If yes, describe or attach the promotion or announcement: | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | |
| Will this program have exhibitors *(e.g., table display space)*? | | | | | | | | | | | Click here to enter text. | | | |
| Will this program receive commercial support *(e.g., grants from pharmaceutical or device company)?* | | | | | | | | | | | | | | Click here to enter text. |
| If yes, indicate the commercial supporter and their interest. | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | |
| * **The Joint Provider will appoint all planning committee members ensuring no employees or owners (including spouse/partner) of ACCME-defined commercial interest serve on the committee and will provide the ISMA with the completed Disclosure of Financial Relationship 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 or owner of 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 commercial interests.*  *For more information visit* [*http://www.accme.org/requirements/accreditation-requirements-cme-providers/standards-for-commercial-support*](http://www.accme.org/requirements/accreditation-requirements-cme-providers/standards-for-commercial-support)*.* | | | | | | | | | | | | | | |
| **INTERNAL CME STAFF NOTES** | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | |