APPLICATION FOR CONTINUING MEDICAL EDUCATION (CME) PROGRAM APPROVAL

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: _____

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    [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 $250 processing fee.

Application submitted by:

Name: _____   Title: _____

Address: _____

              _____

Telephone: _____

Email: _____

Signature: _____   Date: _____