

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): \_\_\_\_\_

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

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

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

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6. Disclosure Statement (attached)

7. Attestation of Disclosure (attached)

8. Description of Teaching Method:\_\_\_\_\_

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

9. Attendance Recording Procedure Delineated:\_\_\_\_\_

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10. Evaluation Procedure Delineated:\_\_\_\_\_

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

12. Delineation Statement Included in any Publications

13. Fee Submitted (\$100.00)

Approval:\_\_\_\_\_ Category I Hours

\_\_\_\_\_ Date

\_\_\_\_\_ David N. Mueller

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