UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE

CY2027 *RENEWAL* APPLICATION

REGULARLY SCHEDULED SERIES

Office of Faculty Affairs and Professional Development
Continuing Medical Education Program (CMEP)
University of Maryland School of Medicine
655 W. Baltimore Street, BRB 14-015
Baltimore, MD 21201
Phone 410-706-3958/fax 410-706-3103
Web address:
http://www.medschool.umaryland.edu/opd/

Save this and email as an attachment to:
creese-queen@som.umaryland.edu

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	Select	**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 <u>each session</u> (1 hour = 1 credit, in 0.25 credit increments)?

_____

How many sessions will take place during the academic year?

_____

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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 will not be requested
	Commercial support will be/has been requested

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FOR CME OFFICE USE ONLY

CME EVENT CODE: _____

FISCAL YEAR: _____

CREDITS PER SESSION: _____

NUMBER OF SESSIONS: _____

TOTAL CREDITS: _____

DATE APPROVED: _____ /_____ / _____

APPROVED BY: _____