

Application for SVU-CME Credit Hours

Please include appropriate fee (see Fee Schedule); applications will not be processed without accompanying fee. One copy of the application and supporting documents should be received by the SVU office *no later than 2 weeks before* the program date. Note: Only completed applications with appropriate fees will be accepted.

Check ONE: Initial Application or Renewal of Program Number _____

Check ONE: Short Program Long Program Hospital or Lab-Based Author
 Clinical Instructor Web-based E-Learning Self Instructional

1. Title of program _____

2. Date of program _____ 3. Number of SVU-CME credit hours requested _____

4. Location of program _____
Address _____

5. Program Director _____
Address _____

City _____ State _____ Zip code _____

Phone (daytime) _____ Fax _____ E-mail _____

6. Program Sponsored by _____
(Affiliated Chapter Name OR Commercial sponsor, if appropriate)

7. Program Purpose: _____

8. Program Objectives: _____

9. Program Planning Committee:

Name	Degrees/Certifications
_____	_____
_____	_____
_____	_____
_____	_____

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10. Program Faculty:

Name	Institution	Degrees/Certifications	Years of Experience
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. List of topics (For case study and literature review programs, give example of types of case studies or literature):

<u>Topic</u>	<u>Time allotted</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Program Director's Signature _____

Program Director's Printed Name _____

Date _____

Return this application to SVU, 4601 Presidents Drive, Suite 260, Lanham, MD 20706-4831;
email svuinfo@svunet.org; fax: 301-459-5651.

For SVU Office Use Only

Date Received _____ Payment _____ SVU File # _____

Notification of receipt sent to Program Director _____