- $3,000 per program, plus a $20.00 per participant fee. Participant fee may be paid individually by the participants or by the program.

* All regularly scheduled courses (courses of similar content with various dates or locales are eligible for a reduced rate if all courses are approved with the initial application. Please contact Asst. Program Director for applicable fees.

**APPLICATION LATE FEE:** A late fee of ½ the application fee will apply to all programs whose application is received a minimum of 45 days from date of conference. (Exception: Cancer Case Conferences, Tumor Boards). Applications must be received prior to any program mailings being sent.

**PROGRAM COMPLETION LATE FEE:** A fee equal to the application fee will be assessed to all programs who have not returned all program tie-up materials within 30 days of program completion.

* If an extension is necessary the Assistant Program Director must be contacted and an extension requested prior to the 30 day deadline. Approval will be granted/denied on an individual basis.

A fee equal to two times the application fee will be assessed to all programs who have not returned all program tie-up materials within 60 days of program completion.

**NOTE:** All individual program certificates (non-physician) will be mailed back to the program for distribution to participants. The CME office will mail an annual transcript directly to physicians in January of the year following CME activities. (i.e. January, 2004 transcript for all 2003 programs).
Guidelines for the CME Request Form (Con’t)

15. **EDUCATIONAL OBJECTIVES:** This section must be completed in order to receive credits. If objectives are listed in attached brochure, type "See attached brochure" in this section. Grand Rounds may have one set of objectives. For information on writing educational objectives refer to page 45.

16. **HOW THESE OBJECTIVES WILL BE MADE KNOWN TO PROSPECTIVE LEARNERS:** Objectives must be articulated to learners prior to the activity. Indicate how you will do this in this section. If objectives have been listed in brochure, type “See attached brochure.”

17. **FORMAT:** Indicate the type of program in this section. For more information on developing journal CME activities, refer to page 16.

18. **NEEDS ASSESSMENT:** Check which type of needs assessment was done for this program and attach documentation. You are encouraged to use the “Needs Assessment Form for CME Activities” found on page 47. For more information on developing needs assessments, refer to page 46.

19. **ANTICIPATED AUDIENCE:** Indicate the type and number of participants that are anticipated to attend this program.

20. **METHOD OF EVALUATION** Attach a copy of the evaluation form that will be used. CME planners are encouraged to use the UNDSMHS CME Evaluation Form. You may make revisions/additions to the form; however all evaluation forms must be approved prior to usage.

21. **PRESENTER DISCLOSURE:** Indicate the methods of presenter disclosure to learners you will use. Disclosure to learners must take place prior to the activity.

22. **ADMINISTRATION FEE:** ***See current fee schedule.

**UND School of Medicine & Health Sciences Departments and Programs (Directly Sponsored) Effective 7/1/03**

- **Live**
  - A fee of $5.00/participant will be assessed to all programs that charge a registration fee.

- **Enduring**
  - $75.00 for the 1st hour with an additional $25.00/CME hour after 1st hour. Additionally a recording fee of $15.00/participant will apply.

- **Internet**
  - $500 per program, plus a $15.00 per participant fee. Participant fee may be paid individually by the participants or by the program.

**Non-UNDSMHS Departments and Programs (Jointly Sponsored) - Effective 7/1/03**

- **Live**
  - $50.00 - for the 1st hour with an additional $25.00/CME hour after 1st hour* Additionally a fee of $5.00/participant will be assessed to all programs that charge a registration fee.

- **Enduring**
  - $75.00 for the 1st hour with an additional $25.00/CME hour after 1st hour Additionally a recording fee of $20.00/participant will apply.

- **Internet**
UNIVERSITY OF NORTH DAKOTA SCHOOL OF MEDICINE AND HEALTH SCIENCES
Guidelines for the CME Request Form

1. **ACTIVITY:** The name of the activity should be listed in this section, e.g., Psychiatry Grand Rounds is offering a program on Alzheimer’s Disease. After “Activity” you should list “Psychiatry Grand Rounds.”

2. **PROGRAM TITLE:** The name of the program should be listed here, e.g., “Alzheimer’s Disease” is the name of the one of the programs to be offered during “Psychiatry Grand Rounds.” In this case, you would list “Alzheimer’s Disease” in this section.

3. **LOCATION:** City and state is sufficient.

4. **PROGRAM DATE:** Date of the program.

5. **TIME:** The time the program is being held.

6. **PRESENTER(s):** List presenters; however if presenter list is extensive submit a separate sheet, just type “Refer to attached list.”

7. **RESPONSIBLE ORGANIZATION/DEPARTMENT, PHONE NUMBER/SIGNATURE/EMAIL:** Your organization/department should be listed here. Pharmaceutical companies or any other commercial support should not be listed in this section. List the phone number and email address of the person to contact in case there is a question about this form. This form must be signed by someone with a clinical or academic faculty appointment.

8. **DATE OF REQUEST:** Date form is sent to the CME office.

9. **CREDITS APPLIED FOR:** 1 credit for every lecture hour. Credit can be given for luncheons/dinners only if there is a lecture during that time.

10. **COMMERCIAL SUPPORT PROVIDED BY:** This is where pharmaceutical companies or other commercial support or specific grants are listed. If more space is needed, attach additional sheet.

11. **TOTAL AMOUNT OF COMMERCIAL SUPPORT:** This is where the total dollar amount from commercial supporters in the form of an educational grant(s) is listed. Income from exhibits and advertising should not be included in this total amount but if applicable should be included in the final budget submitted.

12. **TYPE OF SPONSORSHIP:** This is where the type of sponsorship is listed. A directly sponsored program is a program sponsored by a UNDSMHS department. A jointly sponsored program is a program sponsored by a UNDSMHS department and an organization outside of the UNDSMHS.

13. **NAME OF EDUCATIONAL PARTNER:** If the program is jointly sponsored, this is where the name of the educational partner or partners is listed.

14. **CURRICULUM VITAE:** Enclose vitae of presenter(s) when you return this form. If waiting for a vitae, type “Will Forward” in this section. If presenter is a Resident, indicate “Resident” in this section.