



CME Accreditation Form V 1.1

Request Date: / /

Provider Section

Provider Name:

Provider Type:

Phone1:

Phone2:

Provider Address

Address:

City:

Country:

Zip code :

Website:

Contact person

Contact Person Name:

Contact Person Phone:

Email (For receive accreditation processes Emails):

CME Activity Section

CME Activity Title:

CME Activity Type:

Professions:

Specialization:

CME Activity Output Purpose:

Handout material:

Hard Copy

Soft Copy

Online

Start Date:

End date:

Duration (Active Days):

CME Activity location

Address:

City:

Country:

Zip Code:

Room Facilities:

Audio equipment

video equipment

E-learning equipment

Coffee Break

Expectation of Attendees Number:

Scientific Committee Section

Director First name:

middle name:

Family name:

CME Activity Director Title & summary of professional resume summary :

CME Activity Topics

	Topic Title	Date	Duration by hours
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

CME Activity Speakers

	Speaker name	Title
1		
2		
3		
4		
5		
6		
7		
8		
9		

Funding Section

Funding Type:

- participants registration fees
- providers own funds
- advertisements outside the scientific program
- commercial symposia
- exhibition booths
- unrestricted educational grant from sponsor

Other :

Sponsors Name:

- 1
- 2
- 3
- 4
- 5

Note:

Prepared By:.....

Signature:.....

