



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:

Phoenix C Enkieluna

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**

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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