

Application for SVU-CME Credit Hours

Please do not include any fees until program is approved (see Fee Schedule. One copy of the application and supporting documents should be received by the SVU office *no later than 2 weeks before* the program date and can be sent via email to svuinfo@svu.org. Note: Only completed applications will be accepted.

Check ONE: Initial Application or Renewal of Program Number_____

Check ONE: Short Program Long Program Hospital or Lab-Based Author
 Clinical Instructor Web-based E-Learning Self Instructional

1. Title of program _____

2. Date of program _____ 3. Number of SVU-CME credit hours requested _____

4. Location of program _____

Address _____

5. Program Director _____

Address _____

City _____ State _____ Zip code _____

Phone (daytime) _____ Fax _____ E-mail _____

6. Program Sponsored by _____

(Affiliated Chapter Name OR Commercial sponsor, if appropriate)

7. Program Purpose: _____

8. Program Objectives: _____

9. Program Planning Committee:

Name	Degrees/Certifications
_____	_____
_____	_____
_____	_____
_____	_____

10. Program Faculty:

Name	Institution	Degrees/Certifications	Years of Experience
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. List of topics (For case study and literature review programs, give example of types of case studies or literature):

<u>Topic</u>	<u>Time allotted</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Program Director's Signature _____
Program Director's Printed Name _____
Date _____

Credit card: Visa MasterCard AMEX

Card No. _____ Exp. Date _____
Signature _____ Billing Zip Code _____

For SVU Office Use Only

Date Received _____ Payment _____ SVU File # _____
Notification of receipt sent to Program Director _____