



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
4201 Patterson Avenue • Baltimore, MD 21215-2299

Maryland Board of Podiatric Medical Examiners

CONTINUING MEDICAL EDUCATION COURSE APPROVAL FORM

PROGRAM SPONSOR: _____

PROGRAM TITLE: _____

LOCATION: _____

DATE OF PROGRAM: _____

CME/HOURS ASSIGNED: _____

NAME & LICENSE # OF D.P.M.: _____

COMMENTS: _____

****Please include a syllabus for the course***

<p>BOARD USE ONLY</p> <p>APPROVED FOR CME: _____</p> <p>DISAPPROVED FOR CME: _____</p> <p>DATE APPROVED: _____</p> <p>AUTHORIZED SIGNATURE: _____</p> <p>TITLE: _____</p>
