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[CONFERENCE TITLE e.g.]

[SPEAKER(S) Name e.g. John Doe,]

(Speaker(s) and Planning Committee Members DISCLOSURES)

(Commercial Support Statement, if applicable, e.g.

This CME activity is supported by an educational grant(s) from [e.g. Name of Drug Company]

DATE: [e.g. July 1m 2000]

TIME: [e.g. 8:30 am]

LOCATION: [e.g. Auditorium 3]

STATEMENT OF NEED: [State the rationale fo the activity, e.g. why is the activity being held?]

TARGET AUDIENCE: [e.g. Physicians, residents, nurses, other Healthcare professionals]

OBJECTIVES: [e.g. 1) Identify signs and symptoms of... 2) Recognize when the symptom is of concern 3) Review the latest strategies]

St. Joseph's Regional Medical Center is accredited by the Medical Society of New Jersey to provide continuing medical education for physicians.

St. Joseph's Regional Medical Center designates this live activity for a maximum of [number of credits] *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.