

APPLICATION FOR OBTAINING CME CREDIT

MAIL a \$100.00 APPLICATION FEE PER SEMINAR COURSE AND DATE payable to the Illinois Chiropractic Society and **TWO COPIES** of the **following items**, at least **FOUR (4) WEEKS** in advance**:

Sponsor: Name _____
Address _____
City, State, Zip _____
Phone & Fax _____
Contact person _____

Seminar/program title: _____

Speaker: _____

Date for seminar: _____

Specific Location [Hotel & City]: _____

Number of Educational Hours: _____

[Do not include breaks, meals, etc.]

Detailed Syllabus to include: for each lecture hour three (3) learning objectives are to be submitted and three (3) referenced questions with answers, which the participant should be able to answer after the lecture. [2 copies]

Notes for the seminar, i.e. handout materials [2 copies]

Curriculum vitae for the speaker(s) [2 copies]

Speaker(s) affiliation letter - current letter verifying the speakers faculty or postgraduate level affiliation, if available, with a chiropractic, medical or osteopathic college (must be from college)

Approximate number of anticipated participants _____

[See page 2 regarding credit card guarantee]

MAIL items to: Linda L. Zange, DC
Chairman, CME Committee
3633 West Lake Ave Ste LL1B
Glenview, IL 60026

Page Two Application:

All seminars carry the following disclaimer:

“The Illinois Chiropractic Society, Inc. makes no representation, either directly or indirectly, that the substantive matter being presented is approved or is within the scope of chiropractic licensing. Further, ICS sanctioning of any Continuing Medical Education seminar is to accord applicable rules of the Illinois Department of Professional Regulation. The Illinois Chiropractic Society reserves the right to cancel or adjust program dates, times, speakers, or locations if the need arises. Illinois Chiropractic Society will not be responsible for registrants' expenses should any program changes occur. All classes announced will be held unless 24 hours prior registration indicates insufficient numbers to hold a seminar in which case those registered will be notified by phone or fax.”

Antitrust laws are complicated and with serious consequences. Organizations seeking approval agree to not undertake any activity that involves the exchange or dissemination among attendees any information regarding prices, pricing methods, cost of services or labor. In addition, formal and informal communications shall not include any type of boycott or refusal to do business with persons or businesses.

Further, there is a per participant processing fee based on program / seminar length. If the CME application is submitted **at least four (4) weeks** in advance of the seminar date**, the fees are as follows: if the program is 1 to 5 hours the fee is \$10.00 per participant; 6-10 hours the fee is \$15.00; 11- 15 hours \$20.00, 16 - 20 hours \$25.00, 21 - 25 hours \$30.00, etc., due within thirty (30) days after the seminar to be paid to the Illinois Chiropractic Society. The fee is to be submitted with a copy of the CME form for each of the participants and a list of the attendees / registrants. If fee is not received within 30 days, your credit card will be billed for all forms sent.

If the seminar is approved, CME forms to be completed by the participants will be forwarded with procedural instructions. The ICS reserves the right to monitor without cost seminar presentations. If you have any questions, contact Dr. Zange at 847/724-2340 or via a fax at 847/724-2356.

****FOUR WEEK DEADLINE:** For programs requesting approval after the four week deadline, the fees are double the current fees for application fee AND per participant processing fee. If any program of the same topic as an ICS program is offered within 100 miles and 15 days before or after an ICS program the same double fee structure may be applied.

I / We agree to the terms of the application.

Organization: _____ Date: _____

By: _____

CREDIT CARD GUARANTEE: [PLEASE PRINT] Used only if participant fee is not paid within 30 days of the seminar – it is based on the number of CME forms sent to you BOTH USED AND UNUSED whether returned or not.

[check one] Visa MasterCard Discover AMEX

CARD # _____ **Exp. Date** _____

NAME on card: _____

Authorizing Signature: _____

Billing address: _____

12/21/09 _____

ICS CME PRESENTER RESPONSIBILITIES

In addition to the application process and fees, YOU are responsible for:

1. Verifying completion of each program by signing the ICS - CME form provided.
2. Providing an ICS – CME certificate of attendance for each attendee.
3. ALL programs shall:
 - a. Contribute to the advancement, extension and enhancement of the professional skills and scientific knowledge of the attendee, and be taught at the level of the professional audience;
 - b. Foster the enhancement of general or specialized practice and value;
 - c. Be developed and presented by persons with education and/or experience in the subject matter of the program;
 - d. Specify the course objectives, course content and teaching methods to be used;
 - e. Specify the number of CME hours that may be applied to fulfilling the Illinois CME requirements for license renewal.
4. Providing a mechanism for evaluation of the program and instructor by the attendees either completed on-site or returned to you by mail.
5. All advertising, promotional materials and certificates of attendance must identify the ICS as sponsor of the CME.
6. Maintaining attendance records for not less than 5 years.
7. Responding to inquiries of attendees for attendance verification.
8. Assuring that no renewal applicant shall receive CME credit for non-participation in your program.
9. Providing to the ICS, within 30 days after the program, the following:
 - a. A list of the registrants/attendees including name and address;
 - b. The yellow copy of the 3 part ICS - CME form provided to you for each participant receiving verified CME;
 - c. A check for the per participant fee for CME as noted from the fee schedule on the application and approval letter;
 - d. Any unused forms;
 - e. The above items are to be forwarded to the:
Illinois Chiropractic Society
P.O. Box 9448
Springfield, IL 62791.
 - f. After thirty (30) days, the Credit Card Guarantee will be assessed based on the number of CME sent to you.

Antitrust laws are complicated with serious consequences. Organizations receiving approval agree to not undertake any activity that involves the exchange or dissemination among attendees any information regarding prices, pricing methods, cost of services or labor. In addition, formal and informal communications shall not include any type of boycott or refusal to do business with persons or businesses.

CONTINUING MEDICAL EDUCATION PROCEDURES

1. Have seminar participants complete the three-part CME Form. Please make sure the form is filled in completely with the signature of the participant.
2. The seminar sponsor/organization must verify each participant's attendance by signing the form in the section listed "Sponsor Signature."
3. The Original "White" copy is to be returned to the participant. Sponsor may keep the second "Pink" copy or return per item #4.
4. The "Yellow" copy must be forwarded to the ICS **with a check**, a list of the registrants / attendees, including name and address and **any unused forms** to the ICS within thirty (30) days after the seminar using the following address:

ILLINOIS CHIROPRACTIC SOCIETY, INC.
P O BOX 9448
SPRINGFIELD IL 62791-9448

5. After thirty (30) days, the **Credit Card Guarantee** will be assessed based on the number of CME sent to you.

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