



PROGRAM PLANNING FORM
CSAM CONNECT AND CONSULT GROUP
Form for approval of regional groups



1. Requester Information

Name of person taking responsibility for group (must be a CSAM Member):		
Requester's Address:		
Phone:	Fax:	E-mail:

2. Program Information

CSAM Community of Practice Group Please indicate area:
How often do you plan to meet? (e.g. quarterly meetings)
Where do you plan to meet? (e.g. private homes of CSAM member. May not be a commercial interest related to addiction treatment.)
Target Audience: Addiction physicians, across primary care and psychiatry, mostly CSAM members. Others:
Describe a typical meeting. Acceptable format can be Informal case discussion brought by a member on a topic selected to address a practice gap with articles distributed prior to meeting.
Describe how you will decide on practice gap/learning needs. A practice gap is the difference between actual and optimal practice. For example: members will identify practice gaps at the beginning of each year, but might find others at group meetings.
List all members your group. At least one in addition to the organizer must be a member of CSAM. Please include a financial relationship disclosure form for each member who will be presenting or determining topics.
CSAM does not allow any commercial support for it's educational activities. Check here to indicate that there is no commercial support for this activity