



American College of Surgeons
 DIVISION OF EDUCATION
 CME Joint Sponsorship Program
 Continuous Professional Development

"Promoting Excellence in Surgical Care through Education, Training, and Validation"

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 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 Accreditation Council for Continuing Medical Education (ACCME) Accreditation Criteria. In accordance with 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. Further instructions, the planning committee disclosure form, mandatory activity planning form, and final application will be e-mailed to you upon conditional preliminary approval of your activity.

IMPORTANT: The documents received with your preliminary approval email must be completed and submitted to ACS a minimum of three months prior to the activity. Conditional approval will be voided if the final application, non-refundable application fee, and planning documentation are not received at ACS by the assigned deadline.

SOCIETY/INSTITUTION NAME	
MEETING NAME	
LOCATION & DATES	
CONTACT INFORMATION <i>(Include executive and primary staff contacts in this area)</i>	Names _____ Address _____ Phone numbers _____ Fax numbers _____ e-mail addresses _____
COMMERCIAL SUPPORT	Will you be applying for educational grants for this meeting? <input type="checkbox"/> Yes <input type="checkbox"/> No
EXHIBITS	Will commercial exhibits be a component of this activity? <input type="checkbox"/> Yes <input type="checkbox"/> No
TARGET AUDIENCE	Physicians Allied Health Specific Specialty _____ Estimated Attendance: Physicians _____ Allied Health _____

PLEASE SUBMIT THIS FORM TO KATHLEEN GOLDSMITH VIA E-MAIL OR FAX:
kgoldsmith@facs.org or 312.202.5011