



Continuing / Independent Medical Education Support

Please complete all fields as incomplete applications will not be considered.

Instructions: To select an answer, please click once in the box and use the arrow for the drop down selection items.

Once completed, please upload the application along with the following:

- W-9/W-8BEN form;
- Itemized breakdown of the entire budget for the program;
- Meeting agenda.

SPONSOR INFORMATION			
Institution Name			
Institution Mailing Address			
Applicant	Title	Click here to select	Select One ▼
	Last name		
	First name		
	Office Phone #		
	Office Fax #		
	Email		
Tax ID number			

COURSE OUTLINE		
Course Title		
Location of the course		
Schedule	From	Click here to enter a start date
	To	Click here to enter an end date
Goals		
Educational Objectives		
Target audience		
Expected number of participants		



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COURSE DESCRIPTION

Include how the project will benefit patient care, HCPS' scientific or medical knowledge, or other public health objectives.

LEARNING OBJECTIVES

COURSE FORMAT & MATERIALS

Describe what methods of teaching (e.g., lecture, discussion, hands-on, etc.) and materials (e.g., slides, video, handouts, etc.) will be used.

LEARNING OUTCOMES

Describe how learning outcomes will be measured (e.g., scales, tests, surveys, etc.).

NEEDS ASSESSMENT

Describe unmet medical needs.



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TYPE OF SUPPORT

Amount requested from TOLMAR Pharmaceuticals, Inc	
Total budget USD	<input type="text"/>
Is there joint sponsorship?	Click here to select Yes or No <input type="button" value="Select"/>
If yes, please provide the name of the other sponsors and the support requested	
List other sponsors Support requested	<input type="text"/>
CME provider, if any	<input type="text"/>

TYPE OF PROGRAM

<input type="checkbox"/> Accredited	If "Accredited", list the number of units and type:
<input type="checkbox"/> Unaccredited	
<input type="text"/>	

DISCLOSURE

Have you ever been debarred by the FDA or excluded by the Office of Inspector General (OIG)?	Click here to select Yes or No <input type="button" value="Select"/>
Are you willing to provide TOLMAR Pharmaceuticals with an outcome report resulting from this educational activity?	Click here to select Yes or No <input type="button" value="Select"/>
If "No", please provide the reason(s):	<input type="text"/>

SIGNATURE

The information provided in this application is truthful and complete. If any answer in this application changes I agree to amend the submission.	<input type="button" value="Select"/>
	Click here to select <input type="text"/>