

**OVERVIEW**

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**LEARNING OUTCOME(S)**

Text…………………………………………………………………………………………………………………………………………………………………………...……..…………………………………………………………………………………….

**Activity Title** ⚫ **Month, Day, Year**Location, Room, City, State



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**PLAN OF THE DAY**

**REGISTRATION**

The registration fee is $X. Dartmouth-Hitchcock employees and affiliates are $X. To register please visit the event website:

http://med.dartmouth-hitchcock.org/ce

For registration questions, please call (603) 653-1234 or email
clpd.support@hitchcock.org.

**ACCREDITATION**

Dartmouth-Hitchcock is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Dartmouth-Hitchcock designates this live activity for a maximum of *X AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Dartmouth-Hitchcock Nursing Continuing Education Council is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

This educational activity carries X contact hours.

**REGISTER ONLINE: HTTP://MED.DARTMOUTH-HITCHCOCK.ORG/CE**