ABPLM
American Board of Post-Acute and Long-Term Care Medicine, Inc.

CMD CREDIT APPLICATION
State Chapters

Title of course/program:
Date(s):
Location:
Primary Sponsor:
Other Sponsors, if any:
Is Category 1 CME provided? *please check one*
☐ yes, by primary sponsor
☐ yes, by another provider:
☐ no
Primary Contact:

Contact Phone:	Contact E-mail:

Target audience:
Expected attendance:
Please attach the following items:
1. A copy of the preliminary program, including specific sessions and speakers. If preliminary program is not available, please submit a detailed agenda indicating session titles, times and speakers.
2. A statement of the educational objectives of the course, which must be included in the final program. This is a description of what the registrant will gain by attendance at the course.
3. A list of faculty members.
4. Course review fee of $75.00.

At the conclusion of the course, please send us a copy of the final program and a list of names and addresses of participants.

Payment of the application fee is made by:

☐ Check payable to ABPLM   ☐ MasterCard   ☐ Visa   ☐ American Express   ☐ Discover

Total Amount: $ _____

Card # _____ Security Code:_____ Exp. Date:_____

Name as it appears on Card: _____

Billing address for Card: _____

Signature: _____

Mail to: ABPLM 10500 Little Patuxent Parkway Suite 210 Columbia, MD 21044	or send via e-mail to cmd@paltc.org or fax to ABPLM at: 888-249-6533. Questions: 410-740-9743 cmd@paltc.org 800-876-AMDA 888-249-6533 fax