



Institute for Healthcare Communication

CME/CE Workshop Cover Sheet

SECTION 1 - WORKSHOP DETAIL

Workshop:	<input type="checkbox"/> CPC 4.0 hours	<input type="checkbox"/> C&C 4.25 hours	<input type="checkbox"/> DCPR 3.5 hours	<input type="checkbox"/> CARMT 2.0 hours	<input type="checkbox"/> CNC 3.5 hours	<input type="checkbox"/> CNC 7.0 hours	<input type="checkbox"/> PCMH 5.5 hours	<input type="checkbox"/> SIC 6.0 Hours	<input type="checkbox"/> SIC 4.0 hours
<input type="checkbox"/> DUMO 3.25 hours	<input type="checkbox"/> DUMO 2.5 hours	<input type="checkbox"/> Managing Communication 11.0 hours		<input type="checkbox"/> Connected 2.75 hours	<input type="checkbox"/> Coaching for Impressive Care 4.0 hours		<input type="checkbox"/> Candid Conversations: Women's Sexual Health 3.0 hours		
Treating Patients With C.A.R.E. <input type="checkbox"/> 4.0 Hours C.A.R.E. Repair <input type="checkbox"/> 2.0 Hours <input type="checkbox"/> Other _____									
Treating Patients With C.A.R.E. <input type="checkbox"/> Module I <i>Accelerated Learning Version</i> 1.0 Hour <input type="checkbox"/> Module II 3.0 Hours <input type="checkbox"/> Module III 1.0 Hours									
OTHER: Describe below. **If greater number of CME/CE hours requested please attach copy of agenda									

Sponsoring Organization: _____

Organization Contact: _____

Workshop Location: _____

Name of Facility

Address

City

State/Province

Zip/Postal Code

Date of workshop: _____ Number of participants: _____

Trainer(s): _____

SECTION 2 - FACULTY DISCLOSURE

ATTESTATION OF DISCLOSURE TO LEARNERS

I (we) attest to showing my (our) disclosure slide(s) to all attendees prior to the start of presentation

SECTION 3 - INSTRUCTIONS FOR CME/CE CERTIFICATES

E-mail certificates directly to participants No certificates required

E-mail all certificates to: _____

In addition to the Trainer(s), E-mail evaluation reports to: _____

Comments:

If no E-mail address is listed for a participant we will send via regular mail unless otherwise instructed

THE FOLLOWING MUST BE RETURNED IN ORDER TO PROCESS CME/CE CERTIFICATES:

- CME/CE Workshop Cover Sheet
- Sign-In Sheet or Typed List
- Faculty Disclosure (complete Section 2 above)
- Participant Information Form and Workshop Assessment Form (from workbook)

RETURN TO: Mary Barrett
 Institute for Healthcare Communication
 171 Orange Street, 2R
 New Haven, CT 06510-3153
 USA
 Tel: (203) 772-8286/(800) 800-5907 Fax: (203) 772-1066
 E-mail: MBarrett@HealthCareComm.org