

**INSTRUCTIONS:** COMPLETED APPLICATION **MUST** BE SUBMITTED FOR APPROVAL AT LEAST 30 DAYS IN ADVANCE OF THE DATE OF CME **IN ACCORDANCE WITH ARTICLE B.15 OF THE MASTER AGREEMENT**

**SUBMISSION CHECKLIST:**

- LEAVE OF ABSENCE FORM
- COURSE CONTENT INFORMATION ATTACHED
- CME FORM COMPLETE

1. PHYSICIAN INFORMATION		
PHYSICIAN NAME:		WORKSITE:
MEDICAL DIRECTOR:		DATE OF CME:
2. CONTINUED PROFESSIONAL DEVELOPMENT INFORMATION		
CME TITLE:		
TYPE OF CME:		
COURSE	BOOK	SOFTWARE OTHER
HOW DOES THIS ADVANCE YOUR PROFESSIONAL DEVELOPMENT?		
WHAT IS THE ADVANTAGE TO YOUR PATIENTS AND/OR THE HEALTHCARE SYSTEM?		
HAVE ARRANGEMENTS BEEN MADE FOR ON CALL / PATIENT CARE WHILE ATTENDING CME?		
YES	NO	N/A
LOCATION OF CME (CITY/PROVINCE/STATE/COUNTRY):		N/A
CME HOURS FOR THIS APPLICATION:		N/A
CME FUNDS/HOURS ALREADY USED THIS FISCAL (APRIL 1 – MARCH 31):		
FUNDS _____	CME LEAVE HOURS _____	
3. ESTIMATE OF CME COSTS		
ITEM	AMOUNT	DESCRIPTION / DETAILS
REGISTRATION		
AIRFARE		
GROUND TRANSPORT (TAXI, TOLLS, BRIDGE, KM)		
MEALS		
ACCOMMODATIONS		
CME MATERIALS (BOOKS/JOURNALS/SOFTWARE)		
TOTAL ESTIMATE		
APPLICANT SIGNATURE:		
4. AUTHORIZATION OF CME		
	SIGNATURE	DATE
DEPARTMENT HEAD		
MEDICAL DIRECTOR		
EXECUTIVE DIRECTOR OF MEDICAL AFFAIRS		

## CME APPLICATION GUIDELINES FOR REIMBURSEMENT

- For out of country costs please ensure you include a credit card statement for accurate exchange rate reimbursement
- Attach course /conference agenda
- Attach required receipts

### 5. ACTUAL COSTS

ITEM	AMOUNT	ACCOUNT CODES
1. REGISTRATION		
2. AIRFARE		
3. GROUND TRANSPORT (TAXI, TOLLS, BRIDGE, KM)		
4. MEALS		RECEIPTS NOT REQUIRED
5. ACCOMMODATIONS		
6. CME MATERIALS (BOOKS/JOURNALS/SOFTWARE)		
7. INCIDENTALS		
<b>TOTAL:</b>		

### DETAILS OF PRIVATE VEHICLE USAGE (IF APPLICABLE)

DATE	FROM	TO	KM.	¢/KM	\$
(TRANSFER TOTAL \$ COSTS TO PART 5.3)			<b>TOTAL</b>		

EMPLOYEE SIGNATURE		DATE:
MEDICAL DIRECTOR		DATE:

**\*\*ALL REQUIRED RECEIPTS TO BE ENCLOSED FOR REIMBURSEMENT\*\***