FMA Accreditation PROGRAM
How Physicians Earn Quality CME

Florida Medical Association Joint Providership Application

Questions? Call 800.762.0233

Planners/Faculty Form

Use this form to include the names of Planners/Faculty

Applicant Organization Name: _____

Title Of Activity/Presentation: _____

PLANNERS/FACULTY FORM

Name of individual	Individual's role in activity	Name of commercial interest	**Nature/type of relationship.** Choose one of the following that best describes the relationship: Grant/Research support, Consultant, Speakers Bureau, Stockholder, Other financial/material support.

PLANNERS/FACULTY FORM continued

Name of individual	Individual's role in activity	Name of commercial interest	**Nature/type of relationship.** Choose one of the following that best describes the relationship: Grant/Research support, Consultant, Speakers Bureau, Stockholder, Other financial/material support.