



Continuing Medical Education

Humboldt-Del Norte Consortium
P.O. Box 6457 • Eureka, CA 95502-6457
(707) 442-2353 • Fax (707) 442-8134
E-mail: ttaylor_hdnrcms@sbcglobal.net

APPLICATION FOR CME APPROVAL

TITLE OF PROGRAM: _____

NAME OF SPEAKER(S)	TITLE OR POSITION
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_____	_____
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ADDRESS	PHONE AND FAX NUMBER
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_____	_____
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_____	_____
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FED TAX ID # OF SPEAKER

_____	_____
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DATE _____ **TIME(S)** _____

LOCATION(S) _____

SUPPORT _____

CONTACT NAME _____ **PHONE #** _____

PLANNING COMMITTEE MEMBERS

_____	_____
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HOW WAS NEED ASSESSED:

COURSE DESCRIPTION: This course will..... _____

COURSE OBJECTIVES:

Upon completion of this course, the participant will be able to:

1. _____

2. _____

3. _____

TOPIC OUTLINE

1. _____
2. _____
3. _____
4. _____
5. _____

HOW WILL EDUCATIONAL OBJECTIVES BE MEASURED:

1. _____
2. _____

Radiologic Technology Permits and Certificates requiring physicians who do fluoroscopy procedures and/or supervise Radiologic Tech's must have 10 hours of approved continuing education within the two years immediately preceding the expiration date of their permits or certificates. Will this presentation make reference to X-Rays, MRI's, etc?

_____ YES _____ NO

As of July 1, 2006, continuing medical education courses, except as specified, include curriculum in the subjects of cultural and linguistic competency in the practice of medicine, as defined. Will this presentation address cultural and linguistic issues?

_____ YES _____ NO

TEACHING METHODS

_____ LECTURE

_____ LAB

_____ VIDEOTAPE

_____ LCD

_____ SLIDE PROJECTOR

APPLICATION SUBMITTED BY:

NAME _____ DATE _____

TITLE _____ PHONE _____

****Please attach supporting documentation if applicable and a copy of Speakers CV.***

FOR OFFICE USE ONLY

APPLICATION FEE: _____ \$250.00 GRAND ROUND/NON-GRAND ROUND

_____ \$500.00 APPLICATION FEE & A/V RENTAL

SIGNATURE OF CONSORTIUM COMMITTEE MEMBER _____

DATE OF APPROVAL _____

APPROVED FOR _____ AMA PRA CAT 1 CME CREDITS™

WHAT WAS THE OUTCOME MEASURED:

