

IMPORTANT NOTES:

1. The website will "time out" after 2 hours of inactivity resulting in a loss of your information unless you click on the "Save as Draft" button at the bottom of the page.
2. All correspondence will be by e-mail to the address supplied in the "User Registration Information" section. Please ensure that if you are processing this request that you have access to that e-mail account.

The following information is required unless otherwise noted:

Select the program type which best describes your educational event from the following:

- Accredited Continuing Education
 - Live
 - Enduring
 - Live and Enduring
- Non-accredited Education
 - Patient/ Caregiver Education
 - Healthcare Professional Education
 - Other

Overview:

1. Area of Interest
2. Type of Grant
3. Type of Program
4. Is the total budget for this program(s) less than or equal to \$10,000?

General Information:

1. Number of Live programs supported by this grant. (If applicable)
2. First program start date: (Format: mm/dd/yyyy)
3. Last program start date: (Format: mm/dd/yyyy)
4. Duration of each Live program in hours. (Whole numbers only)
5. Number of Enduring programs supported by this grant. (If applicable)
6. Production Start Date: (Format: mm/dd/yyyy)
7. Initial Distribution Date: (Format: mm/dd/yyyy)
8. Program Expiration Date: (Format: mm/dd/yyyy)
9. Will you be utilizing a Medical Education Partner/Company?

I confirm that neither the applicant, CME Provider, nor the Medical Education Partner/Company has an existing contract, ongoing discussions, or known potential relationship regarding a marketing or promotional activity in this therapeutic area.

Medical Education Partner/Company Information:

1. Same as applicant
2. Legal Name of Institution, Company, or Organization
3. First Name
4. Last Name
5. E-mail address

6. Phone Number (Format: 999-999-9999)
7. Fax Number (Format: 999-999-9999)
8. Mailing Address - Line 1
9. Mailing Address - Line 2 (Optional)
10. Mailing Address - Line 3 (Optional)
11. Overnight/Mailing Address (Optional)
12. City
13. State
14. Zip Code (5 digit or 9 digit)
15. Country
16. Is Payment (partial/complete) to be made directly to the Medical Education Partner / Company?

Program Information - Description:

1. Letter of Request
2. W-9
3. Title of the Program
4. Description of Program - *The program description should be as complete as possible and provide a broad overview of the educational activity to be funded.*
5. Program Brochure
6. Educational Needs Assessment - *Educational need is an assessment of a professional practice gap in knowledge, competence, or performance that can be addressed by participation in an activity. The educational needs assessment should determine educational objectives and guide the provider to generate corresponding activities, programs, and methods designed to change competence, performance, and outcomes of learners.*
7. Educational Needs Assessment Document
8. Learning Objectives - *Learning objectives are measurable statements of specific behaviors or tasks that learners should be able to perform after completing the program (e.g. CME program, lecture, etc.). Objectives should clearly state the expected behavior in measurable terms that the learner will be able to demonstrate. Learning objectives are not; learning activities, statements of topics to be covered, and not statements of teaching methods.*
9. Learning Objectives document
10. Instructional Method(s) - *Provide an accurate description of the instructional methods that you will utilize in your educational program. For example - lectures, lectures with discussion, panel of experts, debate, case studies, role playing, small group discussion, worksheet/surveys, reflective behavior and use of ARS.*
11. Instructional Method(s) document
12. Evaluation and/or Outcomes Assessment
13. Evaluation and/or Outcomes Assessment Document
14. Program Agenda
15. Program agenda document
16. Additional information necessary for the complete review of this grant request (Optional)
17. Additional Document

Program Information - Accreditation:

1. Is this an Accredited CE Program?
2. Accreditation Type, # Hours (both Live and Enduring, as applicable)
3. Are any Program speakers full time staff of the Accrediting Institution / Organization/ Company?
4. If yes, will they receive a stipend in addition to their salary?

Program Information - Enduring Materials (if applicable)

1. Please select the Type(s) of Enduring Material(s) for this Program
2. Please provide additional comments to other types of Enduring Materials

Program Information - Live Program Location(s) (if applicable)

1. City/State/Date
2. Other location information necessary for the complete review of this grant request

Audience Information

1. Target Audience: Select one (or more) audience(s) from the list.
2. Is this Program open to the audience beyond the Institution's employees?
3. If no, please describe.
4. Select the method(s) you intend to utilize to recruit participants to the Program.
5. Please provide additional comments or other recruitment methods

Program Budget:

1. A fully itemized budget including units and rates per unit, which totals the full amount of your program.
2. Payment Distribution, if applicable.
3. The total number of sponsors.