



Date Submitted _____

Provider Name: _____

Course Title or CME Study Plan: _____

Dates of CME/CE: _____

*Location of CME/CE: _____

CME cost (without travel) \$ _____

Time off approved by supervisor

Copy of course outline/content attached: Yes No

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

Service Chief Review:

Time off approved: Yes No

CME/CE content approved based on relevancy to medical practice at YKHC Yes No

**If location is outside of the Continental US, forward to the Chief of Staff for review.*

Supervisor signature: _____ Date: _____ Printed Name _____

Chief of Staff Review:

Content approved: Yes No

**CME/CE valuable enough that non Continental US location is approved*

Chief of Staff signature: _____ Date: _____ Printed Name _____

**Chief of Staff, VPHS & CEO approvals are required if location of CME/CE is outside of the Continental US.*

VPHS Signature: _____ Date: _____ Printed Name _____

CEO Signature: _____ Date: _____ Printed Name _____

Completed Request Form returned to Administrative Assistant for Clinical Services