

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"/> EE 4.0 hours	<input type="checkbox"/> Connected 2.75 hours	<input type="checkbox"/> PCMH 5.5 hours	<input type="checkbox"/> SIC <input type="checkbox"/> 6.0 Hours <input type="checkbox"/> 4.0 hours
<input type="checkbox"/> DUMO 3.25 hours	<input type="checkbox"/> MCUMO 11 hours	<input type="checkbox"/> CNC <input type="checkbox"/> 3.5 hours <input type="checkbox"/> 7.0 hours		Module:		<input type="checkbox"/> CSI No. of hours:	<input type="checkbox"/> CCF 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"/> Coaching for Impressive Care 4.0 hours			
OTHER WORKSHOP NOT LISTED ABOVE _____							
(If number of CME/CE hours requested differs from above please attach copy of agenda)							

Sponsoring Organization: _____

Organization Contact: _____

Telephone: _____ E-mail: _____

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 No CME required

E-mail all certificates to: _____

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

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

Comments:

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
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