



CMD CREDIT APPLICATION - UNIVERSITIES/OTHER

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|---|
| Title of course/program: |
| Date(s): |
| Location: |
| Primary Sponsor: |
| Other Sponsors, if any: |
| Is Category 1 CME provided? <i>please check one</i> |
| <input type="checkbox"/> yes, by primary sponsor |
| <input type="checkbox"/> yes, by another provider: |
| <input type="checkbox"/> no |
| Primary Contact: |
| Contact Phone: Contact E-mail: |
| Target audience: |
| Expected attendance: |
| Please attach the following items: |
| 1. A copy of the preliminary program, including specific sessions and speakers. If preliminary program is not available, please submit a detailed agenda indicating session titles, times and speakers. |
| 2. A statement of the educational objectives of the course, which must be included in the final program. This is a description of what the registrant will gain by attendance at the course. |
| 3. A list of faculty members. |
| 4. Course review fee of \$25/hr, \$450 minimum |

At the conclusion of the course, please send us a copy of the final program and a list of names and addresses of participants.

Payment of the application fee is made by:

Check payable to ABPLM MasterCard Visa American Express

Total Amount: \$ _____

Card # _____ Security Code: _____ Exp. Date: _____

Name as it appears on Card: _____

Billing address for Card: _____

Signature: _____

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| <p>Mail to: ABPLM 10500 Little Patuxent Parkway Suite 210 Columbia, MD 21044</p> | <p>or send via e-mail to cmd@paltc.org or fax to ABPLM at: 888-249-6533. Questions: 410-740-9743 cmd@paltc.org 800-876-AMDA 888-249-6533 fax</p> |
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