

**Advanced Life Support in Obstetrics (ALSO®) Program  
Course Request Authorization Form**

Please type in the grey fields and click the "Tab" key to advance

Date of Request: \_\_\_\_\_ Course Date: \_\_\_\_\_

Course Sponsor: \_\_\_\_\_ Course Site: \_\_\_\_\_

Address of Sponsoring Institution: \_\_\_\_\_

List all coordinating institutions involved in presenting this course: \_\_\_\_\_

Advisory Faculty: \_\_\_\_\_ Course Director: \_\_\_\_\_

Course Coordinator: \_\_\_\_\_ Coordinator E-mail: \_\_\_\_\_

Coordinator Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Is the sponsor or coordinating institution part of a residency curriculum?  Yes  No

Is ALSO® a mandatory part of your curriculum?  Yes  No - Residency Type:  FP  OB  Other

Is the course open to residents only?  Yes  No - Is the course open to nurses?  Yes  No

Have you sponsored an ALSO® course before?  Yes  No - How did you hear about the ALSO® Program?

AAFP Website  ALSO® Listserve  Colleague  Another ALSO® Program  CME Activity  
 Conference: Specify Name, Date and Location \_\_\_\_\_  Other: Specify \_\_\_\_\_

Describe the method used to determine the need to present an ALSO® course in your area?

Do you want your ALSO® course posted on the ALSO® website?  Yes  No

**Shipping/Billing Information:**

**Bill To**

Name:  
Address:  
City, State, Zip:  
Phone Number:

**Ship To**

Name:  
Address:  
City, State, Zip:  
Phone Number:

**APPLYING FOR CONTINUING MEDICAL EDUCATION HOURS AND EB CME**

This will be considered your official request for AAFP CME Prescribed credit hours. It will be forwarded to the AAFP CME Accreditation Department to enter your activity into the AAFP CME database. There is no charge for this service. The "Leading Coordinating Institution" and "Coordinator" identified above are considered the CME Provider and contact person unless otherwise indicated below. The following documentation is required to obtain CME and Nursing Contact hours: 1) An agenda of the proposed schedule indicating lectures, timeline, breaks, etc. 2) For Nursing Contact hours, a Nurses' Attendance Verification Form, included with the ALSO® course materials, must be submitted for each nurse in attendance indicating their presence for the entire session. This should be included with the ALSO® return course materials. CME providers have the option of incorporating the principles of evidence-based medicine into their CME activities. The AAFP strongly believes an evidence-based approach to CME will help ensure the validity of CME clinical content and lead to improved medical practice and patient outcomes. The AAFP ALSO® Program has a required curriculum utilizing didactic lectures and hands-on workstations, most of which are approved for EB CME. These will be added to the Prescribed credit awarded for physicians. Total Hours Requested: \_\_\_\_\_

Name of CME Provider (If different from above): \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_



