

CME Activity Request

1. Name the topic and how you would benefit from the educational activity:

Topic: _____

Need: _____

2. Identify a possible speaker and give contact information:

Speaker: _____

Phone: _____

Address/e-mail: _____

3. Suggest a day of the week and time for the activity:

Week Day: _____

Time: _____

4. Identify the target audience for the event:

Physicians:

_____ Pediatricians _____

_____ Radiologists _____

_____ Emergency _____

Other Disciplines:

_____ Nurses

_____ Respiratory Therapists

5. Origin of Request: _____

Fax the completed form to Angela in Medical Education: 421-6670