SUBMITTING A FULL APPLICATION

OFFICE of CONTINUING MEDICAL EDUCATION
Quillen College of Medicine
EAST TENNESSEE STATE UNIVERSITY
A FULL APPLICATION IS REQUIRED AFTER YOUR PRE-PLANNING FORM HAS BEEN APPROVED

- You will receive an automated email from the HighMarks system once your Pre-planning Form has been approved that walks you through the completion of this process as well.
1. Log into your HighMarks account

You can access the login page by visiting our website at etsu.edu/com/cme or ww2.highmarksce.com/etsu/
2. My Applications

Once you have logged into your account, select ‘My Applications’ from the menu at the top of the page.
3. You will now see a new ‘Application Type’ associated with your application and an incomplete submission status. Click on the title of your activity to continue the application process.

My Applications

Use this section to manage one or more applications.

How to Submit an Application:
1. Click on the “Start New Pre-planning Form” button.
2. Complete all information and click “Submit.”
3. The form will be reviewed by the CME Office.
4. You will receive further information about the next step in the process via email.

How to Edit or Complete an Application:
1. Incomplete applications can be continued by clicking on the title of the event.
2. An application cannot be edited once it is finalized and pending review.

If you have any questions, contact mabeck@atsu.edu.

1. 144 - Supper with a Surgeon
   Application Type: Live Activity
   Submission Status: Incomplete

View/Print | Delete
4. Complete all required fields within each tab.

**If an application fee is required, this must be completed before
the application is finalized.

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**Submit Live Activity**

Use the tabs below to complete the form. Required items are noted in red text and must be completed prior to submission. The Title tab must be completed and saved before working in any other tab.

Please be sure to click Save before moving on to (or clicking) the next tab. Any unsaved data will be lost. Please do not use the browser’s back button to navigate to the previous page.

Click on any tab below to continue the application process.

|----------|---------------|-------------------------|-----------------------------|------------|----------|

**Title**

Please provide the proposed title of this activity.

Supper with a Surgeon

Remaining: 279

Check Spelling

**CME Planner**

CME Planner will populate from Pre-Planning step.

Donna Dougherty (Donna Dougherty)

**Who is Hosting the Activity?**

Joint Provider

**Activity Start Date**

[Additional information related to the CME Planner]

[Additional information related to the CME Planner]
If you have any questions please contact your assigned planner for assistance.

Thank you!