

# Society of Critical Care Medicine



**The Intensive Care Professionals**

## **APPLICATION FOR ENDORSEMENT**

The Society of Critical Care Medicine (SCCM) invites you to apply for endorsement of your continuing medical education activity. The fee for endorsement of each educational activity location is \$4,000 which is non-refundable, includes one complimentary set of SCCM membership mailing labels and one-time use of the SCCM logo on marketing materials. [Additional mailing lists or usage can be purchased. Endorsement is granted as a one-time use and a new application must be completed for any reoccurring programs, or additional dates from the initial approval.](#) The SCCM requires ninety (90) days to review all requests for endorsement. SCCM affiliates, chapters, and sections are not required to pay the endorsement fee, but should refer to the SCCM Authorized Use of Logo Policy for additional information.

Requests for endorsement will only be considered from non-profit organizations. The SCCM must approve in writing the preliminary educational program and any promotional materials or brochures in advance of their printing. Once written approval is obtained from the SCCM, NO changes can be made to either the educational program or the promotional materials without resubmission to the SCCM for review.

The SCCM adheres to the following guiding principles when determining whether the proposed educational program will be considered for endorsement:

1. Does the educational event serve SCCM members?
2. Is it a unique project that will promote the mission and vision of SCCM?
3. Does it ultimately serve the patient?

As an applicant for endorsement by the SCCM, you will be required to do the following:

- complete the application no later than seven (7) months prior to the start of each educational program
- provide an educational program schedule, including:
  - three (3) learning objectives
  - session times, topics and faculty identified

The SCCM will confirm in writing approval of the educational program within ninety (90) days of receipt.

The Application for Endorsement does not include continuing education credits. Should your organization wish to apply for continuing education credit and/or joint sponsorship of the educational program with the SCCM, please complete the SCCM Application for Joint Sponsorship.

If you have any questions regarding the SCCM Application for Endorsement, please contact Education Department, at 847/493-6430

Society of  
Critical Care Medicine



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**APPLICATION FOR ENDORSEMENT**

Name of Organization \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_  
Web address \_\_\_\_\_

.....  
**Educational Program**

Title of Educational Program \_\_\_\_\_

Date(s) of Educational Program : \_\_\_\_\_

Location(s) of Educational Program : \_\_\_\_\_

**Learning Objectives**

Please identify three (3) learning objectives for the educational program.

At the conclusion of this educational program, participants should be able to:

- 1.
- 2.
- 3.

**Speaker Disclosure and Conflict of Interest**

SCCM endorses programs that demonstrate a consistent process for identifying and resolving speaker conflicts of interest. To maintain the content integrity of the program, the Society requests a written summary of all speaker conflicts of interest and their resolution. Please provide a description of the speaker disclosure process and the actual documentation of how the speaker conflict(s) of interest were resolved for this activity.

**Disclosures reviewed, no conflicts**

**Disclosures reviewed, conflict resolution process listed below:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Target Audience

Please identify the target audience for this educational program and the number of participants you plan on reaching with this activity, based on your mailing lists, membership, average monthly hits to your web site, etc. \_\_\_\_\_

Other organizations to which you have requested endorsement:  
\_\_\_\_\_  
\_\_\_\_\_

## Program

Attach a copy of the educational program with session times, topics and faculty identified.

## Budget

Please submit a budget with the application.

## Tax-Exempt Status

Please provide a letter with your tax-exempt status.

## SCCM Review and Approval

The SCCM will review this application and contact you with a response within ninety (90) days of receipt.

***I have read and agree to abide by the SCCM policies for endorsement as noted on the Application for Endorsement.***

\_\_\_\_\_  
**Name/Title**

\_\_\_\_\_  
**Organization**

\_\_\_\_\_  
**Date**

### **PAYMENT INFORMATION- Total Due \$4,000**

**If application is declined, payment will be refunded, less a \$100 administrative fee**

Check (must be U.S. Funds drawn on a U.S. bank) or International Money Order

Check number: \_\_\_\_\_

Wire Transfer (Please contact SCCM Customer Service for wire transfer information)

Credit Card

American Express     Discover     MasterCard     Visa

Card Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1. If using electronic payment, please email form to [education@sccm.org](mailto:education@sccm.org)

2. Mail and payment to 35083 Eagle Way, Chicago, IL 60678-1350

(For office use only) Program Endorsement - Rev. 4240-7535100 for \$4,000 --Ship to ID: \_\_\_\_\_