

**CME Courses and  
PACE PLUS Application**

**Mailing Address:**

200 West Arbor Drive, Mail Code 8204, San Diego, CA 92103

**Email:** [ucpace@ucsd.edu](mailto:ucpace@ucsd.edu) | **Phone:** 619.543.6770 | **Fax:** 619.488.6078

[paceprogram.ucsd.edu](http://paceprogram.ucsd.edu)

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

<b>CME COURSES – ALL Online, Live</b>	<b>TOTAL COST</b>	<b>COURSE DATES?*</b> (Choose from online class schedule)
<input type="checkbox"/> Enhancing Provider Communication	\$1,500	
<input type="checkbox"/> Ethics for Medical Professionals	\$1,750	
<input type="checkbox"/> Managing High Impact Emotions	\$3,000	
<input type="checkbox"/> Medical Record Keeping	\$1,500	
<input type="checkbox"/> Physician Prescribing	\$1,750	
<input type="checkbox"/> Professional Boundaries	\$2,750	

*\*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."*

**For Ethics for Medical Professionals participants, are you required to attend by the California Medical Board?**  Yes  No

**If so, please note that you will be automatically enrolled in a mandatory Ethics Follow-Up session at 6 and 12 Months after your course completion date.**

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

<b>PACE PLUS Format – ALL Online</b>	<b>TOTAL COST</b> (added to CME cost)
<input type="checkbox"/> <b>MAP One-on-One</b> Coaching: 7 sessions	\$4,167 (10% off enrollment within 30 days of course completion)

(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?): \_\_\_\_\_

**CONTINUE TO NEXT PAGE**

**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

**TERMS AND CONDITIONS FOR PARTICIPATION IN  
UCSD PHYSICIAN ASSESSMENT AND CLINICAL EDUCATION (PACE) PROGRAM**

I hereby agree to abide by the following terms and conditions for participating in a UC San Diego PACE Program (“the Program”) continuing medical education (CME) course, including but not limited to: Managing High Impact Emotions; Professional Boundaries Program; Ethics for Medical Professionals; Medical Record Keeping Course; Physician Prescribing Course; and Clinician-Patient Communication Course.

1. I understand that the Program offers education activities that qualify as continuing medical education (CME) events and as such, is not a professional or clinical assessment of any kind.
2. I understand and agree that the Program does not guarantee any outcome and that the Program shall have sole discretion to decide length and suitability of my participation in any Program activity. Much of my success will depend on my focus, willingness to prepare and participate, and other variables which are outside of the Program’s control.
3. I shall at all times comply with instructions of the Program faculty, shall NOT participate in outside activities in parallel with my participation in the Program, and shall remain logged in and engaged in the virtual learning platform during the hours of my designated Program.
4. I understand that ahead of the first day of my selected Program, it is my sole responsibility to assure that I have met all technologic hardware, software, and connectivity requirements for engaging in the virtual learning platform.
5. I understand and agree not to film, record (either audio or video), or duplicate, content provided by the Program, the Program, and/or any Programmatic materials. California law requires that both parties consent to any recording, and I understand that the Program and all of its presenters are providing notice that they do **not** consent to any recording and/or duplication of Program sessions, content, and/or materials. Any attempt to do so will result in immediate removal from the Program and forfeiture of all fees paid. The Program also reserves the right to bring an immediate action to enjoin the use of all Program materials and/or content.
6. I understand and agree that the Program does not allow auditing or observing of any activity related to or comprising the Program. Any attempt to do so will result in immediate removal from the Program and forfeiture of all fees paid. The Program also reserves the right to bring an immediate action to enjoin the use of all Program materials and/or content.
7. I understand and agree that the Program fees are: a) required to be paid in full prior to enrollment; b) refundable according to the Program’s cancellation, refund and rescheduling policy (attached hereto as “Exhibit A”); c) not applicable to a repeat session.
8. I understand and agree that upon completion of the Program and full compliance with these

terms and conditions, the Program shall provide me with written documentation evidencing my completion.

9. I understand and agree that the Program will disclose results of my activity only to parties authorized by me or as required by law. The Program will determine, in its sole discretion, what information will be disclosed.
10. To the extent my participation is the result of a requirement imposed by an authorized regulatory agency, I understand and acknowledge that such information must be disclosed by me to the Program, and the Program may disclose my results directly to said agency.
11. I also acknowledge that the Program is not responsible for the use or disclosure of such released information by a third party, and the Program shall not be required to undertake independent investigation of the legality of, or to otherwise contest, such use or disclosure.
12. The Program may also give notice to person(s) or organization(s) previously authorized by me to receive information of the following:
  - (a) I cancel or fail to appear for any Program activities;
  - (b) I rescind the Program's authorization to release information;
  - (c) The Program terminates my Program participation.
13. I agree that the Program shall not be required to undertake independent investigation of the legality of, or to otherwise contest, legal efforts such as a subpoena or court order, to obtain records in the Program's possession. I agree that the Program may provide responsive materials, with or without notice, and any and all obligation to assert objection is solely my responsibility.
14. I understand and agree that my participation in the Program does not entitle me to coverage by any of the UC self-insurance programs, including, but not limited to, professional liability coverage and/or workers' compensation insurance. Should I be named in any lawsuit, claim or demand, I shall be personally responsible for my own defense and the payment of any judgment or settlement which may be awarded or entered into.
15. I understand and agree that by my signature below, these Terms and Conditions supersede all prior agreements, understandings, or communications, whether oral or written, relating to the Program.

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Signature

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Print Name

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Date

**PAYMENT AND APPLICATION PROCESSING**

CME COURSES AND PACE PLUS	COST
Clinician-Patient Communication	\$1,500
Ethics for Medical Professionals	\$1,750
Managing High Impact Emotions	\$3,000
Medical Record Keeping	\$1,500
Physician Prescribing	\$1,750
Professional Boundaries**	\$2,750
MAP One-on-One Coaching: 7 Sessions	\$4,167 (10% off enrollment within 30 days of course completion)

*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](mailto: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:

**UC San Diego Campus Mailing Address:**

***(Please DO NOT Use Expedited Mail Services)***

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 online screening prior to enrollment to ensure the course is right for you. The screening survey must be completed by the participant and reviewed by PACE CME Coordinator before payment.

**EXHIBIT A**

PACE CME Cancellation, Refund and Rescheduling Policy

**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](mailto: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. Please contact the PACE staff to confirm requirements and eligibility of cancellations and refunds, which are subject to review.

**CANCELLATION AND REFUND POLICY FOR PACE PLUS PROGRAM**

- Cancellation requests made prior to the discovery session are eligible for a refund, less a 10% processing fee.
- Cancellation requests made after the discovery session are not eligible for a refund.
- Rescheduling requests must be made more than 24 hours prior to a scheduled session.
- Please note, only three rescheduling requests can be made throughout the coaching engagement. After that, further requests to reschedule will not be honored. Additionally, if you fail to provide proper notice for three scheduled sessions, you will be removed from the program without a refund.

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