



CY2024 **RENEWAL** APPLICATION

REGULARLY SCHEDULED SERIES

*Office of Faculty Affairs and Professional Development
Continuing Medical Education Program (CMEP)*

University of Maryland School of Medicine

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**University of Maryland School of Medicine
Office of Faculty Affairs and Professional Development**

REGULARLY SCHEDULED SERIES CME *RENEWAL* APPLICATION

Series Title			
Series Type (e.g., grand rounds, case conference, tumor board, other)			
Scheduled Day of the Week		Scheduled Time: Start/End	
Frequency (Daily, Weekly, Monthly, Quarterly, Other-Describe)			
Location/Building		Room No.	
Series Director			
Academic Title			
Department			
Location			
Phone		Fax	Email
Series Coordinator			
Title			
Department			
Location			
Phone		Fax	Email

CME CREDITS

How many *AMA PRA Category 1 Credits™* should be designated for each session (1 hour = 1 credit, in 0.25 credit increments)?

How many sessions will take place during the academic year?

PLANNING COMMITTEE

In addition to the Series Director, list the names, degrees, titles, affiliations and emails of persons chiefly responsible for the design and implementation of this activity. Use additional sheets if necessary.

Name		Degree(s)
Title	Affiliation	Email
Name		Degree(s)
Title	Affiliation	Email
Name		Degree(s)
Title	Affiliation	Email

✓	Indicate attestation by checking below
	The Series Director has reviewed the University of Maryland School of Medicine CME Mission Statement, the Definition of CME, and the Activity Director Responsibilities and Obligations and attests that the proposed activity is aligned with these documents.
	The Series Director's CME Disclosure Form is included with this Renewal Application.
	The Disclosure Forms for Planning Committee members (if applicable) are included with this Renewal Application.

✓	Indicate the role of commercial support in funding this activity:
	Commercial support <u>will not</u> be requested
	Commercial support <u>will be/has been</u> requested

FOR CME OFFICE USE ONLY

CME EVENT CODE: _____

FISCAL YEAR: _____

CREDITS PER SESSION: _____

NUMBER OF SESSIONS: _____

TOTAL CREDITS: _____

DATE APPROVED: ____ / ____ / ____

APPROVED BY: _____