TACME Scholarship Application for 2012 Texas CME Conference

Austin, Texas June 13-15, 2012

Last name **First name** **MI**

Mailing address: **Street** **City** **State** **Zip**

Daytime Phone Number (with area code) **E-mail Address**

Employer (must be a CME provider organization/institution)

Present position with organization/institution

I have been employed by this organization/institution since (month/year): _____

I have been involved in CME for _____ ☐ **year(s)** _____ ☐ **months**

TACME Region where employed: ☐ **West** ☐ **Northeast** ☐ **South** ☐ **Southeast**

TACME Member since: _____

Current Accreditation Status: ☐ **TMA** ☐ **ACCME** ☐ **Other** _____

Are other employees from your office attending? ☐ **Yes** ☐ **No** ☐ **Maybe**

How many employees are in CME in your department? _____

Briefly explain how you or your organization will benefit from your attendance.

Completed form must be submitted by April 30, 2012 via email to: charrison@seton.org