

Title of Program

Title
of TalkSpeaker/
Moderator NamePlanning
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.

Disclosure

Is there anything to disclose?

Yes

If Yes, was Conflict
Resolved?

Yes

No

No

If yes, please list all potential conflicts of
interest

Did this activity receive any commercial support?

Yes

No

If yes, please list organizations



In support of improving patient care, this activity has been planned and implemented by The Robert Larner College of Medicine at The University of Vermont and _____. The University of Vermont is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), 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)™. 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: _____