**CHAPTER**

**MASTER CALENDAR REQUEST FORM**

**Do not** use the Chapter Master Calendar Request Form:

* If a chapter plans to apply for *AMA PRA Category 1 Credit*TM and/or ACEP Category I Credit **through ACEP**, as it will automatically be added to the Master Calendar once the application has been approved.

**Do** use the Chapter Master Calendar Request Form:

* Chapter business meetings
* Board meetings
* Other non-CME related meetings
* Meetings for which *AMA PRA Category 1 Credit*TM  will be received **from an accredited provider** **other than ACEP** and the chapter is **not** planning on applying for ACEP Category I credit.

**Calendar Event Information**

Event Type:

\_\_\_\_\_ Chapter Business Meeting

\_\_\_\_\_ Chapter Sponsored Educational Meeting

Event sub-type (if applicable): Fee:

 \_\_\_\_\_ ACLS \_\_\_\_\_Flat Fee

 \_\_\_\_\_ APLS \_\_\_\_\_ No Charge

\_\_\_\_\_ PALS \_\_\_\_\_ To Be Determined

\_\_\_\_\_ Board Review \_\_\_\_\_ Range: \_\_\_\_\_ minimum

\_\_\_\_\_ Ultrasound \_\_\_\_\_ maximum

Name of Accredited Provider (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other CME Sponsors (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *mm/dd/yyyy* *mm/dd/yyyy*

***Note:*** *In the event there are multiple occurrences, a separate form will need to be completed for each.*

**Contact Information**

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Line One: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Line Two: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_

Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Web site address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please be sure to include the "http://" part of the Website address.*

**Please submit completed form to:**

Dina L. Gonzales, Manager, Accreditation and International Relations

E-mail: dgonzales@acep.org

Fax: 972-580-2816