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| **IASIS CPE Credits Application Form** |  |  |  |  |  |
| (for use in petitioning for allocation of CPE credits for participation in courses and events) |  |  |  |  |  |
| Name of event provider |   |  |  |  |  |  |
| Address of event provider |  |  |  |  |  |  |
| Event Title |   |  |  |  |  |  |
| Event Location(s) |   |  |  |  |  |  |
| Event Date (s) |   |  |  |  |  |  |
| A description of the subject matter covered, and the time involved (*e.g.* 30 minute presentation on disease identification *etc*) | *Insert Topics Covered / Outline of Presentation:* | Duration (mins) | Name of speaker/presenter |  |  |  |  |  |
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| The names and qualifications (*if known*) of each of the instructors  |   |  |  |  |  |  |
| IASIS Website | *Do you wish to have this event information included on the courses and events section of the IASIS website where it can be publicly viewed prior to the event?* | Yes/No: |  |  |  |  |  |
|   |  |  |  |  |  |
| Name, address, telephone and email address of applicant |   |  |  |  |  |  |
|   |  |  |  |  |  |
| Signature  |   | Date:  |  |  |  |  |  |