

Office of Academic Affairs
Winthrop-University Hospital

CME SPEAKER LIST

COURSE TITLE:

DEPARTMENT/DIVISION:

COURSE DIRECTOR:

TELEPHONE:

The "CME Speaker List" is to be attached to the CME Application. Please use degree (e.g. M.D., D.O., Ph.D.) following speakers name. State "none" if the speaker has no hospital title or academic appointment and please be sure that the hospitals and medical schools are listed accurately and completely.

Date: Topic:

Speaker's Name and Degree:

Hospital Title:
Department:
Hospital:

Academic Rank:

Department:
Medical School:

Phone Number:

Email Address:

Date: Topic:

Speaker's Name and Degree:

Hospital Title:
Department:
Hospital:

Academic Rank:

Department:
Medical School:

Phone Number:

Email Address:

Date: Topic:

Speaker's Name and Degree:

Hospital Title:
Department:
Hospital:

Academic Rank:

Department:
Medical School:

Phone Number:

Email Address: