



University of New England College of Osteopathic Medicine
Department of Continuing Medical and Professional Education

JOINT SPONSORSHIP/CME ACCREDITATION APPLICATION

Date Application Submitted _____ Date Application Received (for office use) _____

Title of Activity: _____

Activity Date(s): _____ Mailing Address: _____

Sponsoring Organization: _____

(check one if applicable): Non-AOA Accredited Institution/Hospital Accredited AOA Institution/Hospital

Contact Name: _____ Phone: _____

Contact email: _____

Planning Committee Structure:

In addition to the above individuals, list

Learning Objectives

What will you look for (in competency, performance, or patient outcomes) that will indicate this activity has been successful?	
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How and when will you measure this expected outcome?	
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Please translate these desired outcomes into 2-5 learning objectives for the activity:	<i>As a result of participating in this activity, the attendee should be</i> 1) 2) 3) 4) 5)
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Provide a brief **Overview** of the program:

If an RSS (i.e. Grand Rounds): Identify person(s) responsible for **monitoring** the sessions/series for compliance with ACCME and AOA regulations for RSS.

If an RSS: How will the organization evaluate the success of the program/series in increasing knowledge and/or performance of participants?

Required documentation to accompany this application:

1. Draft or preliminary agenda, including
 - Topics or presentation titles
 - Names and credentials of all presenters (necessary to determine CME category)

2.
 - Start and finish times for all talks, breaks, lunches, etc., if applicable