



Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

REQUEST BY SPONSOR FOR APPROVAL OF CONTINUING EDUCATION

Under 10.28.02 Section .05

ONE FORM HAS TO BE PREPARED FOR EACH ACTIVITY OFFERED

Name of Sponsor _____

Address of Sponsor _____

City _____ State _____ Zip Code _____

Contact Person's Name _____

Phone# _____ Email Address _____

Title of activity _____

Date(s) to be given _____

Total number of hours requested (do not include breaks) per subject area: _____

Type (According to COPE Guidelines)

General _____ Therapeutic _____

Brief description of content: (Enclose brochure or other advertising material).

Describe the intended audience: _____

Names and credentials of presenters (include curriculum vitae, resume, or bio-sketch and evidence of expertise in area of activity):

Once approved, this activity may continue to be offered through **June, 202**__ unless there is substantive change in content or faculty, in which case a new application is required.

Signature _____ Title: _____

DO NOT WRITE BELOW THIS LINE

Approved: _____ Date: _____

Title of Activity: _____

General hours: _____ COPE Category _____

Therapeutic hours: _____ COPE Category _____

*******BOARD STAFF USE*******

Board Approval Code: _____