



## Education Shield

### Center of Workforce & Professional Development

Accomplishing our education mission as a Destination Medical Education Center of the Middle East and beyond.

## CME Request Form

Please download this form to your computer. Complete the form and submit with supporting documents (if any) to:

[SSMC- CME Center@ssmc.ae](mailto:SSMC-CME.Center@ssmc.ae) The CME center will contact you if further documents & information are required

Date of submission: \_\_\_\_\_  
Requester: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Department(s): \_\_\_\_\_  
Course (Chair(s): \_\_\_\_\_  
Course Co-Chair(s) \_\_\_\_\_  
Course Title: \_\_\_\_\_

Seminar                      Workshop                      Training                      Meeting                      Conference

Other (please specify) -----

Proposed Date(s): Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Proposed Location: \_\_\_\_\_ N/A \_\_\_\_\_

*(For an online course, mark N/A)*

**Do you have a sponsor (s)?**    **Yes**    **No**        **If Yes, sponsor (s) name:**

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**Who will manage the logistics of your course?**

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**Learning objectives (at least 2 objectives are required)**

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