

CME Course Application

INSTRUCTIONS: Please fill out the application and return with a proposed agenda. Any incomplete applications will be returned. Please allow a 30 day turn around time for approval.

Requesting Facility:		Activity Type:	Select from drop-down menu.	Providership:	___ Direct ___ Joint
Activity Date:		Activity Title:			
Program Leader / Physician Leader:					
Phone:		Email:			
State the <u>professional practice gap(s)</u> of your learners on which the activity was based. (C2)					
State the <u>educational need(s)</u> that you determined to be the cause of the professional practice gap(s). Complete all that apply. (C2)		Knowledge need			
		Competence need			
		Performance need			
State what this CME activity was <u>designed to change</u> in terms of learners' competence or performance or patient outcomes. Complete all that apply. (C3)		Competence			
		Performance			
		Patient Outcomes			
Choose a type of <u>educational format</u> for this activity? (C5)		<input type="checkbox"/> Lectures followed by question periods <input type="checkbox"/> Panel Discussions <input type="checkbox"/> Case presentation and discussion Other(specify):			
Explain why this <u>educational format</u> was appropriate for this activity. (C5)					
Indicate the <u>desirable physician attribute(s)</u> (i.e., competencies) this activity addressed. Select all that apply. (C6)		ACGME/ABMS	<input type="checkbox"/> Patient Care and Procedural Skills <input type="checkbox"/> Medical Knowledge <input type="checkbox"/> Practice-based Learning and Improvement	<input type="checkbox"/> Interpersonal and Communication Skills <input type="checkbox"/> Professionalism <input type="checkbox"/> Systems-based Practice	
		Institute of Medicine	<input type="checkbox"/> Provide Patient-centered Care <input type="checkbox"/> Work in Interdisciplinary Teams <input type="checkbox"/> Employ Evidence-based Practice	<input type="checkbox"/> Apply Quality Improvement <input type="checkbox"/> Utilize Informatics	
		Interprofessional Education Collaborative	<input type="checkbox"/> Values/Ethics for Interprofessional Practice <input type="checkbox"/> Roles/Responsibilities	<input type="checkbox"/> Teams and Teamwork <input type="checkbox"/> Interprofessional Communication	

Individuals in Control of Content

For each individual in control of content, **list** the name of the individual, **select** the individual's role(s) in the activity, and **indicate** if the individual has no relevant financial relationships; or if the individual has relevant financial relationship(s) — the name of the commercial interest(s) with which the individual has a relevant financial relationship(s), the nature of that relationship(s), and how the conflict(s) was resolved. (C7 SCS 2.1, 2.2, 2.3).

Name of individual	Individual's role(s)					Check here if no relevant financial relationships	Complete this section if the individual has a relevant financial relationship(s) with an ACCME-defined commercial interest		
	Course Director	Planner	Moderator	Speaker	Patient		Name of commercial interest(s)	Nature of relationship(s)	Mechanism(s) implemented to resolve conflict of interest in the activity

Did the table above include an <u>employee(s)</u> or <u>owner(s)</u> of an ACCME-defined commercial interest(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the activity receive commercial support? (C7 SCS 1.1)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Learning Objectives: The objectives must be measurable and describe a potential impact on physician competence, performance, and/or patient outcomes. What are the specific learning objectives for this activity? (List)

- 1.
- 2.
- 3.
- 4.

Target Audience Describe the intended target audience for this program:	
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CME Office Use Only:

AMA PRA Category 1 CME Credit(s) [™] :	Approval Date:	
ETHICS Credit(s):		
Approved by: _____ Email _____ Committee Meeting _____		
COMMERCIAL SUPPORT (C8 SCS 3.4-3.6)		
Name of commercial supporter	Amount of monetary commercial support	Level