



**CONTINUING MEDICAL EDUCATION  
PROGRAM PLANNING FORM**  
*CSAM Consulting & Connecting Regional Groups*



**Please complete the following AFTER your meeting. This can also be sent via e-mail. Also include a sign in sheet (include the date of the meeting on the top of the sheet).**

**At the end of the meeting please take a few minutes to discuss any changes that participants plan to make as a result of their practice as a result of the activity. Summarize the discussion below. It is suggested that these items be reviewed again at the start of the next meeting and participants indicate whether these changes have been made and any difference in patient outcomes as a result of these changes. Please include on this form any changes made from the previous meeting. This is important and it documents changing practice.**