



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

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

Signatures

Attestation:

As the Course Director, I attest to the accuracy and completeness of this application, and accept responsibility for the planning, implementation, and evaluation of this activity.

Signature of Course Director:

Date:

09-19-2022

[Save Application](#) [Cancel](#)

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**

Administration

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