

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		
CHIEF MEDICAL OFFICER 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		
TOTAL:		

DETAILS OF PRIVATE VEHICLE USAGE (IF APPLICABLE)

DATE	FROM	TO	KM.	c/KM	\$
(TRANSFER TOTAL \$ COSTS TO PART 5.3)			TOTAL		

EMPLOYEE SIGNATURE		DATE:
MEDICAL DIRECTOR		DATE:
CHIEF MEDICAL OFFICER		DATE:

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