

# Arab Board For Health Specializations

## Continuing Medical Education (CME)

### Accreditation Application

#### Provider Information

Organization Name:			
Type of Organizing Institute:	<input type="checkbox"/> Health Professionals Societies <input type="checkbox"/> Health Science /Medical Colleges of University <input type="checkbox"/> Hospitals with Academic & training Department <input type="checkbox"/> Health Institutions <input type="checkbox"/> Specialized Organization for CME <input type="checkbox"/> Private Hospital of Academic Standing <input type="checkbox"/> Other (Specify).....		
Mailing Address:	P.O. Box:	City:	Postal code:
E-mail & Website:	E-mail:	Website:	

#### CME Leadership & Administrative Support of Organization

CME Director:	Phone:	fax:
E-mail:		
Position in the Organization/Institution:		
CME Office Administrator's Name:		
Contacts:	Phone:	Mobile:
Email:		
Mailing Address:	P.O. Box:	Postal code:

#### Types of Activities to be Offered

Specialty areas:	<input type="checkbox"/> All Medical and Health Fields <input type="checkbox"/> Specialty area: please specify _____
Activity Type:	<input type="checkbox"/> Conference <input type="checkbox"/> Symposium <input type="checkbox"/> Seminar <input type="checkbox"/> Course <input type="checkbox"/> Lecture <input type="checkbox"/> Series of Lectures <input type="checkbox"/> Workshop <input type="checkbox"/> Specialized Workshop <input type="checkbox"/> Other: _____
Anticipated Activities Locations	
Sponsorship: <i>(Check only one)</i>	<input type="checkbox"/> Directly sponsored by: <input type="checkbox"/> Jointly sponsored: (if any) .....
Target Audience	
Education Method	<input type="checkbox"/> Plenary lecture <input type="checkbox"/> Didactic lecture /Q&A <input type="checkbox"/> Free Communication <input type="checkbox"/> Panel Discussion <input type="checkbox"/> Demonstration <input type="checkbox"/> Case Study <input type="checkbox"/> Video/ interactive video <input type="checkbox"/> Other (specify) _____
Teaching Aids	<input type="checkbox"/> Power Point Presentations <input type="checkbox"/> Video <input type="checkbox"/> Tele Conference <input type="checkbox"/> Slides <input type="checkbox"/> Transparencies <input type="checkbox"/> Manuscript <input type="checkbox"/> Other (specify) _____

For ABHS use only:

Date received:										CE's Officer Signature:
<b>ABHS- CME Meeting: Date</b> _____										
<b>Motion:</b> <input type="checkbox"/> Approve Accreditation <input type="checkbox"/> Disapprove Accreditation: Justification _____										
<b>ABHS Official Name/ Signature</b> _____										
<b>CME Provider Number</b> _____										
<b>Remarks:</b>										