



# ABPLM

American Board of Post-Acute and Long-Term Care Medicine, Inc.

## CMD CREDIT APPLICATION State Chapters

Title of course/program:	
Date(s):	
Location:	
Primary Sponsor:	
Other Sponsors, if any:	
Is Category 1 CME provided? <i>please check one</i>	
<input type="checkbox"/> yes, by primary sponsor	
<input type="checkbox"/> yes, by another provider:	
<input type="checkbox"/> no	
Primary Contact:	
Contact Phone:	Contact E-mail:
Target audience:	
Expected attendance:	
Please attach the following items:	
1. A copy of the preliminary program, including specific sessions and speakers. If preliminary program is not available, please submit a detailed agenda indicating session titles, times and speakers.	
2. A statement of the educational objectives of the course, which must be included in the final program. This is a description of what the registrant will gain by attendance at the course.	
3. A list of faculty members.	
4. Course review fee of \$75.00.	

At the conclusion of the course, please send us a copy of the final program and a list of names and addresses of participants.

**Payment of the application fee is made by:**

Check payable to ABPLM       MasterCard       Visa       American Express       Discover

Total Amount: \$ \_\_\_\_\_

Card # \_\_\_\_\_ Security Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name as it appears on Card: \_\_\_\_\_

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Signature: \_\_\_\_\_

<p><b>Mail to:</b>  ABPLM  9891 Broken Land Parkway  Suite 101  Columbia, MD 21046</p>	<p>or send via e-mail to <a href="mailto:cmd@paltc.org">cmd@paltc.org</a>  or fax to ABPLM at: 888-249-6533.  Questions: 410-740-9743  <a href="mailto:cmd@paltc.org">cmd@paltc.org</a>  800-876-AMDA  888-249-6533 fax</p>
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