

Title of Program

Title of Talk

Speaker/Moderator Name

Planning Committee Members

*Note: UVM CME Staff who reviewed this activity had no interests to disclose.

Date (mm/dd/yyyy)

Workshop Number

Purpose Statement/Goal of this activity

Learning Objectives (by the end of this activity, the learner should be able to... (do not use "*understand*")

1.

2.

3.

Disclosure

Is there anything to disclose?

Yes

No

If yes, please list all potential conflicts of interest

Did this activity receive any commercial support?

Yes

No

If yes, please list organizations

This activity has been planned and implemented by The Robert Larner College of Medicine at The University of Vermont and [Insert Your Organization Name Here]. The University of Vermont is accredited is accredited by the American Nurses Credentialing Center (ANCC), the Accreditation Council for Pharmacy Education (ACPE), and the Accreditation Council for Continuing Medical Education (ACCME), to provide continuing education for the healthcare team.

The University of Vermont designates this live activity for a maximum of _____ *AMA PRA Category 1 Credit(s)*TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This program has been reviewed and is acceptable for up to _____ Nursing Contact Hours.

This course has been approved for _____ hours of pharmacy continuing education credit. The approval number issued is: _____

*** In order to receive credit, participants must complete an evaluation form in their My Credits Page.
Meeting Coordinator – Please log into your My Credits Page and attest that this was posted prior to the start of the activity.**