

Course Title:

Course Description:

Learning Objectives: **Must have at least three objectives.*

- 1.
- 2.
- 3.
- 4.
- 5.

Speaker Name(s) and Credentials:

Speaker(s) Biography:

Date(s) of Event:

Number of CE's Provided: **Anticipated Number of Presentations:** 1 2-4 5+

Live or Recorded Content: Live Recorded Both **Request California Approval:** Yes No

All attendees ADHA members? Yes No Unsure **What is the registration fee?**

Is this program sponsored? Yes No **If yes, who is the sponsor?**

Does the sponsor influence the content or speaker? Yes No