



TUCOM CME ACTIVITY INTEREST FORM

Thank you for your interest in planning a CME Activity with the TUCOM CME Office. This form provides space for planners to provide a brief overview of the proposed activity to ensure it aligns with the mission of the TUCOM CME Office. If an activity is considered viable for CME Providership, the Course Director will be asked to provide further details and documentation via the CME Planning Form.

Please note: Initial planning does not constitute final approval for providership of CME credit. Activity approval and credit designations are not final until all required materials and information have been submitted to and reviewed by the CME Office.

Initial Activity Information		
Primary Planner and/or Course Director	Name/Degree:	Title:
	Phone:	Email:
Organization (Non-TUCOM only) <i>Name and Description</i>		
Working Activity Title		
Proposed Date(s)		
Activity Type	<input type="checkbox"/> Course <input type="checkbox"/> Regularly Scheduled Series <input type="checkbox"/> Enduring Material	
Background and Audience <i>Please provide information which gives context to the proposed activity.</i>		
Objective(s) <i>Please provide key educational goals for activity.</i>		
Supporting Data <i>Brief Summary of the data supporting educational need for this activity</i>		
Methods and Outcomes <i>Brief overview of how this activity will address specific needs and measure change</i>		
Funding <i>How will expenses be covered?</i>		

CME OFFICE USE ONLY:		
<input type="checkbox"/> APPROVED for initial planning	<input type="checkbox"/> Additional information required	<input type="checkbox"/> NO FURTHER CONSIDERATION
_____	_____	
TUCOM CME Office Signature	Date	