



Institute for Healthcare Communication

# CME/CE WORKSHOP COVER SHEET

## SECTION 1 - WORKSHOP DETAIL

Workshop	<input type="checkbox"/> CPC 4.0 hrs	<input type="checkbox"/> C&C 4.25 hrs	<input type="checkbox"/> DCPR 3.5 hrs	<input type="checkbox"/> EE 4.0 hrs	<input type="checkbox"/> Connected 2.75 hrs	<input type="checkbox"/> PCMH 5.5 hrs
	<input type="checkbox"/> DUMO	<input type="checkbox"/> 2.5 hrs <input type="checkbox"/> 3.25 hrs	<input type="checkbox"/> MCUMO 11.0 hrs	<input type="checkbox"/> CNC	<input type="checkbox"/> 3.5 hrs <input type="checkbox"/> 7.0 hrs	<input type="checkbox"/> SIC <input type="checkbox"/> 4.0 hrs <input type="checkbox"/> 6.0 hrs
	<input type="checkbox"/> Coaching for Impressive Care 4.0 hrs		<input type="checkbox"/> CEOL _____ # 1-hr modules		<input type="checkbox"/> Candid Conversations 3.0 hrs	
	<input type="checkbox"/> Treating Patients with C.A.R.E.		<input type="checkbox"/> 4.0 hrs	C.A.R.E. Repair <input type="checkbox"/> 2.0 hrs	<input type="checkbox"/> Other	
<input type="checkbox"/> C.A.R.E. Accelerated Learning Version						

**OTHER: Describe below. \*\*If workshop duration is different than above please attach detailed agenda**

Sponsoring Organization:			
Organization Contact:	Name:	Telephone:	E-mail:
Workshop Location:	Name of Facility		
	Street Address		
	City	State/h ovince	Zip/Postal Code
Date of workshop:			Number of participants:
Trainer(s):	#1	#2	#3

## 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 CERTIFICATE

<input type="checkbox"/> E-mail certificates directly to participants
<input type="checkbox"/> No certificates required
<input type="checkbox"/> E-mail all certificates to:
<input type="checkbox"/> 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 post unless otherwise instructed**

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

1. CME/CE Workshop Cover Sheet (this form)
2. Sign-In Sheet or Typed List
3. Faculty Disclosure (complete Section 2 above)
4. Participant Information Forms (from workbook)
5. Workshop Assessment Forms (from workbook)

**RETURN ALL DOCUMENTS TO:**

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