

Medical Staff CME/CE Content Approval Request Form

Clinical Services 4/9/04 bk

Provider Name: _____

Course Title or CME Study Plan:

Dates of CME/CE: _____

Location*of

CME/CE: _____

CME cost (without travel) \$ _____

Time off requested: yes no

Copy of course outline/content attached: yes no

Reason for requesting CME/CE outside of the Continental US, if applicable:

Service Chief Review:

Content approved based on relevancy to medical practice at YKHC

Content approved based on relevancy to medical practice at YKHC at forwarded for -Chief of Staff to review because location out of continental US

Content Not Approved

Chief of Staff Review:

Content approved. CME/CE Valuable Enough that non location ok

Content not approved

* Chief of Staff, VPSH & CEO Approval are required If location of CME Is outside of the continental US

* Note: Travel arrangements should not be made until the schedule Is complete and the CME/CE has been approved.

Completed Request Form returned Medical Provider for their files & to attach to travel request paper work as required.