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| *PROGRAM INFORMATION* | | | | | | | | | | |
| **Activity Title** | Click here to enter activity title. | | | | **Date** | Click here to enter a date. | | | Individual CME Activity  New Regularly Scheduled Series (RSS)  RSS Renewal | |
| **Type** | Grand Rounds/Lecture Series  Case-base/Tumor Conference  Journal Club  Conference/Symposium  ABP MOC (Pediatric)  ABS Continuous Certification  ABPath (Pathology)  ABIM MOC  Other: Click here to enter text. | | | | | | | | | |
| **Frequency *(RSS)*** | Weekly  Monthly  Bi-Monthly  Quarterly  Other: Click here to enter text. | | | | | | | | | |
| **Day(s) of the**  **Week *(RSS)*** | Mon.  Tue.  Wed.  Thu.  Fri. | | | | | | **Time of Day** | | | *Start:* Time  AM  PM  *End:* Time  AM  PM |
| **If monthly or bi-monthly, please specify the week of the month the activity is held *(RSS)*:**  First Week  Second Week  Third Week  Fourth Week  Every Other Week  Other: Click here to enter text. | | | | | | | | | | |
| **Duration - months during the year the activity is available (i.e. July-June) *(RSS)*** | | | | | | | | Click here to enter duration. | | |
| **Location (conference room, facility)** | | | | Click here to enter location. | | | | | | |
| *PROVIDER* | | | | | | | | | | |
| **Direct Provider – SR-AHEC** | | | If this activity is Continuing Professional Development (CPD) with another department, please identify: Click here to enter text. | | | | | | | |
| **Joint Provider**  **(Non-Accredited CME**  **Educational partners)** | | | If this activity is jointly provided, please identify the educational partner below and be aware that a ***Joint Provider Agreement or MOA***must be completed prior to series start/renewal.   |  |  |  | | --- | --- | --- | | *Organization* | *Contact Name* | *Phone Number* | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | | | | | | | |
| *CONTACT INFORMATION* | | | | | | | | | | |
| Identify the physician primarily responsible for planning and conducting this activity on an ongoing basis. | | | | | Identify the CME Coordinator (the person within the department responsible for submitting activity session reports to CME on an ongoing basis.) | | | | | |
| *Course Medical Director* | |  | | | *CME Coordinator* | | | | |  |
| *Title* | |  | | | *Title* | | | | |  |
| *Dept./Div./Other* | |  | | | *Dept./Div./Other* | | | | |  |
| *Address* | |  | | | *Address* | | | | |  |
| *City/St/Zip* | |  | | | *City/St/Zip* | | | | |  |
| *Telephone* | |  | | | *Telephone* | | | | |  |
| *Email* | |  | | | *Email* | | | | |  |

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| *EDUCATIONAL PLANNING AND DESIGN* | | |
| **Continuing education activities must be planned and implemented in accordance with the Accreditation Council for Continuing Education (ACCME) Essential Areas and Elements as follows:**   * An appropriate NEEDS ASSESSMENT is used that identifies the professional learning “gap(s)” to be addressed in the   CME activity. What is the practice based problem you wish to address? How do you know it is a problem (C2)?   * The GOALS AND/OR OBJECTIVES are derived from the identified need(s) or gap(s) in knowledge, competence or performance and are COMMUNICATED to the learner prior to the activity (C3). * State what the CME activity was designed to change in terms of learners’ competence or performance or patient outcomes (C3). * Explain why this EDUCATIONAL FORMAT is appropriate to meet the needs of the learners (C5). * An appropriate activity EVALUATION mechanism is used that links the stated goals and/or objectives to the overall effectiveness of the activity (C3, C11). * The activity MUST comply with the ACCME requirements for DISCLOSURE / Resolution of Conflict of Interest and COMMERCIAL SUPPORT (C7). | | |
| **1.** | **Target Audience** | For whom is this activity designed?  **Please check all that apply:**  Physicians  Fellows  Residents  Medical Students  Pharmacists  Nurses  Physician Assistants  Nurse Practitioners  Certified Nurse Midwives  Other, please specify: Click here to enter text. |
| **2.** | **Projected Credit Hour(s)** | Please fill in the amount for the desired credit.  Credit amount *AMA PRA Category 1 Credit(s) ™*  Credit amount CNE  Credit amount Contact Hours  Credit amount CEU  Credit amount ACPE  Credit amount Other: Click here to enter text. |
| **3.** | **Planning Process**  **(C2, C7, C23, C24,**  **C25, C28)** | Who is involved in planning this activity?  Anyone involved in planning must complete a Disclosure Form*.*  *Disclosure forms for planners must be submitted with the application.*  **Please Check all that apply:**  Course Medical Director  Planning Committee  Members of Interprofessional Teams (C23)  Student of Health Professions (C25)  Patient/Public Representative (C24)  Reviewer  Collaboration (with 1 or more organizations) (C28)  Other, please describe: Click here to enter text.  **Please list all individuals involved in planning this activity.**   |  |  |  |  | | --- | --- | --- | --- | | *Planner Name* | *Affiliation* | *Role in Planning* | *Disclosure on File* | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   **MOC Reviewers (C2)**   |  |  |  |  | | --- | --- | --- | --- | | *Planner Name* | *Affiliation* | *Role in Planning* | *Disclosure on File* | |  |  |  |  | |  |  |  |  | |
