

Continuing Education Intake Form

Requester's Name: _____ Date: _____

Telephone Number: _____ Fax Number: _____ E-mail Address: _____

Contact Person's (CP) Name, if different than requestor: _____

CP Telephone Number: _____ Fax Number: _____ E-mail Address: _____

Department or Committee: _____

Hospital/Organization Name and Address: _____

Planning Committee Members: (All planners, moderators, speakers, and anyone involved in the planning, implementation, and evaluation of this activity should be identified. Each individual will be required to submit a completed Financial Disclosure and have any conflicts of interest resolved prior to the meeting. Identify the Nurse Planner, if offering nursing contact hours.)

<u>Name and Credentials</u>	<u>Role/Responsibilities</u>	<u>Telephone #</u>	<u>Email Address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Add additional planning committee members and / or speakers at the end of this document.

Proposed Activity Title: _____ Activity Date(s): _____

Meeting Facility Name: _____ Meeting Room Name: _____

Start Time _____ End Time: _____ Expected Number of Attendees: _____

Activity Type (live presentation, series, webinar, enduring material): _____

Is this a series? If so, what is the frequency of the sessions? _____

Are you interested in recording this activity for SHO's CE Website? _____

Targeted Audience: _____

What credit types are you interested in SHO providing? (i.e. AMA PRA Category 1 for Physicians, ABIM MOC Points for Internal Medicine Diplomats, Nursing Contact Hours, Social Worker Credits, etc. If any credit types require an application fee, the application fee will be passed onto the requesting organization.)

Why did you select this activity? Why do healthcare professionals need this education? Please provide specific reasons for each targeted audience type. (Consider the following when answering this question: Will this topic offer new or updated information? Is there a challenge or problem to be addressed and/or opportunity to make improvements? How do you know it is a challenge, problem, or improvement opportunity? Is there any data available to support why this topic is needed?)

What is the purpose of this activity? (Consider the following questions when answering determining the purpose of the activity: What goals do you want to accomplish as a result of the activity? What do you want to change as a result of this activity? Will the change be a change in knowledge, competency, skills, practice, or patient outcomes? How will you determine if change has occurred as a result of this activity?)

Have you already promoted this activity? If yes, state when, how, and send a copy of the announcement to the CME Program Administrator. CE Flyers will be developed by or in collaboration with the CME Program Administrator to ensure all required information is included.

How do you plan to promote this activity? (Flyer, Email, Posted Signs, Mail Distribution, Other)

Are any other organizations involved in the planning and implementation of the activity? If yes, provide the organization's name, contact person's name and contact email and phone number. Also, explain what the organization is providing for the activity.

Are you asking for Commercial Support? If yes, list the source, contact person name, number and email address, and the status of the application. (Employees of a Commercial Interest may not be on the planning committee or a speaker. Commercial Supports may not have a say in how the money is spent and may not select a topic or speaker.)

Are you planning to have Exhibitors? If yes, explain the plan. (Exhibitors may not be in the educational area before, during, or after the education.)

How is this activity being funded? (Interdepartmental funds, grants, etc.)

What expenses do you anticipate? (Meals, Speaker Fees, etc.)

Are you receiving anything, such as services or products, for free for this activity? Please explain what is being provided and by whom.

Are you pre-registering individuals for the activity? If yes, please explain the registration process. (SHO has a registration process available online through the CME Website.)

Are you interested in this activity being recorded and posted on SHO's CME Website as an on demand (enduring material) activity? If yes, please provide the AV/IT contact person's name, contact phone number, and email address. SHO may provide the recording equipment and set up.

List the time frame and deadlines for planning and implementing this activity. (Final dates will be reviewed and discussed with the coordinator.)

Date	Task, if applicable
	Distribute save the date
	Distribute flyer/brochure
	Start date for registration
	Deadline for registration

Date	Task, if applicable
	Speaker's Initial Information Due
	Speaker's presentation due
	Evaluation and Sign-in Sheet due to activity coordinator

Other Information / Comments:

Please note, unless otherwise specified, SHO's CME Program Administrator will communicate directly with the speaker. Please make sure the speaker knows SHO's CME Program Administrator will be in contact.

Submit the Intake form to Terri Neaderhiser, CME Program Administrator at terrin@suburbanhealth.com, or call at 317-295-5283.