



APPLICATION FEE \$100

APPLICATION FOR CONTINUING MEDICAL EDUCATION PROGRAM APPROVAL

Only those individuals, organizations or institutions seeking approval by the board for continuing medical education programs per Section 1399.670(e) of the California Code of Regulations must complete the following:

Name of Program: _____

Location Given: _____ Date: _____

_____ Date: _____

Requested number of CME hours: _____

1. Program organizer with faculty appointment (attach curriculum vitae).

Name: _____ Title: _____

University/College: _____

Telephone: (_____) _____ Dept.: _____

Address: _____

2. Clearly state the rationale for the program and how it was determined.

3. Has a need survey of the podiatric medical community been utilized?

Yes _____ No _____

4. Course Content: attach brochure or give a complete breakdown of topics with designated times to be given.

5. List the educational objectives of the program(s): _____

6. What is the method of instruction?
Lecture _____ Workshop _____ Audio-visual simulation _____
Other _____ (please explain): _____

7. Are you providing each participant a self-assessment evaluation?
Yes _____ No _____

8. Are you maintaining records of attendance on each participant?
Yes _____ No _____
For how long? _____

Application Submitted By:

Name (please print)

Title

Address

(_____) _____
Phone Number

Address

Signature

Date