



National Kidney Foundation™

**COMMISSION ON DIETETIC REGISTRATION (CDR) APPROVED PROVIDER
CONTINUING PROFESSIONAL EDUCATION ACTIVITY PRIOR APPROVAL REQUEST FORM**

Date: Title

Program Date (if various dates, attach list):

Location (City and State): Program Chair Contact Person

Address

Daytime Phone Number Email: Fax Number:

Target Audience ☐ RDs ☐ DTRs ☐ Other (specify) Estimated number of RDs/DTRs in Attendance:

Number of Total CPE Hours Requested: (60 minutes = 1 CPE hour) CPEU Level: (refers to the following definitions)

Level 1: Little or no knowledge of the area(s) covered. The focus is to increase core knowledge.

Level 2: General knowledge of literature and professional practice in area(s) covered. The focus is to enhance knowledge and application.

Level 3: Thorough knowledge of literature and professional practice within area(s) covered. The focus is on synthesis of recent advances and future directions.

Indicate Activity Type (select one): ☐ Live ☐ Self-Study NOTE: An activity must be at least one full hour to qualify. Fractions of an hour are rounded up after 30 minutes and down at least 29 minutes. The following required documentation must be provided with this form.

Live (select all that apply and indicate number of CPE hours) <input type="checkbox"/> Major sessions <input type="checkbox"/> Posters <input type="text"/> <input type="checkbox"/> Exhibits <input type="text"/>	Self-Study (select one only) <input type="checkbox"/> Audio-based <input type="checkbox"/> Computer-based <input type="checkbox"/> Print <input type="checkbox"/> Video-based <input type="checkbox"/> Web-based
1. Title(s) of presentation with learning objectives describing anticipated outcomes. (Attachment A) 2. Timing of outline, including time spent for registration, introduction, welcomes, coffee and meal breaks, and discussion. A reactive discussion is required for all group activities. 3. Contact information (includes name, credentials, affiliations, phone, email address, etc) for all speakers and committee members to facilitate request of required forms (disclosure/attestation, biographical sketches, resumes or CV)	1. Title(s) of presentation with learning objectives describing anticipated outcomes (Attachment A) 2. Self-study program in printed form, including post-test questions, bibliography and reference and further reading. Complete references must be cited. 3. Contact information (includes name, credentials, affiliations, phone, email address, etc) for all speakers and committee members to facilitate request of required forms (disclosure/attestation, biographical sketches, resumes or CV)

Submit request form with required documentation at least 8 weeks prior to activity date to:

Serena Konduru, CME/CE Activities Manager, Kidney Learning Solutions, National Kidney Foundation, 30 East 33rd Street, New York, NY 10016

Fax: 212-689-9261 Questions: 800-622-9010 or 212-889-2210 ext. 163 Email: serena.konduru@kidney.org

For Continuing Education Committee Use Only:

Date Approved: Approval Code: Activity Approval Date: Activity Expiration Date:

Number of Maximum Allowable CPE Hours: (For Live Activities: Major Sessions Exhibits Poster Sessions)

Comments:

Approved by: (Print Name)

Signature: