

Potential New Program Intake Form

Date:	CME Staff Name:
Requestor Name:	Contact Information:
Potential Course Director(s):	Contact Information:
Request Description:	

Date(s) of Proposed Program:	Duration:	Proposed Location:
# of Anticipated Attendees:	Potential Invitees i.e. Scripps Only, Local, National / Specialty(ies):	
Desired Attendee Cost:	Rationale:	

Accreditation Requested? Yes No

Professional Gap(s)
State the professional practice gap(s) of your learners on which the activity was based.

Educational Need(s)
State the educational need(s) that you determined to be the cause of the professional practice gap(s).

Designed to Change
Provide 4-6 educational objectives of the course here.

Educational Format(s)
Explain why this educational format is appropriate for this activity (live, didactic, online, workshop, etc.)

Anticipated Costs		
Food and Beverage:	Venue:	Audio / Visual:
Faculty Travel:	Faculty Honoraria:	Supplies:
Anticipated CME Department Fees	Management:	Accreditation:
Other (Describe):	Other (Describe):	Total Anticipated Costs:

Anticipated Revenue		
Registration Fees:	Commercial Support (Grants):	Exhibits / Promotional Fees:
Other (Describe):	Other (Describe):	Total Anticipated Revenue:

Notes:

Anticipated Net Income: \$ _____

Agreed by (Course Director) (Date)	
Performance in Practice Received (Date)	
Approved by CME Committee (Date)	
Approved by RIC (Date)	