



CME Office - Department of Medical Affairs  
 801 Ostrum Street, Bethlehem, PA 18015  
 V-484-526-2483 Fax-484-526-4979  
<http://medaffairs.slhn.org>

### Specific Program Form – Regularly Scheduled Series CME

Name of Program: Designation #:						Program Number: 2014 - .	
Credit(s) Requested Per Program:	Start Time:		Day of Week:		CME Approval Expires:	12/31/2014	
	End Time:						
Date of Program				Sponsoring Department			
Location of Program:							
Medical Contact Person:							
Address:					e-mail		
City:							
Phone:		State		Zip			
Course Contact Person:				Fax			
Address:					e-mail		
City:							
Phone:		State		Zip			

**Planning Committee:** Please complete the grid below for all individuals involved in the *planning* of this activity who have control over the content (attach an additional sheet if necessary). A **Disclosure Form** for each of the individuals listed must be attached to the application.

Name/Title (MD, DO, PhD, etc.)	Role in the planning process

<b>Specific Topic For This Meeting:</b>

**1. Instructional Objectives(s):** If you are requesting more than 2.0 credit hours, please identify the objectives for each presentation on the Program Agenda and attach the agenda to this application. Otherwise you may list the objectives below. Please use active, learner-centered objectives for this activity written to reflect the performance your learners should be able to exhibit as a result of participation in the activity. If you need assistance, please contact the CME Office at (610) 954-2483.

At the conclusion of this activity, the participant should be able to:

1.	
2.	
3.	
4.	

**2. Teaching Staff:** Please complete the grid below for all individuals who will serve as *faculty* for this activity. If the requested credit designation for this activity is more than 2.00 credit hours, please also include the invited faculty on the required program agenda. **A Disclosure Form for each faculty member must be submitted to the Office of CME at least 10 business days for external funding and 5 business days for internal faculty prior to the activity. ALL CONFLICTS MUST BE RESOLVED PRIOR TO THE ACTIVITY.**

Proposed Faculty:				Fax			
Address:				E-mail			
City:							
Phone:			State			Zip	
Length of Presentation:	Hours:	Minutes:	Fax				
Tax ID or SS#:				Honorarium	\$	Expenses	\$
Proposed Faculty:				Fax			
Address:				E-mail			
City:							
Phone:			State			Zip	
Length of Presentation:	Hours:	Minutes:	Fax				
Tax ID or SS#:				Honorarium	\$	Expenses	\$
Proposed Faculty:				Fax			
Address:				E-mail			
City:							
Phone:			State			Zip	

<b>Length of Presentation:</b>	<b>Hours:</b>	<b>Minutes</b> :	<b>Fax</b>				
<b>Tax ID or SS#:</b>				<b>Honorarium</b>	<b>\$</b>	<b>Expenses</b>	<b>\$</b>

**3. Faculty Confirmations:** Signed **Speaker Presentation Agreements** which include the faculty name, topic, date/time of presentation, objectives and acknowledgment of the Standards for Commercial Support must be submitted to the Office of CME **at least 10 business days for external funding and 5 business days for internal faculty PRIOR to the activity.**

Check to acknowledge the understanding of this requirement.

**4. Identify the anticipated changes in learners' competence, performance and/or patient outcomes as a result of the activity and describe how this activity will benefit the physician learners' and/or their patients.**

**5. Agenda:** If the requested credit designation for this activity is more than 2.00 credit hours, please attach an agenda that lists the topic, scheduled time for each presentation, invited faculty, and objectives for each presentation.

**6. Budget Information:**

Sources of Income		Program Expenses	
Source	Amount	Expense Description	Amount
		CME Processing Fee	\$100.00
Registration or Fees		Honorarium	
Commercial Supporters (Specify)		Travel Expenses	
		Hotel Expenses	
		Food & Beverage Expenses (Alcoholic beverages will NOT be reimbursed)	
Hospital Support		Room Rental	
Medical Staff Contribution		Supplies & Equipment	
Other Gifts or Grants (Specify )		Advertising	
<b>Total Income</b>		<b>Total Expenses</b>	

**7. Commercial Support:** A commercial interest is defined as “any proprietary entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients, with the exemption of non-profit or government organizations and non-health care related companies.” The ACGME does not consider providers of clinical service directly to patients, such as group practices or for-profit hospitals, to be commercial interests. All financial support given from a commercial interest to fund a Category 1 CME activity must comply with the ACGME Standards for Commercial Support and must be paid in the form of an educational grant to St. Luke’s Hospital and Health Network.

Do you intend to seek (or have you already sought) commercial support for this educational activity?  Yes  No

**\*\* If your activity is being supported by a commercial interest, a Commercial Support Letter of Agreement must be signed by a representative from St. Luke’s Hospital and Health Network CME Office and must be fully executed for each supporter at least ONE WEEK prior to the activity. No exceptions!**

<b>Supporting Company</b>		<b>E-mail:</b>	
<b>Company Representative:</b>		<b>Amount of Financial Support</b>	
<b>Address:</b>			
<b>City:</b>		<b>State</b>	<b>Zip</b>
<b>Phone:</b>		<b>Fax</b>	
<b>Supporting Company</b>		<b>E-mail:</b>	
<b>Company Representative:</b>		<b>Amount of Financial Support</b>	
<b>Address:</b>			
<b>City:</b>		<b>State</b>	<b>Zip</b>
<b>Phone:</b>		<b>Fax</b>	
<b>Supporting Company</b>		<b>E-mail:</b>	
<b>Company Representative:</b>		<b>Amount of Financial Support</b>	
<b>Address:</b>			
<b>City:</b>		<b>State</b>	<b>Zip</b>
<b>Phone:</b>		<b>Fax</b>	

Post-activity wrap up materials which includes a list of attendees, evaluation summary, verification of disclosure of commercial support to the learners, and a financial report are due to St. Luke’s Hospital and Health Network CME Office no later than 10 business days following the close of the CME activity. Questions may be addressed to Delrose Livermore via email at [LivermD@slhn.org](mailto:LivermD@slhn.org) or via telephone (610) 954-2483)