

Planning Form for RSS

Thank you for your interest in accrediting your activity for CME. This form is intended to help you plan your proposed RSS activity. Please complete the form in its entirety as this information will be collected once your application is approved.

Series Title:

Program Director:

**Director MUST be Physician*

Series Coordinator(s):

Activity Details:

❖ **RSS Format:**

Grand Rounds

Journal Club

Case Conference

Tumor Board

Morbidity & Mortality (M&M)

❖ **Delivery Format:**

In-Person

Virtual

Hybrid (In-person and Virtual)

❖ **Series Location:** (for in-person and hybrid)

❖ **Session Frequency:**

Weekly

Bi-weekly

Monthly

Quarterly

Other:

❖ **Session Start Time:**

End Time: