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| **CME APPLICATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| This document collects all information necessary to plan and develop a proposed CME activity for physicians. Completion of the entire form is necessary to meet accreditation requirements. Assistance is available by contacting <name and contact information for your organization>. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Date Submitted:** | | | | | | | |  | | | | | | | | | | | | | **Requested By:** | | | | | | | |  | | | | | |
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| **Proposed Activity Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title / Topic of Activity: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Beginning Date: | | | | | | |  | | | | | | | | | | | | | | Ending Date: | | | | |  | | | | | | | | |
| Beginning Time: | | | | | | |  | | | | | | | | | | | | | | Ending Time: | | | | |  | | | | | | | | |
| Location: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Proposed Faculty**  *Attach a list of speakers, proposed speakers, and proposed honorarium for each.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Faculty recommended due to (please check all that apply): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Subject matter expert | | | | | | | | | | | | Excellent teacher / communicator | | | | | | | | | | | | | Experienced in CME | | | | | | | | | |
| Other (please explain): | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Are proposed honoraria within policy requirements established by the CME Division? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | N/A | |
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| **All of the following steps of the planning process must be taken independent of commercial interests. All persons in a position to control content must disclose all relevant financial relationships with a commercial interest because <Organization Name>** **must implement mechanisms to identify and resolve all conflicts of interest before the CME activity occurs. CME must promote improvements, or quality in health care, and not the proprietary interests of commercial interests (C7, C8, C9, C10).** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Disclosure Declaration Statement and Letters of Attestation for all Faculty, Planning Committee and Staff are attached. *See Standards for Commercial Support on file in the CME office.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | No |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Credit Type Requested** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| American Medical Association Category 1 Credit (AMA PRA) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| American Academy of Family Physicians (AAFP) - AAFP Member must be involved with the activity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| List other credits requested: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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| **Activity Director**  *This is the physician with overall responsibility for planning, developing, implementing, and evaluating the content and logistics of a certified CME activity.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Degree(s): | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone/Fax: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Planning Committee Members**  *All individuals listed will be required to complete a CME disclosure form.* ***Minimum of three required.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Need Assessment (C1)**  *Please explain how this CME activity will align with the mission of CME (C1)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aligns with organizational goals. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Designed to assist physicians and healthcare professionals gain competency and improve performance resulting in higher quality care that will enhance the health status of the population. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Designed to assist in the dissemination of new medical knowledge. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Promotes the practice of evidence-based medicine. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other (please explain): | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| **Professional Practice Gaps (C2, C3)**  *A professional practice gap is the difference between current practice and optimal practice. It can also be described as the difference between what actually occurs and what should occur to give the best possible care to patients. CME is intended to be designed to address gaps in knowledge, competence, or performance. Please indicate if this activity will be designed to change competence, performance or patient outcomes.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Competence (ability) | | | | | | | | | | Patient Outcomes | | | | | | | | | | Performance (in practice) | | | | | | | | | | | | | | |
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| **Sources of Need Used to Identify Quality or Professional Practice Gaps (C2)**  *Please check all that apply and provide copies.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Evaluation of Previous CME | | | | | | | | | | | | | | | | | | | | | Survey of Target Audience | | | | | | | | | | | | | |
| Focus Group Results | | | | | | | | | | | | | | | | | | | | | Results of Chart Audits | | | | | | | | | | | | | |
| Literature Review | | | | | | | | | | | | | | | | | | | | | Regulatory or Legislative Issues | | | | | | | | | | | | | |
| Patient Satisfaction Data | | | | | | | | | | | | | | | | | | | | | Morbidity / Mortality Statistics | | | | | | | | | | | | | |
| Hospital Administration Recommendation | | | | | | | | | | | | | | | | | | | | | CME Committee Recommendation | | | | | | | | | | | | | |
| Hospital Data Related to Patient Outcomes | | | | | | | | | | | | | | | | | | | | | Development of New Technology | | | | | | | | | | | | | |
| Environmental Scanning of Other Providers | | | | | | | | | | | | | | | | | | | | | Faculty Recommendation | | | | | | | | | | | | | |
| Risk New Methods of Diagnosis or Treatment Management / Patient Safety | | | | | | | | | | | | | | | | | | | | | Input from Experts Regarding Medical Advances | | | | | | | | | | | | | |
| National, Regional, or State Studies / Data / Guidelines | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Other (please explain): | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| **Educational Format (C5)**  *How will the CME activity be designed to facilitate a change in the learners? Adult learning principles and the physician learning and change process should be considered when selecting the appropriate method. Please check all that apply.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lectures | | | | | | Case Presentations | | | | | | | | | | Small Group Discussion | | | | | | | | | | | Roundtable Discussion | | | | | | | |
| Panel Discussion | | | | | | | | | Other (please specify): | | | | | | | | | |  | | | | | | | | | | | | | | | |
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| **Desired Results (C6)**  *Please check all that apply.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Care or Patient-Centered Care | | | | | | | | | | | | | | | | | | | | | Medical Knowledge | | | | | | | | | | | | | |
| Practice-Based Learning and Improvement | | | | | | | | | | | | | | | | | | | | | Interpersonal and Communication Skills | | | | | | | | | | | | | |
| Professionalism | | | | | | | | | | | | | | | | | | | | | System-Based Practice | | | | | | | | | | | | | |
| Interdisciplinary Teams | | | | | | | | | | | | | | | | | | | | | Quality Improvement | | | | | | | | | | | | | |
| Utilize Informatics | | | | | | | | | | | | | | | | | | | | | Employ Evidence-Based Practice | | | | | | | | | | | | | |
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| **Desired Results / Outcomes (C11,C12)**  *How do you plan to address the professional practice gaps identified? What do you expect to occur following this activity? Please refer to verb list of writing objectives.*  *After attending this CME activity the participants will be able to:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Potential Barriers That May Prevent Learners From Achieving Desired Results (C18)**  *These may be perceived or real barriers preventing the learners from achieving expected changes in competence, performance or patient outcomes. Please check all that apply.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lack of time to assess or counsel patients | | | | | | | | | | | | | | | | | | | | | Lack of consensus on professional guidelines | | | | | | | | | | | | | |
| Lack of administrative support / resources | | | | | | | | | | | | | | | | | | | | | Insurance / reimbursement issues | | | | | | | | | | | | | |
| Cost | | | | | | | | | | | | | | | | | | | | | Patient compliance issues | | | | | | | | | | | | | |
| No barriers | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Other (please explain): | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| **Please explain how you will try to address potential barriers with this CME activity (C19)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Other Non-Educational Strategies (C17)**  *What strategies could be used to enhance change in your learners as an adjunct to this activity? Examples include patient surveys, patient information packets, email reminders to the learners (i.e., summary points from the lecture, new information, posters throughout the hospital, pocket guides).* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Will you include other strategies in order to enhance learner’s change as an adjunct to this activity? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes (list strategies that will be included): | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| No (please explain): | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Please list any other internal or external groups/organizations that may be able to work with us to address this same issue (C20)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Please check the methods of outcome measurement that will be used to measure change in the learners’ competence, performance or patient outcomes** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Written Evaluation | | | | | | | | | | | | | | | Post Conference Evaluation | | | | | | | | | | | | | Quality Data | | | | | | |
| Pre-Test | | | | | | | | | | | | | | | Post-Test | | | | | | | | | | | | |  | | | | | | |
| Other (please explain): | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| **Commercial Support and Exhibits**  *Will this activity receive commercial support (financial or in-kind grants or donations) from a company such as a pharmaceutical or medical device manufacturer? Note, exhibit fees are not considered commercial support.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | | | No | | | | I have read and agree to abide by the ACCME Standards for Commercial Support. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Will vendor/exhibit tables be allowed at this activity? | | | | | | | | | | | | | | | | | | | | | | Yes | | No | | | | | | | | | | |
| \* Please note that all Commercial Support and Exhibits will be overseen by the CME Department.\* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Preliminary Budget** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| We strongly encourage you to use the <Organization Name> CME budget template. If you have your own template, please ensure that projected income and expenses are listed in detail. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Budget Attached | | | | | | | | | Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Is this activity and the commercial support for the activity clearly within the Standards for Commercial Support and Guidelines established by the <Organization Name> and the AMA Guidelines on Gifts to Physicians? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | No |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Proposed activity budget to be managed by: | | | | | | | | | | | | | | | | | | CME | | | | | Department | | | | | | | Joint / Co-Provider | | | | |