

Northern California Psychiatric Society

A District Branch of the American Psychiatric Association
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CME SUPPLEMENTAL FORM FOR INDIVIDUAL PRESENTATIONS

Presenter: _____

Title of Presentation: _____

Day, date, time : _____

Provide needs assessment for this activity.

List specific educational objectives for this session: Describe the learning outcomes that complete the sentence "At the end of the session, the learner should know.....or should be able to demonstrate....."

Do you anticipate any change in the physician's practice? Please explain:

What teaching methodologies will be used? (e.g., lecture, workshop, panel, etc)

Content of the session: **Provide an abstract** or outline of **key points to be made**. **Must include list of references.**