| **4.** | **Planning Meeting (C22)** | *Planning Meeting Date:* Click here to enter a date.  SR-AHEC CME Representative Present  Minutes / Summary Attached |
| **5.** | **Purpose / Course Description** | What is the overall purpose for this activity? What do you hope to accomplish by offering this activity?  Click here to enter text. |
| *REQUIRED NEEDS ASSESSMENT: PROFESSIONAL PRACTICE GAP - OBJECTIVES – EVALUATION WORKSHEET* | | |
| **6.** | **Needs Assessment**  **Methods, Educational**  **Needs and Practice Gap (C2, C3 C26, C27)** | NEEDS ASSESSMENT:A needs assessment is the process of identifying and analyzing data that reflect the **professional practice gaps** (C2) of your learners on which the activity is based and the need (knowledge, competence, or performance) underlying the professional practice gap. Gaps are the difference between actual (what is) and ideal (what should be). The data was derived from:  Surveys of potential learners (attach)  Evaluation data from past CME activities  Needed improvement in health outcomes  Identified new knowledge or skills  Guidelines (cite): Click here to enter text.  Policy/regulation change (cite): Click here to enter text.  Clinical/environmental observation and data (describe): Click here to enter text.  Other, please describe: Click here to enter text.  The needs assessment data is the basis for developing learning objectives for a CME activity *(examples: updates or changes to guidelines, needs assessment, hospital/clinic data, morbidity/mortality data, health disparities, population health, social determinants of health, laws and regulations).*  **State the professional practice gap(s) of your learners on which the activity is based.**  What is the problem to address?  Click here to enter text.  **State as learning objectives the educational need(s) that you determined to be the cause of the professional practice gap(s) for what this CME activity is designed to change in terms of competence, performance, or patient outcomes. For resources on writing objectives**, click here.  Check all that apply:  Knowledge need (data on recent advances, basic science)   Please explain:  Click here to enter text.    Competence need (changes in skill, strategies, and approach)   Please explain:    Click here to enter text.  Performance need (procedure, intervention, application)   Please explain:  Click here to enter text. |
| **7.** | **New ACCME Criteria for Commendation** | The Accreditation Council for Continuing Medical Education (ACCME) adopted new criteria for Accreditation with Commendation. The ACCME Criteria C23 – C38 promote team based education, public health priorities, skills based learning and educational leadership. To view new criteria, click here.  The planning committee has reviewed the new criteria adopted by the ACCME and has incorporated at least one of the new criteria as reflected in the needs assessment and learning objectives.  Please specify which criteria the activity will incorporate: Criteria Number (for example: C25)  ***The identified criteria must be reflected in the learning objectives and educational forma****t.* |

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| **8.** | **Educational Format (C5, C31, C32, C35)** | *What educational format(s) will be used to achieve the overall goal/objectives for this activity?*  Check all that apply:  Lectures, Q & A  Case presentations/discussions  Procedure Demonstration/Hands-on activity  Small group activities  Enduring materials  Skill-based  Blended Learning  Team Based/ Interprofessional  Simulated patient encounter  Flipped classroom  Individual assignments/literature reviews  Other, please describe: Click here to enter text.  Explain why this educational format is appropriate for this activity. *For objectives that involve changing strategies or skills, a panel discussion, pair‐share or other type of small group discussion may allow learners to reflect, analyze or apply new knowledge. If the educational objective is changing performance, practice with simulation and feedback might be useful (C5).*  Click here to enter text.  Will you include any **innovations** or **creative approaches**? If so, what approaches (C35)? (ex. Educational design, assessment, or use of technology)  Click here to enter text.  Will you use **individualized learning plans** for learners (C31)?  No  Yes  Tracks learners repeated engagement & longitudinal plan over weeks/months?  Provide individual feedback to learner to close practice gaps? [Required for MOC]  Will you provide any **tools &/or resources** for attendees to take home to support changes in learner practice (reminder cards, flow sheets, online instructional material) (C32)?  No  Yes (please provide to SR-AHEC) AND  Periodic analysis to determine effectiveness of support strategies & plan improvements?  ***Attach a copy of the proposed program agenda and schedule with time/topic/speaker/breaks and registration times.*** |
| **9.** | **Physician**  **Competencies or Attributes**  **(C6, C23, C24, C25)** | Indicate the desirable physician attribute(s) this activity addresses.  *The list below includes the American Board of Medical Specialties (ABMS) and American College of Graduate Medical Education (ACGME) Competencies, Institute of Medicine Competencies, Interprofessional Education Collaborative Competencies, or you may enter other competency (ies) that are recognized by your organization.*    Patient Care and Procedural Skills  Medical Knowledge  Practice-Based Learning and Improvement  Interpersonal and Communication Skills  Professionalism  Systems-Based Practice  Provide Patient-Centered Care  Work in Interdisciplinary Teams  Employ Evidence-Based Practice  Apply Quality Improvement  Utilize Informatics  Values/Ethics for Interprofessional  Practice Roles/Responsibilities  Interprofessional Communication  Teams and Teamwork  Other Competency (ies) |
| **10.** | **Evaluation Method**  **(C11) (C37)** | What is the highest level of outcome measurement that this activity will meet (C11)?  Level 1: **Participation** (attendance records - required)  Level 2: **Satisfaction** (questionnaires completed by attendees - required)  One of the below (Level 3-7) is required:  **Competence Measures:** change in knowledge, skills, or attitude, intent or readiness to change practice  Level 3A: Learning: **Knows** (pre and post assessment of knowledge of facts, data)  Level 3B: Learning: **Knows How** (pre and post assessment of applying information, commitment to change, reflexive statement)  **Application Measures:** change in participant behaviors or practice  Level 4: Learning: **Shows How** (observation during activity, follow up survey of practice change)  Level 5: **Performance** (observation in a patient care setting, chart review)  **Impact Measures:** change in organizational practice or in patient or community health outcomes  Level 6: **Patient health** (health status measures from chart or administrative databases)  Level 7: **Community health** (epidemiological data, local/state/national reports)  Other: Click here to enter text.  How will you know if you’ve been effective in producing change? C11 Evaluation must include assessment of change in practice, either intended or actual results.  Individual program evaluation  Follow up survey of practice change  Commitment to change statement  Patient Interviews  Skill evaluation during or after activity  Chart Reviews  Team-based debrief/assessment  Reflexive statements  Review of department QI/data [Summary required]  Pre & post-test  Other: Click here to enter text. |
| *DISCLOSURE OF FINANCIAL RELATIONSHIPS* | | |
| The ACCME requires that ANYONE who has the opportunity to influence the content of the CME activity (planners, reviewers and presenters) disclose ANY and ALL financial relationships they or their significant other have with a COMMERCIAL INTEREST; and that ANY potential conflicts of interest be resolved before the activity occurs. Resolution of Conflict Form must be completed before the program. | | |
| **11.** | **Disclosure Forms**  **(C7)** | The Disclosure Formis the mechanism CME uses to identify potential conflicts of interest. This form must be completed by all who control and contribute to the educational content including the Course Medical Director, Planning Committee members, speakers, authors, moderators, reviewers etc. For case conferences, all participants who contribute to the course content should complete a disclosure form.  Disclosure Forms for planners, reviewers, faculty members, and confirmed speakers or contributing case conference attendees are attached. Disclosure forms for planners must accompany the application.   * *Disclosure Forms for speakers* ***not yet*** *identified and/or confirmed must be sent prior to the session.* |
| **12.** | **Disclosure**  **Verification**  **(C7)** | **The ACCME requires that disclosure of all financial relationships (or the lack thereof) for ANYONE who has control over CME content is communicated to the CME audience prior to the activity. CME requires that disclosures be communicated to the learner in writing either on the program announcement, a disclosure handout, or in the slides**.  How will disclosure information be conveyed to the audience during this series?  In written format:  Handout  Slides  Flyer/ Brochure |
| *ADMINISTRATIVE AND OTHER FINANCIAL OBLIGATIONS* | | |
| **13.** | **Advertising and**  **Promotional**  **Materials (C10)** | The ACCME requires that all advertising and promotional materials include objectives, names of joint providers, specified accreditation and credit statements, SR-AHEC encourages the disclosure of planners, reviewers, and faculty in the flyer or brochure, and notification of any exhibit or commercial support.    How will the audience be notified about the conference (target audience, objectives, accreditation, designation of credits, etc.)?  Announcement  Email  Monthly Calendar  Interdepartmental Email  Website, URL:  Other, please describe: Click here to enter text.  ***Please include CME in all mailings/announcements/email distribution lists*** |
