



Continuing / Independent Medical Education Support

Please complete all fields as incomplete applications will not be considered.

Instructions: To select an answer, please click once in the box and use the arrow for the drop down selection items.

Once completed, please upload the application along with the following:

- W-9/W-8BEN form;
- Itemized breakdown of the entire budget for the program;
- Meeting agenda.

SPONSOR INFORMATION		
Institution Name		
Institution Mailing Address		
Applicant	Title	Click here to select
	Last name	
	First name	
	Office Phone #	
	Office Fax #	
	Email	
Tax ID number		

COURSE OUTLINE	
Course Title	
Location of the course	
Schedule	From Click here to enter a start date
	To Click here to enter an end date
Goals	
Educational Objectives	
Target audience	
Expected number of participants	



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COURSE DESCRIPTION

Include how the project will benefit patient care, HCPS' scientific or medical knowledge, or other public health objectives.

LEARNING OBJECTIVES

COURSE FORMAT & MATERIALS

Describe what methods of teaching (e.g., lecture, discussion, hands-on, etc.) and materials (e.g., slides, video, handouts, etc.) will be used.

LEARNING OUTCOMES

Describe how learning outcomes will be measured (e.g., scales, tests, surveys, etc.).

NEEDS ASSESSMENT

Describe unmet medical needs.



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TYPE OF SUPPORT

Amount requested from Pinnacle Biologics Inc.

Total budget USD

Is there joint sponsorship?

[Click here to select Yes or No](#)

If yes, please provide the name of the other sponsors and the support requested

List other sponsors

Support requested

CME provider, if any

TYPE OF PROGRAM

Accredited

Unaccredited

If "*Accredited*", list the number of units and type:

DISCLOSURE

Have you ever been debarred by the FDA or excluded by the Office of Inspector General (OIG)?

[Click here to select Yes or No](#)

Are you willing to provide Pinnacle Biologics Inc. with an outcome report resulting from this educational activity?

[Click here to select Yes or No](#)

If "*No*", please provide the reason(s):

SIGNATURE

The information provided in this application is truthful and complete. If any answer in this application changes I agree to amend the submission.

[Click here to select](#)