UC San Diego
School of Medicine

PACE Program

Physician Assessment and Clinical Education Program

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

CME Course Application

AVAILABLE PROGRAMS (please select all programs for which you are applying):

COURSES - ALL Online	COST	REQUESTED DATES (check online class schedule)
☐ **Physician Prescribing**	$1,995	
☐ **Medical Record Keeping**	$1,300	
☐ **Clinician-Patient Communication**	$1,000	
☐ **Ethics for Medical Professionals**	$1,500	
☐ **Professional Boundaries Program**	$2,625	
☐ ***Professional Boundaries PLUS***	$5,000*	Will follow course date(s) selected above
☐ **Managing High Impact Emotions**	$2,825	
☐ ***Managing High Impact Emotions PLUS***	$5,000*	Will follow course date(s) selected above

For customized/individualized programs, please use the "PACE Custom Program Application Form."

Name: _____
Last First Middle Initial

Address: _____

Phone: ☐ Work / ☐ Home _____ Cell: _____

Fax: _____ E-mail: _____

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

Who referred you to the PACE Program (please select one)?

☐ State Medical Board (Write in Name of Board): _____

☐ Private Hospital/Medical Group (Org Name): _____

Point of Contact/Cmte.: _____

☐ Attorney: _____

☐ Self (how did you hear about us?): _____

☐ Other: _____

What are the circumstances that led up to your referral or application to the PACE Program? *(We ask that you be forthcoming with your response so we can ensure you are applying for the appropriate course)*

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 Address:_____

Organization/Entity:_____

Person:_____

Address:_____

Phone and/or Email Address:_____

Organization/Entity:_____

Person:_____

Address:_____

Phone and/or Email Address:_____

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

_____
Print Name

_____
Date

PAYMENT AND APPLICATION PROCESSING

CME COURSE COSTS

COURSES - ALL Online	COST
Physician Prescribing	$1,995
Medical Record Keeping	$1,300
Clinician-Patient Communication	$1,000
Ethics for Medical Professionals	$1,500
Professional Boundaries Program**	$2,625
- ***Professional Boundaries PLUS******	$5,000
Managing High Impact Emotions	$2,825
- ***Managing High Impact Emotions PLUS******	$5,000

Cost of PLUS programs= $5,000 + 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 office

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.

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.

***To register for the **Professional Boundaries Program PLUS** or **Managing High Impact Emotions PLUS**, you must also register for the respective core CME course.

CANCELLATION AND REFUND POLICY FOR PACE PLUS PROGRAM

- Participants must cancel the PLUS Program within 24 hours of completing a Discovery session to be eligible for a refund of the PLUS Program cost less the cost of the Discovery Session.
- For participants deemed ineligible for the PLUS Program by PACE faculty, PACE will refund $4,850.
- For cancellation and refund information about a Core Program, 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.