

CME and CE Monograph Submission Form

Author Contact Information

Your Name & Degree(s)	
Your Professional Title & Affiliation(s)	
Your Phone Number	
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Monograph Information

Monograph Title		
Disease State or Condition the Monograph or article Addresses		
Target Audience		
Outcomes-based learning objectives		
Please include at least three. (Those completing this activity should be able to...)	#1	
	#2	
	#3	
	#4	
What educational need would this monograph address?		
Please include a proposed table of contents or general outline for the article/monograph		

Abstract

Please provide a short
(500 words or less)
abstract about this
article/monograph

Co-Author Information

Please provide the full
name(s), degree(s),
title(s) and affiliations(s)
for co-authors of this
article/monograph.

Declarations

This proposed monograph ☐ **Is** ☒ **Is Not** under consideration for publication elsewhere.

☐ Research or other work presented in this proposed monograph has been conducted/authored by me or will be fully referenced and credited to the original author and/or researcher.

Signature _____

Date _____

Return this completed form to:

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