

**CME Courses and
PACE PLUS Application**

Mailing Address:

1550 Hotel Circle N, Ste 320, San Diego, CA 92108

Email: ucpace@ucsd.edu | **Phone:** 619.543.6770 | **Fax:** 619.488.6078

paceprogram.ucsd.edu

AVAILABLE PROGRAMS (Please select all CME Courses for which you are applying):

CME COURSES – ALL Online, Live	TOTAL COST	COURSE DATES?* (Choose from online class schedule)
<input type="checkbox"/> Clinician-Patient Communication	\$1,000	
<input type="checkbox"/> Ethics for Medical Professionals	\$1,600	
<input type="checkbox"/> Managing High Impact Emotions	\$2,875	
<input type="checkbox"/> Medical Record Keeping	\$1,300	
<input type="checkbox"/> Physician Prescribing	\$1,675	
<input type="checkbox"/> Professional Boundaries	\$2,625	

Selecting a course date is **REQUIRED. If no date is selected, you will be enrolled in the next available course date. For customized/individualized programs, please use the "PACE Custom Program Application Form."*

PACE PLUS: OPTIONAL FOLLOW-UP FOR BEHAVIORAL CME COURSES

Please select which behavioral courses you would like to enroll in optional follow-up for:

Ethics for Medical Professionals Managing High Impact Emotions Professional Boundaries

Please select the PACE PLUS format for which you are applying:

PACE PLUS Format – ALL Online	TOTAL COST (added to CME cost)
<input type="checkbox"/> MAP One-on-One Coaching: 7 sessions	\$3,750 (10% off enrollment within 30 days of course completion)
<input type="checkbox"/> MAP Group Coaching: 2 sessions total	NO ADDITIONAL COST: Included in cost of the 3 courses above but you must opt-in to enroll, <i>optional to enroll unless required by referrer</i>
<input type="checkbox"/> MAP Group Coaching: 4 sessions total (2 additional)	\$139
<input type="checkbox"/> MAP Group Coaching: 6 sessions total (4 additional)	\$259
<input type="checkbox"/> MAP Group Coaching: 12 sessions total (10 additional)	\$599

(MAP) Coaching: Maintenance of Accountability and Professionalism

APPLICANT INFORMATION

Name: _____
Last
First
Middle Initial

Mailing Address for Course Books _____ City _____ State _____ Zip _____

Phone: Work/ Home: _____ Cell: _____

Fax: _____ Email: _____

Gender: Male Female Other (please identify) _____ Date of Birth: _____

PRACTICE INFORMATION

Degree (please check one): M.D. D.O. D.P.M. P.A. Other: _____

Board certified in: _____ Date of last recertification: _____

Board eligible in: _____

Specialty of current clinical practice: _____

State License Number: _____ DEA Number: _____

Are you currently practicing medicine? Yes No

REFERRAL INFORMATION

Are you required to attend by a third party? Yes No

Please select the reason that best describes why you are registering for PACE CME Courses:

Required by State Medical Board (Write in Board Name): _____

Required by Hospital/Medical Group (Write in Org Name): _____

Recommended by my Attorney (Write in Attorney Name): _____

Self-improvement (How did you hear about us?): _____

Other (Why are you registering?): _____

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CONSENT AND RELEASE OF INFORMATION

I authorize the University of California and the Physician Assessment and Clinical Education Program (the "Program") to disclose and exchange information pertaining to my participation in the Program and any of its offerings with (Please write in the name of the person(s) or entities to whom we can release your information - e.g. State Medical Boards, Hospital Executive Committees, Attorneys, etc.):

Organization/Entity: _____

Person: _____

Address: _____

Phone and/or Email: _____

Organization/Entity: _____

Person: _____

Address: _____

Phone and/or Email: _____

Organization/Entity: _____

Person: _____

Address: _____

Phone and/or Email: _____

I acknowledge and agree not to electronically record any sessions that I participate in as a result of the PACE assessment. PACE, and all of its agents, do not agree to be electronically recorded. I acknowledge that if I electronically record a PACE session, PACE will pursue all available remedies to prohibit my use and/or dissemination of the unlawfully obtained recording.

I understand that information about my participation in the Program shall be available for inspection and review by the above agencies and/or persons or by their designee at any time. By virtue of this express authorization, I voluntarily waive any privilege or privacy right which may attach to such information released to the above agencies and/or designees.

