



NIH CME Activity Request Form

Activity Director:

Administrative Officer:

Name of Activity:

Type of Activity:

Activity Start Date:

Activity End Date:

IC: Branch:

IC CAN Number:

Activity Director Signature:

Administrative Officer Signature:

**TO BE COMPLETED BY THE NIH CLINICAL CENTER OFFICE OF CLINICAL RESEARCH TRAINING AND
MEDICAL EDUCATION**

IC Cost:

OCRTME Cost:

Total Cost: