STATE OF CALIFORNIA
BOARD OF
PODIATRIC
MEDICINE

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

APPLICATION FOR CONTINUING MEDICAL EDUCATION (CME) PROGRAM APPROVAL

FOR BPM USE ONLY			
Fee paid:		Receipt #:	
Date Cashiered:		Cashier's Initials:	
Date Approved:		Date Denial:	
Approved Initial:			

Only those individuals, organizations or institutions seeking approval by the board for continuing medical education programs per Section 1399.670(f) of the California Code of Regulations must complete this form:

Please print or type. Illegible applications will be returned.

Name of Program: _____

Location(s) Given: _____ Date: _____

_____ _____

Requested number of CME hours: _____

1. Program organizer with faculty appointment in a public university, state college or private post-secondary educational institution approved under Section 94310 of the California Education Code. (Please attach a curriculum vitae).[1]

   Name: _____ Title: _____

   University/College: _____

   Department: _____

   Address: _____

   _____

   Telephone: _____

   Email: _____

[1] Faculty appointment may be in a discipline other than medicine but must be directly related to the practice of podiatric medicine.

2. Clearly state the rationale for the program and how the need was determined.

3. Has a need survey of the podiatric medical community been utilized?

   Yes _____ No _____

4. Course Content: Please provide a complete breakdown of topics with designated times to be given. Supplemental attached documents should include but are not limited to catalogues, course descriptions, curricula plans, bulletins and brochures.

5. List the educational objectives of the program(s):

6. What is the method of instruction?

   Lecture _____ Workshop _____ Audio-visual simulation _____

   Other _____

   Please explain:

7. Are you providing each participant a self-assessment evaluation?

Yes _____ No _____

8. Are you maintaining records of attendance on each participant?

Yes _____ No _____

For how long? _____

This form must be mailed to the board at the address below with a $100 processing fee.

Application submitted by:

Name: _____ Title: _____

Address: _____

_____

Telephone: _____

Email: _____

Signature: _____ Date: _____