



# NORTON HEALTHCARE

## Continuing Medical Education

## Regularly Scheduled Series (RSS) Addendum

<b>CME Activity Name:</b>	
<b>Requesting Department and/or Physician:</b>	
<b>Activity Contact:</b>	

**Please provide a brief summary of how discussion topics are selected.** (*ACCME Criterion 7*)

## Participating Facilitators / Moderators / Presenters

Please list all key physicians that routinely present at this RSS.

*Please note that a Disclosure Form is required for all participating facilitators, moderators and presenters of the RSS even if not listed below.*

[illegible]