



Ohio Foot and Ankle Medical Foundation
1960 Bethel Road, Suite 140
Columbus, Ohio 43220
Phone: (614) 457-6269
Fax: (614) 457-3375
Email: Iridolfo@ohfama.org

CME Approval Request Form

Please complete this form entirely and return to the OFAMF.

Date Requested: _____

Program Title: _____

Program Location:

Site: _____ City: _____ State: _____

Program Dates: _____ Time(s): _____

Sponsoring Organization:

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Program Coordinator: _____

Name and Address of Person Requesting Approval (if different than Program Coordinator):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Number of CME's and Category Requested: _____

Program Objectives (Attach separate sheet if necessary):

REQUIRED MATERIALS:

1. A program brochure
2. A list of faculty members and their qualifications. (CVs are not necessary)
3. A detailed breakdown of time scheduled for all tracks of the program, showing clearly the starting and ending times for all sessions, breaks, lunch periods, and other activities.
4. A copy of sign-in sheet for non-OHFAMA member/event approval. (May be submitted after event if applicable)

PAYMENT:

If money is owed for the CME Approval, please mail a check with the completed form.

OHFAMA MEMBERS

- ☐ OHFAMA Academies - \$0
- ☐ OHFAMA individual Member requesting pre-approval for a course either hosted or sponsored - \$25
- ☐ OHFAMA individual Member requesting **approval for a course that I have attended within 30 days - \$25**
- ☐ OHFAMA individual Member **post facto for CME approval for courses attended after 30 days- \$50**

NON-OHFAMA MEMBERS

- ☐ I am requesting 1 to 4 hours - \$50
- ☐ I am requesting 4.1 to 8 hours - \$75
- ☐ I am requesting 8.1 to 16 hours - \$100
- ☐ I am requesting 16.1 hours or more - \$175
- ☐ I want to join the OHFAMA Institutional CME Program (first time) - \$200
- ☐ I am a member of the OHFAMA Institutional CME Program (I have already paid \$200) - \$0

Mail to:

CME APPROVAL

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