

CARIBBEAN COLLEGE OF FAMILY PHYSICIANS

CME Event Support Request Form

| Partner Organization Name: | | |
|--|-----|------|
| Contact Person: | | |
| Email Address: | | |
| Phone Number: | | |
| Event Title: | | |
| Event Date: | | |
| Do you need the following services? | | |
| Service | Yes | s No |
| 1) Accreditation Support: CCFP will facilitate accreditation of Partner's CME events through MCJ-NCCME or CCFP-NCCME. | | |
| 2) IT Support: Assistance with hybrid and virtual event execution, including technical setup. | | |
| 3) Distribution of CME Certificates: CCFP will oversee the issuance and distribution of CME certificates to attendees. | | |
| 4) Promotional Material Design: Designing and developing promotional flyers for Partner's accredited events. | | |
| 5) Provision of Zoom Platform: Ensuring a stable and professional virtual environment for CME activities. | | |
| 6) Advertising and Promotion: Marketing and promoting events through CCFP's established channels. | | |
| 7) CME Certificate Design: Ensuring professionally designed and standardized CME certificates. | | |
| 8) Event Reporting: Providing Partner with post-event reports, including attendee details and copies of CME certificates distributed. | | |
| 9) Application Process: Partner is required to submit applications for accreditation through the prescribed form for each hosted meeting. | | |
| Additional Notes or Special Requests: | | |
| Submission Requirements: Please attach the following documents to complete your application: | | |
| ✓ Event Agenda | | |
| ✓ Speaker Bios | | |
| ✓ Program Goals & Objectives | | |
| Authorized Representative Name: | | |
| Date: | | |
| | | |

EMAIL FORM TO ccfpjachapter1988@gmail.com and AN ESTIMATE OF QUOTATION WILL BE FORWARDED UPON SUBMISSION OF THIS DOCUMENT