



Maryland

DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., 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: _____