

CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER

Office of Continuing Medical Education

CME ACTIVITY REQUEST FORM

Please note: The purpose of this form is to give the CME office enough general information on your activity to assign the appropriate project manager to assist you in the application process. A completed application form and collateral material will be due in the CME office 30 days prior to the date of the proposed CME Activity.

The key to a successful CME activity is to contact CME early and develop a working relationship with the assigned CME representative. The "30 day prior" deadline is really one of the last steps, not the first one.

Please type information and return to: **cme@cchmc.org • 513-636-6732 (p) • 513-636-7574 (f) • ML 3003**

Today's Date: _____

Title of Activity: _____

Activity Date: _____

Department/Division: _____

Physician Planner: _____

Program Contact: _____

Contact E-mail: _____

Contact Phone# : _____

Who is the target audience?: (Check all that apply) Primary Care Physicians Specialty Physicians
 Other healthcare professionals (Please Specify): _____

What is the targeted area?: Reach, please specify: (Check all that apply): Cincinnati Children's only Local
 Regional National International

Will you seek additional profession credits (i.e. nursing, MCE) for this activity? NO YES If yes, please specify: _____

What educational need of the target audience will this activity address? _____

How will desired educational outcomes be evaluated (i.e. standard evaluation, pre-test/post-test, patient outcomes, etc.)?

Do you expect to receive any financial support from outside of CCHMC (commercial support, vendors, grants, etc)?
 NO YES If yes, please specify: _____

Are any organizations (besides CCHMC) sponsoring or helping to promote and/or hold the activity?
 NO YES If yes, please specify: _____

Estimated # of total attendees: _____ Estimated # of physician attendees: _____

Estimated # of non-CCHMC attendees: _____ Estimated # of nursing attendees: _____

Will you charge registration fees for this activity? Yes No

Assistance requested of CME office (Check all that apply): Grant applications Exhibitor solicitation
 Registration Meeting management (contracts, catering, AV, etc.) Marketing Credit only
 On-site support Other: _____

Please note: Assistance requested does not guarantee that level of service from the CME office. You will be assigned a project manager who will work with you to determine the level of assistance the CME office will be able to provide.

Signature: _____

CME Use Only

Assigned to: _____

Date: _____