LSU Health NEW ORLEANS
School of Allied Health Professions
Medical Laboratory Science

Program Proposal Form
CLPC Seminars

Proposal for: ☐ **Spring** ☐ **Fall** **Year:** _____

Suggested Title/Topic:

Brief Description/Summary of Program (Limit to 50 words or less):

Three objectives (required for continuing education credit):

Preferred Dates/Times for Presentation:

Level of Presentation (check one): ☐ Basic ☐ Intermediate ☐ Advanced

Proposed Speaker:

Name/Credentials:
Position:
Affiliation:
Street Address:
City/State/Zip:
Phone:
Email:

Sponsorship: (please list if you will have a sponsor; acknowledgement will be given in the program)

SEND PROPOSALS TO: CLPC@lsuhsc.edu
(Subject line: CLPC Seminar Proposal)

If your proposal is accepted, there is an honorarium provided.