**This approval form is required to be fully executed before the CME application can be submitted for review by the CME Sub-Committee.**

**Activity Name:** [Type here]

**Division/Department:** [Type here]

**Activity Start and End Date:** [Type here]

**FINANCIAL REPONSIBILITY FOR LIVE COURSES/ENDURING CME ACTIVITIES**

Should the amount of commercial support (educational grants, fees collected from exhibitors) and/or registration revenue fail to cover all expenses associated with the execution of this activity, it is the responsibility of the sponsoring department to cover the shortfall. Every effort will be made by the CME Office to utilize funding in a manner that is prudent and appropriate; however, the CME Office cannot guarantee profitability. Billing will occur only in the event of a shortfall.

**CONTENT OF CME ACTIVITY**

This activity will be planned in accordance with CSMC policies and ACCME requirements, evidence-based recommendations, scientific research that conforms to generally accepted standards (when applicable), and content will address the identified needs of the target audience.

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| **DEPARTMENT CHAIR N/A** | | |
| [Sign Here] |  | [Type here] |
| **[Type Name and Title]** |  | Date |

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| **DIVISION DIRECTOR N/A** | | |
| [Sign Here] |  | [Type here] |
| **[Type Name and Title]** |  | Date |

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| **DIVISION CLINICAL CHIEF N/A** | | |
| [Sign Here] |  | [Type here] |
| **[Type Name and Title]** |  | Date |

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| **EXECUTIVE DIRECTOR N/A** | | |
| [Sign Here] |  | [Type here] |
| **[Type Name and Title]** |  | Date |