



Application for Approval of CME Activity

Title of Education Activity: _____

Organization Name: _____

Location: _____

Start Date: _____ End Date: _____

Contact Information

For correspondence regarding this application, please identify the primary contact person.

Applicant Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____

Telephone: _____ Fax: _____

Email: _____

Estimated Attendance:

Intended Audience:

- Plastic Surgeons Residents Nurses
 Physician Assistants Other _____

Will this activity receive money from a commercial interest (i.e. a company that produces, markets, re-sells, or distributes health care goods or services consumed by, or used on, patients)?

- Yes No

If "yes", indicate type of anticipated revenue:

- Educational Grant Exhibits
 Support (for reception, dinner, golf outing, meeting tote bag, etc.)
 Other _____



Agreement of Joint Sponsorship with American Society of Plastic Surgeons

I, _____, as representative for the _____ educational activity to be held at _____ over the date(s) of _____ agree to the following:

1. This agreement must be submitted to ASPS prior to the commencement of the planning of the educational activity. ASPS will be fully involved in all necessary aspects of the CME activity for which joint sponsorship is requested.
2. The host provider will designate a single point of contact to act as a liaison between ASPS and the host provider.
3. The host provider will monitor all activity at the live event to ensure that the educational activity will be carried out in strict compliance with the ACCME Essential Areas and Elements, Policies and Standards for Commercial Support.
5. If the Society does not fully comply with the above items, ASPS will withdraw its Joint Sponsorship and designation of credit for the educational activity.

A **new nonrefundable Application Fee of \$500** has been instituted for all non-accredited organizations seeking joint sponsorship of an activity with ASPS and agreeing to strictly comply with all ACCME and *AMA PRA Category 1 Credit™* requirements. Payment of this fee is to accompany the application and does not guarantee certification of the planned activity, but we will work intensely with your planning committee to achieve this goal.

\$500 upon application, plus:

- 100 attendees and fewer: \$1,800 (Total of \$2,300)
- 101-200 attendees: \$2,500 (Total of \$3,000)
- 201 attendees and more: \$3,500 (Total of \$4,000)

Fees will be assessed upon receipt of final registration report.

Society Chair/President of Joint Sponsor Date

ASPS Accreditation Manager Date

Society Liaison of Joint Sponsor Date

ASPS Program Coordinator Date