| **14.** | **Activity Budget** | How will this program be financially supported?  Departmental organization/Budget  Registrations  Other (please explain): Click here to enter text. |
| *ACCREDITATION AND CREDIT REQUIREMENTS* | | |
| **15.** | **Accreditation and Credit Statement** | All communication regarding the educational activity will be required to have accreditation and credit statements. These statements will be provided by SR-AHEC CME once application has been reviewed and approved. |
| *MANAGEMENT OF COMMERCIAL SUPPORT* | | |
| **16.** | **Commercial Support (C7, C8)** | ***Due to the volume of RSS, CME will not provide credit for RSS activities with commercial support.***  ***For individual CME activities, contact CME directly with any questions or inquiries regarding commercial support prior to initiating an application for an unrestricted educational grant.***  SR-AHEC adheres to the [Standards for Commercial Support for Continuing Medical Education of the ACCME](http://www.accme.org/requirements/accreditation-requirements-cme-providers/standards-for-commercial-support). A Commercial Interest organization is defined as one that produces, markets, sells or distributes health care goods or services consumed by or used on patients; is owned or operated, in whole or in part, by an organization that produces, markets, sells or distributes health care goods or services consumed by or used on patients; or advocates for use of the products or services of commercial interest organizations.  Acknowledgements – commercial support must be acknowledged to the audience. SR-AHEC acknowledges commercial support in two ways: 1) in the course announcement, brochure, or course materials; and 2) prior to the start of any activity, the Written Documentation of Verbal Disclosure Form is used by the coordinator or moderator to acknowledge all commercial support. |
| **17.** | **Exhibitors** | It is the policy of SR-AHEC to comply with the ACCME’s *Standards for Commercial Support* regarding commercial exhibits at CME activities.   * When commercial exhibits are part of the overall CME activity, arrangements for these exhibits must not influence planning or interfere with the presentation of CME activities. Exhibit placement should not be a condition of support for a CME activity (ACCME SCS 4.1). * No commercial promotional materials shall be displayed or distributed in the same room immediately before, during, or after a CME activity (ACCME SCS 4.2). * A separate contract will be used for exhibit arrangements. That contract will contain the terms, conditions, and prohibitions regarding exhibits associated with the education activity. * All commercial supporters intending to exhibit or advertise in proximity to a CME activity will be provided with SR-AHEC’s policies and procedures that do not allow sales or promotional activities while in the space or place of the CME activity (ACCME SCS 4.2). |
| **18.** | **Acknowledgement of Exhibitors** | Exhibit support (i.e. food provided by an exhibitor) must be acknowledged to the CME audience prior to the activity.  SR-AHEC CME requests that the acknowledgement be provided in writing on the flyer, brochure, or a handout listing exhibitors. |
| I have read and am aware of the ACCME educational criteria for *AMA PRA Category 1 Credit(s) ™* and the administrative requirements of SR-AHEC CME. I accept the responsibility for compliance with the ACCME Essentials and Standards for Commercial Support outlined in this application. I understand that approval may be withdrawn by CME at any time if requirements are not met. | | |
| *Course Medical Director Signature:* Click here to enter full name and credentials. *Date:* Click here to enter a date. | | |
| *APPLICATION CHECKLIST OF REQUIRED MATERIALS* | | |
| Joint Provider Agreement, if applicable  Planning Committee Minutes  Documentation of Needs Assessment  Written goal/objectives  Copy of the proposed program agenda and schedule with time/topic/speaker/breaks and registration times  Reviewed and incorporated new CME criteria (C23-38)  Planners, Reviewers, and Presenters Disclosure Forms  If this is a renewal application, the evaluation summary from the previous year  Draft or example of promotional material (flyer)  Course Medical Director Signature  CME Application and Planning Guide completed in its entirety | | |
| **FOR SR-AHEC USE ONLY**  *Date received by CME:* Click here to enter a date. *Date reviewed by CME:* Click here to enter a date.  **Approved** for Number of credits here hours  *Start Date:* Click here to enter a date. *End Date:* Click here to enter a date.  **Not approved** – Reason: Click here to enter text.    *CME Signature:* Click here to enter full name and credentials. | | |