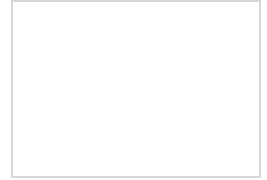


## Request for CME Category 1 Credit



Please submit your request for CME Category 1 credit by Email to [mary.gallo@uc.edu](mailto:mary.gallo@uc.edu). Should you have questions, please contact me at 558-7399.

### What to submit to the CME office:

#### Before the activity submit:

- Request for CME Category 1 Credit (failing to submit this form by **noon the day prior** to the activity results in **\$10.00 penalty fee**)
- Submit change of title and/or speaker (**before date of activity**, failing to do so results in **\$10.00 penalty fee**)
- Letter of Agreement if program is receiving an educational grant (LOA must be submitted to CME Office no later than **7 days before** the activity)

#### After the activity submit:

- Copy of Sign-in Sheets to Mary Ellen Gallo (**within 7 business days** after the activity, failing to do so results in **\$25.00 penalty fee**)

### Department-Division or Organization:

Coordinator/Contact Name:

Email Address:

Telephone Number:

FAX Number:

Mail Location or Mailing Address:

Name and Mail Location or Mailing Address of Billing Contact:

Course Director:

Faculty Planning Committee:

Target Audience:

Activity Location:

Start and End Time of Activity:

Room:

The ACCME Standard for Commercial Support requires that all commercial support be given in the form of an educational grant. Educational grants request and budgets must accompany the letter of agreement. Corporate grants given without the knowledge of the CME office violate the ACCME Standards for Commercial Support and jeopardize this institution's accreditation.

**\*Please note, each date requested MUST include ALL the information below. If necessary you may attach additional pages. (Requests that are missing any information will be returned.)**

Please list the following for each activity:

**Date:**

**Speaker:**

**Activity Title:**

**Will there be outside commercial support of this educational activity?**

**If yes, please list commercial supporter(s):**

**Amount of Commercial Support:**

**Number of hours requested:**

**Notes/Comments:**

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### Just a reminder! Your file for this/these program(s) must include the following:

- CME Planning/Documentation & Application Form for Serial Programs
- Committee Member (s) Conflict of Interest Form(s)
- Speaker Conflict of Interest Form(s)
- Speaker Resolution of Conflict of Interest Form(s)
- CVs for non-UC Faculty
- Sample Evaluation Form
- Evaluation Summary
- Sign-In Sheet or verification of attendance
- Copy of promotional materials – if applicable
- Copy of Letter of Agreement – if applicable
- Activity budget if commercial support was received
- CME Request Form
- CME Change/Cancellation Form(s) - if applicable

**Date:**

**Speaker:**

**Activity Title:**

**Will there be outside commercial support of this educational activity?**

**If yes, please list commercial supporter(s):**

**Amount of Commercial Support: \$**

**Number of hours requested:**

**Notes/Comments:**

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**Date:**

**Speaker:**

**Activity Title:**

**Will there be outside commercial support of this educational activity?**

**If yes, please list commercial supporter(s):**

**Amount of Commercial Support: \$**

**Number of hours requested:**

**Notes/Comments:**

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**Date:**

**Speaker:**

**Activity Title:**

**Will there be outside commercial support of this educational activity?**

**If yes, please list commercial supporter(s):**

**Amount of Commercial Support: \$**

**Number of hours requested:**

**Notes/Comments:**

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**Date:**

**Speaker:**

**Activity Title:**

**Will there be outside commercial support of this educational activity?**

**If yes, please list commercial supporter(s):**

**Amount of Commercial Support: \$**

**Number of hours requested:**

**Notes/Comments:**

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**Date:**

**Speaker:**

**Activity Title:**

**Will there be outside commercial support of this educational activity?**

**If yes, please list commercial supporter(s):**

**Amount of Commercial Support: \$**

**Number of hours requested:**

**Notes/Comments:**