



TCEP Joint Sponsorship Questionnaire

2525 Wallingwood Drive , Bldg. 13A | Austin, Texas 78746 | Phone: 512.306.0605 | Email: tcep@aol.com | Web: www.texacep.org

Please complete this questionnaire. It will be reviewed by the TCEP Educational Committee chair. If at the conclusion of the review this questionnaire is accepted, you will be sent the "Application for Joint Sponsorship" and the process will begin.

TITLE OF PROPOSED PROGRAM: _____

DATES OF PROPOSED PROGRAM: _____

LOCATION OF PROPOSED PROGRAM: _____

Contact Person: _____ **Phone No.:** _____

Address: _____

No. of Proposed Hours for CME credit of course: _____

Program Director: _____ **Phone No.:** _____

Registration fee: _____ **Number of Registrants Anticipated:** _____

Does this proposed program pertain to the practice of emergency medicine?

Yes _____ No _____

What are the course objectives: _____

Please identify your target audience: _____

Program Director's Signature: _____ **Date:** _____

Return completed application to:

Texas College of Emergency Physicians
2525 Wallingwood Dr., Bldg. 13-A
Austin, TX 78746
Phone: 512-306-0605 Fax: 512-306-0599
tcep@aol.com