

Advanced Life Support in Obstetrics (ALSO®) Program Instructor 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: _____
(must be a current or past ALSO Advisory Board Member)

Course Director: _____
(must be an ALSO Advisory Faculty member and have previously served as faculty in an ALSO Instructor Course)

Course Coordinator: _____ Coordinator E-mail: _____

Coordinator Phone: _____ FAX: _____

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

Is the ALSO® Instructor Course 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® Instructor Course before? Yes No -

How did you hear about the ALSO® Program (check all that apply):

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® Instructor 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: _____



