Saint John's **Health Center** # Providence

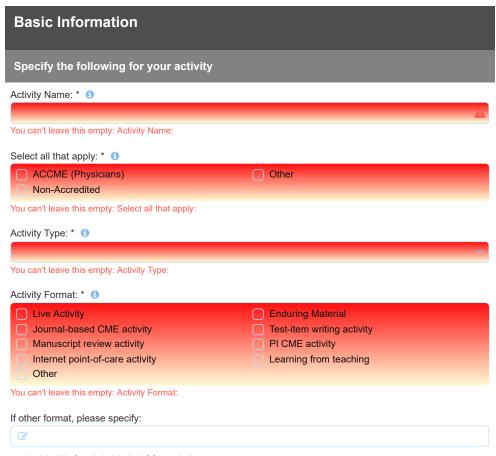
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Welcome Phoenix C Enkieluna, MD

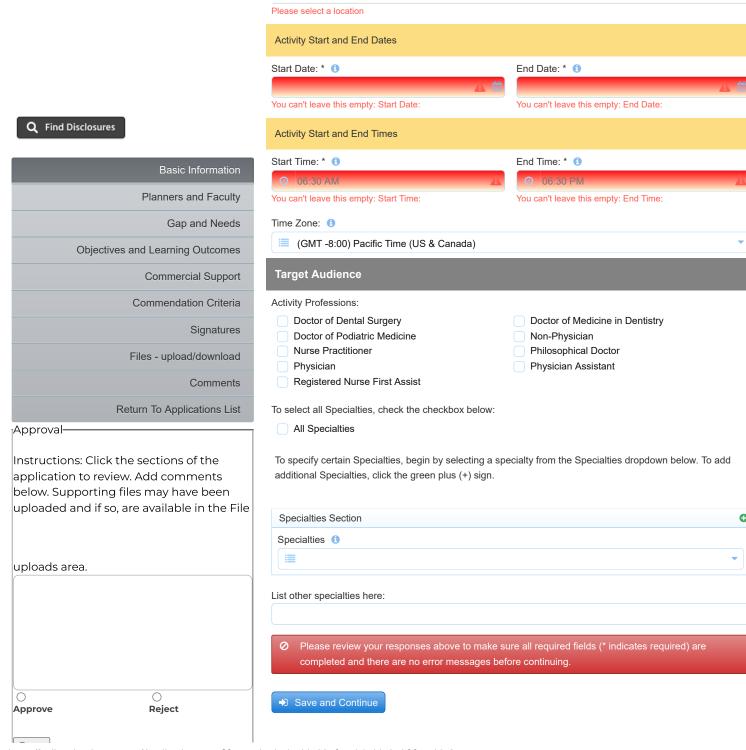
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CME ACTIVITY PLANNING FORM - SAMPLE FOR RSS CME PROG. DIR./COORDINATORS FOR ONE ON ONE MEETING - TO BE DELETED* - 9/20/2022

Complete the various sections of the application and scroll to the bottom of each form and click Save. Note that you will need the email addresses of any planners/faculty you identify in the application. The forms can be edited as needed until all required information is entered. When finished, click the 'Submit For Review' button to send it for review and possible approval. Review times vary and you will be contacted via email.



| | vity contain clinical or non-clinical (i.e. etc.) or a combination of both? | leadership, communication, ethics, |
|--|---|--|
| ○ Yes, Clinical | ○ No, Non-Clinical | Combination of Both |
| Department ① | | |
| | | ▼ |
| Synopsis (short description s | shown on listing pages - 300 characte | r max): |
| Character Count: 66 | | |
| Activity Description (shown of | on detailed course page and marketing | g materials): * 1 |
| | | A |
| | | |
| Variance la la priva albica computer. A additi | it. Description (shows on detailed assume | // |
| | vity Description (shown on detailed course | e page and marketing materials): |
| Annual Report Description: | | |
| | | |
| | | |
| Type of Credit Requested: * | 0 | |
| AMA PRA Category 1 (General Attendance | Credits™ Non-F | Physician Attendance |
| You can't leave this empty: Type | e of Credit Requested: | |
| Enter the number of credits of | or contact hours that you are requesti | ng to be awarded to the activity (enter 0 if |
| none): * 1 | , . | · · · · · · · · · · · · · · · · · · · |
| Years with leaves their country Freds | | À |
| to the activity (enter 0 if none): | er the number of credits or contact hours t | nat you are requesting to be awarded |
| MOC | | |
| Provides MOC? (1) | | |
| ○Yes | No | |
| Location and Dates/Tir | nes of Activity | |
| Please complete the fields | s below based on where your meeti | ing/activity will be held. |
| Location (building/facility/hot | el/conference room/online) select Onl | line for Enduring Materials: * 1 |
| | | * |



| Save |

