LISEI Pre-Application

Complete this form, save it to your computer, and then attach it to an email addressed to: LISEI@LHS.org

Requested By: Date:

Phone: Email:

Project Name:

☐ CME Activity or ☐ Non-CME Activity

☐ CEU Activity or ☐ Non-CEU Activity

Target Audience: ☐ Physician ☐ Surgeon ☐ Resident ☐ Nurse

☐ Other (please specify):

Estimated number of learners:

Requested Date:

What are the Goals and Objectives of the program?

% Didactic: % Dry/Wet lab: