

*Blended Surgical Education and Training for Life®*

**PRELIMINARY APPLICATION - Live Activities**

The American College of Surgeons' CME Joint Providership Program (JPP) is open to **non-profit** medical and surgical organizations. This form **MUST** be **submitted** to the ACS Division of Education **prior** to the start of any planning for the educational activity.

The Pre-Application is **mandatory** in order to be in compliance with the Accreditation Council for Continuing Medical Education (ACCME) Accreditation Criteria, which requires 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 form **prior to the planning of the activity**.

**APPLICATION AND CREDIT FEES**

- \$400 application fee  
*Once approved, application fee will be added to the final credit invoice.*
- \$300 per CME Credit fee  
*Late submissions will be subject to an increased credit fee of \$350 per credit.*
- \$50 per Self-Assessment Credit fee

**ONCE YOUR PRE-APPLICATION IS APPROVED, YOU WILL RECEIVE A PRELIMINARY APPROVAL EMAIL THAT WILL CONTAIN THE INSTRUCTIONS AND CORRESPONDING CME FINAL APPLICATION DOCUMENTS.**

**IF YOU HAVE NOT PREVIOUSLY PARTNERED WITH ACS FOR THE JOINT PROVIDERSHIP PROGRAM, PLEASE ALSO INCLUDE:**

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| <ul style="list-style-type: none"> <li>▪ Final program from a recent meeting</li> <li>▪ CV for the Planning Committee Chair</li> </ul> | History and Mission of the Organization<br>Organization's web address ( <i>if applicable</i> ) |
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<b>ARE YOU A NON-PROFIT ORGANIZATION?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>SOCIETY/INSTITUTION NAME</b>		
<b>MEETING NAME</b>		
<b>LOCATION &amp; DATE(S)</b>		
<b>ORGANIZATION/MEETING WEBSITE</b>		
<b>MAIN CONTACT INFORMATION</b>	<b>NAME(S) &amp; ROLE(S)</b>	
	<b>MAILING ADDRESS</b>	
	<b>PHONE NUMBER(S)</b>	
	<b>EMAIL ADDRESSES</b>	
<b>TARGET AUDIENCE ESTIMATED ATTENDANCE</b>	<input type="checkbox"/> MD/DOs <input type="text"/>	<input type="checkbox"/> NonMDs <input type="text"/>
<b>EXHIBITS</b>	Will commercial exhibits be a component of this activity? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please send a copy of the Prospectus, prior to distribution for ACS Approval Expected date of prospectus distribution: _____	
<b>CALL FOR ABSTRACTS</b>	Will a call for abstracts be a component of this activity? <input type="checkbox"/> YES* <input type="checkbox"/> NO *If yes, please indicate expected opening date for abstracts: _____ (ACS must review the abstract site prior to going live)	
<b>WEBCAST</b>	Would you be interested in providing a webcast from this activity? <input type="checkbox"/> YES <input type="checkbox"/> NO Webcast: Video/audio produced from Live Activity with option for credit.	

**PLEASE SUBMIT THIS FORM TO AMANDA MORRONE VIA EMAIL ([amorrone@facs.org](mailto:amorrone@facs.org)).**