



**NCAPA Endowment Regional Chapter CME Grant**  
***In Memory of Mark Sizemore and Mandy Dozier***

**Date Application Submitted:** \_\_\_\_\_

**NCAPA Regional Chapter Sponsoring Educational Event:**

\_\_\_\_\_

**Primary Contact for Application:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Alternate Phone #:** \_\_\_\_\_

**Preferred Email Address:** \_\_\_\_\_

**Correspondence Mailing Address:**

\_\_\_\_\_

\_\_\_\_\_

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**Title of CME Event:** \_\_\_\_\_

**Description of CME Activity (including proposed date, learning objectives, venue,  
and target audience):** \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**Has application for Category 1 CME approval been submitted? If not please indicate plans for submission:**

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**Do you intend to apply for additional sponsors for this event? If so, please list other organizations where you are applying.**

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**Please include the following supporting documents:**

- Confirmation of NCAPA regional chapter in good standing**  
*(This confirmation can be requested by contacting Kat Nicholas, Director of Membership and Marketing, at [kat.nicholas@ncapa.org](mailto:kat.nicholas@ncapa.org))*
- Preliminary budget**
- Preliminary brochure**
- Confirmation of Category 1 CME approval (not required at time of application but needed prior to reconciliation)**