

## CME and CE Monograph Submission Form

### Author Contact Information

<b>Your Name &amp; Degree(s)</b>	
<b>Your Professional Title &amp; Affiliation(s)</b>	
<b>Your Phone Number</b>	
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### Monograph Information

<b>Monograph Title</b>		
<b>Disease State or Condition the Monograph or article Addresses</b>		
<b>Target Audience</b>		
<b>Outcomes-based learning objectives</b>		
Please include at least three. (Those completing this activity should be able to...)	<b>#1</b>	
	<b>#2</b>	
	<b>#3</b>	
	<b>#4</b>	
<b>What educational need would this monograph address?</b>		
<b>Please include a proposed table of contents or general outline for the article/monograph</b>		

**Abstract**

Please provide a short (500 words or less) abstract about this article/monograph

**Co-Author Information**

Please provide the full name(s), degree(s), title(s) and affiliations(s) for co-authors of this article/monograph.

**Declarations**

This proposed monograph  **Is**  **Is Not** under consideration for publication elsewhere.

Research or other work presented in this proposed monograph has been conducted/authored by me or will be fully referenced and credited to the original author and/or researcher.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Return this completed form to:**

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