



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.

Basic Information

Specify the following for your activity

Activity Name: *

You can't leave this empty: Activity Name:

Select all that apply: *

ACCME (Physicians)
 Other
 Non-Accredited

You can't leave this empty: Select all that apply:

Activity Type: *

You can't leave this empty: Activity Type:

Activity Format: *

Live Activity
 Enduring Material
 Journal-based CME activity
 Test-item writing activity
 Manuscript review activity
 PI CME activity
 Internet point-of-care activity
 Learning from teaching
 Other

You can't leave this empty: Activity Format:

If other format, please specify:

Does the content of this activity contain clinical or non-clinical (i.e. leadership, communication, ethics, professional responsibilities, etc.) or a combination of both?

- Yes, Clinical No, Non-Clinical Combination of Both

Department 

Synopsis (short description shown on listing pages - 300 character max):

Character Count: 66

Activity Description (shown on detailed course page and marketing materials): * 


You can't leave this empty: Activity Description (shown on detailed course page and marketing materials):

Annual Report Description:

Type of Credit Requested: * 

AMA PRA Category 1 Credits™ Non-Physician Attendance
 General Attendance

You can't leave this empty: Type of Credit Requested:

Enter the number of credits or contact hours that you are requesting to be awarded to the activity (enter 0 if none): * 

You can't leave this empty: Enter the number of credits or contact hours that you are requesting to be awarded to the activity (enter 0 if none):

MOC

Provides MOC? 

- Yes No

Location and Dates/Times of Activity

Please complete the fields below based on where your meeting/activity will be held.

Location (building/facility/hotel/conference room/online) select Online for Enduring Materials: * 

Please select a location

Activity Start and End Dates

Start Date: *

You can't leave this empty: Start Date:

End Date: *

You can't leave this empty: End Date:

Activity Start and End Times

Start Time: *

You can't leave this empty: Start Time:

End Time: *

You can't leave this empty: End Time:

Time Zone:

Target Audience

Activity Professions:

- Doctor of Dental Surgery
- Doctor of Podiatric Medicine
- Nurse Practitioner
- Physician
- Registered Nurse First Assist
- Doctor of Medicine in Dentistry
- Non-Physician
- Philosophical Doctor
- Physician Assistant

To select all Specialties, check the checkbox below:

- All Specialties

To specify certain Specialties, begin by selecting a specialty from the Specialties dropdown below. To add additional Specialties, click the green plus (+) sign.

Specialties Section

Specialties

List other specialties here:

Please review your responses above to make sure all required fields (* indicates required) are completed and there are no error messages before continuing.

Save and Continue

Find Disclosures

- Basic Information
- Planners and Faculty
- Gap and Needs
- Objectives and Learning Outcomes
- Commercial Support
- Commendation Criteria
- Signatures
- Files - upload/download
- Comments
- Return To Applications List

Approval

Instructions: Click the sections of the application to review. Add comments below. Supporting files may have been uploaded and if so, are available in the File uploads area.

Approve Reject

Save

Administration

Medical Staff Services - Continuing Medical Education
2121 Santa Monica Blvd.
Santa Monica, CA 90404
Tel. (310) 829-8290
Email: MedicalStaffServices2@providence.org

[Submit Application >](#)

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