



# American College of Surgeons

DIVISION OF EDUCATION  
 CME JOINT SPONSORSHIP PROGRAM  
 CONTINUOUS PROFESSIONAL DEVELOPMENT

*"Improving the Quality of Surgical Care through Education"*

## PRELIMINARY APPLICATION

The American College of Surgeons' CME Joint Sponsorship program is open to nonprofit surgical societies and institutions. **This pre-application must be submitted to the ACS Division of Education, Continuous Professional Development Section, prior to the commencement of the planning of the educational activity.** If this is your first request for joint sponsorship, please include a final program from a recent meeting with this pre-application.

Early application is mandatory in order to be in compliance with the ACCME's Updated Accreditation Criteria. Per ACCME regulations, the American College of Surgeons must ensure that anyone who is in a position to control the content of the education activity has disclosed to us all relevant financial relationships with any commercial interest. Therefore, all planning committee members (those in the position to affect the content of the activity) must complete a disclosure document prior to the planning of the activity. The disclosure form and instructions will be e-mailed to you upon conditional approval of your activity.

**IMPORTANT:** The final joint sponsorship application (available on our Web site) must be submitted a minimum of three months prior to the activity. Conditional approval will be voided if the final application is not received by our deadline.

<b>SOCIETY/INSTITUTION NAME</b>	
<b>MEETING NAME</b>	
<b>LOCATION &amp; DATES</b>	
<b>CONTACT INFORMATION</b> <i>(Include executive and primary staff contacts in this area)</i>	Names _____ Address _____ Phone numbers _____ Fax numbers _____ E-mail addresses _____
<b>TARGET AUDIENCE</b>	Physicians      Allied Health      Specific Specialty _____ Estimated Attendance: Physicians _____ Allied Health _____
<b>DEFINE THE NEED</b> <b>Sources used to assess the educational need for this activity</b>	Summary of previous CME evaluation data Request from committee/board New medical findings Healthcare data Reports and/or studies Other _____

**PLEASE SUBMIT THIS FORM TO KATHLEEN GOLDSMITH VIA E-MAIL OR FAX:  
 kgoldsmith@facs.org or 312-202-5011**