I do not elect to authorize release of records or information pertaining to my participation in the PACE Program to any individuals or entities, except as required by law.

I understand and acknowledge that this release does not alter or limit the ability of the University of California and the PACE Program to comply with law, regulation, or court order which may require disclosure of records and/or information related to my participation in the PACE Program.

By my signature below, I agree to hold harmless the Regents of the University of California, its officers, agents and employees from any liability resulting from or arising in connection with this agreement.

Signature

Name

Date

PAYMENT AND APPLICATION PROCESSING

CME COURSES AND PACE PLUS	COST
Clinician-Patient Communication	\$1,000
Ethics for Medical Professionals	\$1,600
Managing High Impact Emotions	\$2,875
Medical Record Keeping	\$1,300
Physician Prescribing	\$1,675
Professional Boundaries**	\$2,625
MAP One-on-One Coaching: 7 Sessions	\$3,750 (10% off enrollment within 30 days of course completion)
MAP Group Coaching: 2 sessions total	NO ADDITIONAL COST: Included in cost of Ethics, High Impact Emotions & Boundaries
MAP Group Coaching: 4 sessions total (2 additional)	\$139
MAP Group Coaching: 6 sessions total (4 additional)	\$259
MAP Group Coaching: 12 sessions total (10 additional)	\$599

Cost of PLUS programs is in addition to Cost of CME course(s)

TO PAY BY CREDIT CARD (fastest/preferred method)

Please email or fax the completed application to:

Email: ucpace@ucsd.edu

Fax: 619.488.6078

After your completed* application is received, you will receive* an email with an invoice and instructions to complete an online credit card payment. Once your payment is received, we will send you an email confirming receipt of your application and further enrollment information.

*Make sure you've included this required information on your application: Your name, phone number, email address, and signed "Consent and Release of Information" form.

Most applicants receive an invoice within one (1) business day of submitting their application via email or fax.

TO PAY BY CHECK OR MONEY ORDER

Please mail your completed application with check or money order for class total made payable to "UC REGENTS" to:

PRIMARY Mailing Address

(Must use for FedEx, UPS, USPS Priority):

1550 Hotel Circle N, Ste 320

San Diego, CA 92108*

*Also physical address of PACE offices

UC San Diego Campus Mailing Address:

200 West Arbor Drive,

Mail Code 8204

San Diego, CA 92103

ENSURE YOUR ENROLLMENT

We require your completed application and full payment to be registered for the course. At that time, you will receive a registration confirmation by email with details about the course.

Enrolling in PACE PLUS requires you to also enroll in at least one of these three CME courses: Ethics for Medical Professionals, Managing High Impact Emotions, or Professional Boundaries.

**The Professional Boundaries course also requires a brief telephone screening prior to enrollment to ensure the course is right for you. The PACE CME Coordinator will call the cell phone number listed on the application after we receive payment.

CANCELLATION AND REFUND POLICY FOR PACE PLUS PROGRAM

- Please contact the PACE staff to confirm requirements and eligibility of cancellations and refunds for PACE PLUS, which are subject to review.
- For cancellation and refund information about a Core CME Course, please refer to the PACE CME Course refund and cancellation policy below.

CANCELLATION, REFUND AND TRANSFER POLICY FOR PACE CME COURSES

- Courses twenty-eight (28) days or more from commencement are eligible for a refund, less a 10% processing fee.
- Courses twenty-seven (27) days or less from commencement are not eligible for a refund or date transfer.
- Date transfers may be requested for courses twenty-eight (28) days or more from commencement. All date transfers are subject to a \$150 transaction fee.

All notifications of cancellation, date transfer request, and request for refund must be made in writing, via email (ucpace@ucsd.edu) or fax (619-488-6078) to the UC San Diego PACE Program. Any approved refunds are subject to a 10% processing fee. If a date transfer request is granted, a maximum of one date transfer is allowed. Transferred courses are not eligible for a refund. Refunds are issued in the method the payment was made. Credit/debit card refunds will be credited back to the card originally charged, and a check from UCSD will be issued if you paid by check.

If you have questions about the application process, please call (619) 543-6770 or email ucpace@ucsd.edu.