Continuing Medical Education (CME)

University of Wisconsin Department of Family Medicine
Eau Claire/Augusta
Approved: 7/1/10 Revised: 7/06/2017

Instructions: Complete and turn in this form prior to your planned CME.

Note: *Please refer to the CME Content Policy for additional information and clarification and refer to the Resident Employment Information Manual for information regarding uses of professional development funds. Any approval for CME does not imply allocation of CME funds. All expenses will need to be submitted for reimbursement, if applicable. Please refer to the local PTO policy for additional information on PTO guidelines.*

Name: _____ Today's Date: _____

Proposed Dates: _____

1. What rotation(s) are you assigned during this time? _____
2. Are you scheduled for any clinic days during this time? □Yes, dates: _____
   □No
3. Are you scheduled for Call/Weekend Rounding duties during this time? □Yes, dates: _____
   □No
   a. If yes, which resident is covering your responsibilities? _____
4. The CME is:
   a. □Conference. Attach a conference brochure of proposed CME activity.
   b. □Self-Study (online, video, written). A <u>detailed</u> self-study plan must be attached and estimated self-study time must account for a minimum of 40 hours. All self-study requests will be sent to the Program Director for review and approval. Upon completion of self-study, documents must be submitted verifying completion of proposed plan (e.g.: board review scores, certificate of completion, etc.)

Approval:

□Approved □Not Approved _____
(explanation)

Approved by: _____ Today's Date: _____
Medical Program Associate, on behalf of
Program Director

For office use:

- □ Verify allowable rotation/maximum time off during rotation
- □ Verify maximum # of residents allowed off
- □ Verify Clinic/Pt Care schedule
- □ Verify Call/Weekend Rounding responsibilities
- □ Enter in NI-Assignment Scheduling
- □ Enter in NI-Block Schedule
- □ Verify Edu Conf presenter schedule

Original: Time Away Binder

CC: Resident