



MASSACHUSETTS  
MEDICAL SOCIETY

*Every physician matters, each patient counts.*

INITIAL APPLICATION  
Joint Sponsorship of a CME Activity

Complete this Initial Application for consideration of Joint Sponsorship of a CME activity with the Massachusetts Medical Society (MMS). A separate application is required for each activity.

Your application will be reviewed within 1-2 weeks of its receipt at MMS. You may be contacted for additional information. After review, you will be informed of the decision and, if accepted, the joint sponsorship fee and associated accreditation responsibilities.

If in agreement, you may download and complete the Activity Planning Document which begins the formal process of submitting an activity for review by the MMS Committee on Sponsored Programs. The completed Activity Planning Document must be submitted to MMS at least 5-6 months prior to the start date of your activity.

Please direct any questions to [mmscmecertification@mms.org](mailto:mmscmecertification@mms.org).

*Please fill in the requested information in the boxes provided below.*

**Applicant Information:**

1. Name of Organization:

2. Name of Person Responsible for Activity:

3. Address:

4. Telephone Number:

5. E-mail Address:

**Activity Information:**

1. Title:

2. Date(s):

3. Length of Activity (number of days):

4. Day 1:

Start Time:

a.m.

☐

p.m.

☐

End Time:

a.m.

☐

p.m.

☐

If the activity will last more than one day, please describe the start time and end time for each day in the box below.

5. Format (i.e., live event, webinar, online, home study):

6. Briefly describe the learning methods to be used (i.e., lecture, case study, panel discussion, breakout sessions, etc.):

7. Number of faculty members (including moderators, panelists, and facilitators):

8. Number of commercial supporters expected to be contacted for support of the activity (if none, write 0):

9. This activity promotes improvement or quality in health care and was planned free of commercial interest.

☐ Yes      ☐ No

10. What are the professional practice gaps that this activity will address?

11. Please give a brief (~200 words) general description of the planned activity.

12. Why are you seeking joint sponsorship with the MMS for this educational activity?

*To submit your application via e-mail, please hit the "Submit by E-mail" button at the end of the application.*

*Or you may print your form and fax it to (781) 642-1246 or mail it to:*

*Joint Sponsorship Request  
Massachusetts Medical Society  
Continuing Education Department  
860 Winter Street  
Waltham, MA 02451*