MAINE MEDICAL EDUCATION TRUST

PHYSICIAN POSTGRADUATE CONTINUING MEDICAL EDUCATION
APPLICATION FOR CME CREDIT

Name of Activity

Description (include frequency, location, length of session):
  Frequency -
  Location -
  Length of Session -

Person(s) responsible:

Objective:

Needs Assessment:

Can this activity be advertised on our website under the MMET CME Section? 
_____ Yes  _____ No

Is this activity an open or closed attendance?
_____ Open  _______ Closed to our group

Physician Member on Planning Committee (please make sure all planners fill out a faculty disclosure form):

Is this Activity designed to change ___________Competence _________Performance 
______________Patient Outcomes

Targeted attendance:   Physician Attendees

Type(s) of session(s): (check all that apply)
  ___ Seminar          ___ Workshop          ___ Laboratory (“hands on”)       ___ CPC
  ___ Lectures/Didactic       ___ Case Presentations       ___ Other

Sponsor(s):

Expected Attendance:     How is attendance recorded:

Faculty:      See attached agenda and CV’s

Evaluation Methodology: Evaluation form will be given to each attendee.

Approved: ________________________________ Date: __________________________

(Adopted by CCMEA 3/15/95)