**Activity Title**

**For Live Activities, Please include:**

Day/Date/Time/Location/etc.

**Live/Release Date:** xxxxx

**For Enduring Materials**

**Credit Expiration Date:** XXXXXX

**Agenda**:

<AGENDA>\

**Live/Release Date:** xxxxx

**This activity offers CE credit for:**

1. Physicians (CME)
2. Nurses (CNE)
3. Pharmacists (ACPE)
4. Physician Assistants (AAPA)
5. Dentists (ADA CERP)
6. Psychologists (APA)
7. Optometrists (ARBO/COPE)
8. Social Workers (ASWB)
9. Athletic Trainers (BOC)
10. Registered Dieticians (CDR)
11. Other

All other clinicians will receive a Certificate of Attendance stating this activity was certified for *AMA PRA Category 1 Credit™*

**Faculty**

|  |  |  |
| --- | --- | --- |
|  |  | Faculty Name Affiliation Title Organization City, State |

**Statement of Need**

What is the need for your activity?

**Learning Objectives**

At the end of this CE activity, participants should be able to:

* Learning Objective 1
* Learning Objective 2
* Learning Objective 3

**Financial Support** *if applicable*

Supported by an educational grant from Commercial Interest.

**Target Audience**

Who was this activity created for?

**Credit Information**

* **Please include the logos and the accreditation statements as they appear below (logos may be to the left of the corresponding statement if formatting allows)**

Logo

Description automatically generated

In support of improving patient care, this activity has been planned and implemented by CME Outfitters, LLC and xxxx. CME Outfitters, LLC is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team

**Accreditation and Designation Statements**  
  
*(If using CMEO’s learning management system)* **Post-tests, credit request forms, and activity evaluations must be completed online** (requires free account activation), and participants can print their certificate or statement of credit immediately (75% pass rate required). This website supports all browsers except Internet Explorer for Mac. For complete technical requirements and privacy policy, visit https://www.cmeoutfitters.com/privacy-and-confidentiality-policy

**Disclosure Declaration**

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Peer Reviewer Disclosures  
  
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Please insert an ADA Statement as APA Guidelines mandate:

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Cost of program: *please insert information*

For question or grievances: please contact …. *Please identify contact information where a learner could contact your organization and please do not list my name or CME Outfitters.*

Claiming Credit: *please insert methodology for post activity - I will have a link for you shortly to the evaluation where the learner may claim their credit.*

***Questions about this activity? Call us (educational partner) at* *(insert phone number here).***