

NEW ACTIVITY INFORMATION FORM

Please provide the information below and submit by e-mail to accreditationandcompliance@jhmi.edu, or by fax to 1-866-480-2456..

A representative of the Office of CME will contact you within two days for follow-up discussion.

Name: _____

Title of Proposed Activity: _____

Proposed Date(s): _____ (Second Choice) _____

Proposed Location: _____

Type of activity: Live* Online Enduring Material
 Regularly scheduled (grand rounds, etc.)
 Other (specify _____)

* Lectures only Lecture/Workshop Number of workshops

Will you also serve as the activity director? Yes No

If not, indicate name(s) of activity director(s): _____

NOTE: Activity director must be a full-time Johns Hopkins faculty member.

Hopkins Sponsoring Department: _____

Phone: _____ e-mail: _____

Office Address: _____

Description of Activity:

NEED: Explain why this activity is needed:

Target Audience:

Does this activity fit within our mission for CME? Yes No
[Click here to view Mission Statement.](#)

Will commercial support be solicited? Yes No
[Click here to view Standards for Commercial Support](#)

Will another organization be involved in planning this activity? Yes No
Name of this organization: _____

For Office Use Only:

CME application forwarded: _____

Decided against CME credit _____

Date(s) of follow-up email(s) _____

Date of initial planning meeting : _____

Directly-sponsored: _____

Jointly-sponsored: _____

Proposed CME fee: _____