

INTEGRIS HEALTH

3435 NW 56 BLDG A STE 208
DEPT. 100.4396
OKLAHOMA CITY, OK 73112
(405)949.3284 Marilyn Fick

APPLICATION FOR APPROVAL OF CONTINUING MEDICAL EDUCATION FUNCTION

(Only typewritten, completed forms will be considered)

- 1. Title of Talk: _____
(if course is held on a regular basis, i.e Weekly/Monthly, please list of the topics to be discussed, or if possible, please attach a program)
- 2. Speaker's Name: _____
(Attach a copy of the speaker's CV including SS#, telephone, fax and address)
- 3. Date, Place, and Time of Talk: _____
(Attach a copy of the course agenda: topic, time speaker(s).)
- 4. Name of Course Planner/Director/Requestor: _____
- 5. Affiliation with INTEGRIS: _____
Mailing address _____
Telephone/Fax numbers: _____
- 6. How many *physician* participants are anticipated? _____
- 7. Who is the Target Audience _____
- 8. How many hours of credit are being requested? _____ (actual instructional hours)

No publicity in any form should be sent out without the prior approval of the CME office!

1. What information/data did you use in determining the need for this program by your target audience? *Note: DOCUMENTATION IS VERY IMPORTANT! To show how need was determined you must attach copies of committee minutes, physician survey results, research data, previous participant evaluations, etc.*

- Audit Mortality and Morbidity Review Courses Utilization Review New Program/Techniques
- Statistics Patient Records Physician Interest Other Identifiable Methods:

Names of the members of the planning committee: _____

10. How will the activity be evaluated? (Attach sample of evaluation form if needed)
INTEGRIS Health EVALUATION

11. Learning Objectives: At the end of the program, the Physician should be able to:
- 1.
 - 2.
 - 3.

Note: In preparing program announcement, the following statement must appear:

The INTEGRIS Health is accredited by the Oklahoma State Medical Association to sponsor continuing medical education. INTEGRIS Health designates this educational activity for a maximum of _____ AMA PRA Category 1 Credit(s)TM. Physicians should only claim credit commensurate with the extent of their participation in the activity.

This CME activity has been made possible in part by an unrestricted educational grant provided by _____

- 12. Is joint or co-sponsorship being requested? _____
- 13. Course budget total _____ Attach detailed anticipated budget.
- 14. Are you charging a fee to the participants? _____ Amount of tuition: _____
- 15. Will you be offering any scholarships? _____
- 16. What are the amounts and sources of other revenue? Who is the contact person (must include telephone number and address): _____

CME Department Use Only:

This certifies that the Integris HEALTH Medical Education (IHMC) Committee hereby _____ approves, _____ disapproves the program for _____ credit(s) of Category 1 toward an AMA Physician's Recognition Award.

Chair, CME Committee

Date