



### CMD CREDIT APPLICATION - NOT-FOR-PROFITS

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: <span style="margin-left: 150px;">Contact E-mail:</span>
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 \$15/hr, \$250 minimum

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

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

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

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

Billing address for Card: \_\_\_\_\_

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

<p>Mail to:  ABPLM  9891 Broken Land Parkway  Suite 101  Columbia, MD 21044</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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