

## Intent to Develop a CME Credited Course

I would like to develop a course on \_\_\_\_\_

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CME Strategic Goal(s):

Does this program:

- support our professionals' development?
- enhance relationships in our system, region, nation?
- enhance our clinical or academic reputation?

Type of mailing lists: \_\_\_\_\_

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I would like the course to be:

- Online
- ½ day
- Full day
- Other \_\_\_\_\_

I think the activity director should be:

- Me \_\_\_\_\_
- Other \_\_\_\_\_

Date I would like to do this \_\_\_\_\_

Please contact me at \_\_\_\_\_ or \_\_\_\_\_  
phone email

**Please return this form to the CME Office by mailing it to internal zip 13-50, faxing it to x15850 or emailing it to CME@geisinger.edu.**