

SVU-CME Program Director Quarterly Program Summary

Program Title _____

Program Director _____ SVU File # _____

Information being submitted for: 1st Qtr. 2nd Qtr. 3rd Qtr. 4th Qtr.

Program Category: Case Study or Correlation Conference Literature Review
 Ongoing Laboratory Conference (topic category varies)

_____ Number of meetings this quarter

_____ Number of credit hours each meeting is eligible for

_____ Total number of credit hours any participant could earn this quarter

List meeting dates

| | | | |
|----|-------|-----|-------|
| 1. | _____ | 7. | _____ |
| 2. | _____ | 8. | _____ |
| 3. | _____ | 9. | _____ |
| 4. | _____ | 10. | _____ |
| 5. | _____ | 11. | _____ |
| 6. | _____ | 12. | _____ |

Attach a separate page for each meeting date, with the following information:

- List of all topics presented with time allotted for each presentation.
- Detailed summary of each presentation, conference, or literature review.

Submit 1 copy of the required materials within 30 days of the end of the quarter.

Email to svuinfo@svunet.org, fax to 301-459-5651, or mail to
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