



Hospital for Special Surgery
Office of Continuing Medical Education
Education & Academic Affairs

Professional Education Program Request Form

Thank you for your interest in developing a continuing medical education activity. Please complete this Program Request Form for the new or repeat CEU professional education activity you are planning and return to Allison Goldberg, Director, Professional Education, via fax to 212.734.3833 or via email to goldberga@hss.edu. The Office of CME will review your submission and then forward to the CME Committee for approval of the program concept. (This Program Request Form is not required for new or repeat CME activities. If you are planning a new or repeat CME activity, please use the CME application instead.) Any questions may be directed to the Office of CME at 212.606.1834.

Today's Date: _____

Proposed Course Director & Affiliation: _____

Contact Info (phone/email): _____

HSS Department(s) Sponsoring Activity, if applicable: _____

If Jointly Provided activity, provide the name and contact information of the Joint Provider:

If using an outside meeting planning company, provide name and contact information:

Proposed Activity Title: _____

Date: _____ Location: _____

Type of Activity (check all that apply):

- Live: Onsite Live Webcast
Enduring: eAcademy On-demand Journal
Regularly Scheduled Series
Video Conference
Other (specify)

Educational Format (check all that apply):

- Didactic Panel Discussions Q&A Sessions Case Presentations Simulation/Skills Lab
Journal Club Workshops Other (specify)

Credits: CME CEU (circle PT, AT, RN) Other (specify)

Target Audience: _____ Est. # of Participants: _____

Please provide a brief description of your proposed activity and the professional practice gaps the activity will address:



Please describe the Learning Objectives (i.e., anticipated outcomes) of the proposed activity:

- 1) ...
- 2) ...
- 3) ...
- 4) ...
- 5) ...

Funding Source(s) (check all that you intend to pursue):

NOTE: HSS does not accept industry support for any Regularly Scheduled Series (RSS)

- Registration Fees
- Dept. Funds (specify cost center(s), if HSS) _____
- Commercial Support (grants)
- Exhibit Fees
- Other: explain _____

Are you planning any social functions? If so please specify concept: _____

Please submit the following with this Program Request Form:

- 1. Draft agenda
- 2. Proposed faculty
- 3. Draft budget (using Budget Template from Office of CME)
- 4. For Jointly Provided activities, please provide information about the Joint Provider organization