FMA Accreditation PROGRAM
How Physicians Earn Quality CME

Florida Medical Association Joint Providership Application

Questions? Call 800.762.0233

Commercial Supporters Form

Use this form to list the names of Commercial Supporters

Applicant Organization Name: _____

Title Of Activity/Presentation: _____

COMMERCIAL SUPPORTERS FORM

Name of Commercial Supporter	Amount of monetary commercial support	In-Kind
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