

Application for CME Credit

****Completed applications must be submitted by the Wednesday before the committee meeting for review.
The Committee meets the fourth Tuesday of each month.***

Activity Title: _____

Date: _____ Time: _____ Location: _____

Type of Activity for **AMA PRA Category 1 CME Credit(s)**[™]: _____ Number of credits requested: _____

Meeting (1 to 2.5 hours) Symposium (3 or more hours) Regularly Scheduled Series

Are you requesting ethics credit for the activity or portions of the activity? Yes No

If yes, please explain: _____

Total amount requested to be paid by the Covenant Health CME Department: _____

Activity Director (Must be a physician and not the primary speaker. This person is responsible for reviewing all presentation materials for accuracy and bias and answering any questions that the CME Department might have.)

Name	Phone	Email
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Program Coordinator: (This person is the primary specialty contact for the program and will serve on the planning committee.)

Name	Phone	Email
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If you are in a position to affect the content of this activity, please check the box and sign a Disclosure of Relevant Financial Relationship Form. **All who are in a position to affect the content of CME activities need to sign a Disclosure of Relevant Financial Relationship Form. -*

1. Which physician core competencies are being addressed by this educational activity? (Desirable Physician Attributes) Check all that apply.

IOM Competencies:

- | | | |
|--|---|--|
| <input type="checkbox"/> Provide patient-centered care | <input type="checkbox"/> Employ evidence-based practice | <input type="checkbox"/> Utilize informatics |
| <input type="checkbox"/> Work in interdisciplinary teams | <input type="checkbox"/> Apply quality improvement | <input type="checkbox"/> Other: |

ACGME/ABMS Competencies:

- | | | |
|---|--|--|
| <input type="checkbox"/> Patient Care and Procedural Skills | <input type="checkbox"/> Medical Knowledge | <input type="checkbox"/> Professionalism |
| <input type="checkbox"/> Interpersonal & Communication Skills | <input type="checkbox"/> System-based Practice | <input type="checkbox"/> Practice-based Learning and Improvement |

Interprofessional Education

Collaborative:

- | | |
|---|--|
| <input type="checkbox"/> Roles/Responsibilities | <input type="checkbox"/> Teams and Teamwork |
| <input type="checkbox"/> Values/Ethics for Interprofessional Practice | <input type="checkbox"/> Interprofessional Communication |

2. **Target Audience** – Describe the target audience for this program and how the content relates to their scope of practice. (Example: Physicians, PA, APRN, Nurses)

3. **Professional Practice Challenge/Needs -**

a. Describe the professional practice challenge that this activity is designed to meet. (Defined as the difference between actual and ideal performance and/or patient outcomes.)

b. **Gaps Identified in** – When selecting knowledge, select at least one other area.

- Knowledge (awareness or understanding)
- Competence (knowing how to do something)
- Performance (the application of skills, abilities, and strategies one implements in practice)
- Patient Outcomes (data based, measured results). *If selected, please notify the CME Department of how this information is collected and when it will be provided.*

c. **Needs assessment:** (What data was used to identify the educational needs of the target audience?)

- | | | |
|---|--|---|
| <input type="checkbox"/> Previous Participant Evaluations | <input type="checkbox"/> Peer-Reviewed Literature | <input type="checkbox"/> Quality or Patient Safety Issues |
| <input type="checkbox"/> Formal Request | <input type="checkbox"/> Program Committee | <input type="checkbox"/> Performance in Practice |
| <input type="checkbox"/> Survey of Target Audience | <input type="checkbox"/> Performance Improvement Review | <input type="checkbox"/> Ethics |
| <input type="checkbox"/> Informal Discussion | <input type="checkbox"/> Prior Evaluation/ Outcomes Data | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Patient Care Audit | <input type="checkbox"/> New Techniques/ Issues | |
| <input type="checkbox"/> Faculty Perception | <input type="checkbox"/> Utilization Review Data | |

5. **Outcomes Measurement Strategy-**

a. How will you evaluate after the activity to ensure you were effective at meeting the need and creating this desired result? For “Performance,” you will need to submit documentation showing you have measured and the outcome. Acceptable data can be in the form of a survey to attendees asking questions on changes they have made after the activity or you may submit formal data. “Patient Outcomes” will need pre and post data showing outcome measurement.

Competence

- commitment w/ explanation to change
- demo of how to apply skill learned
- clinical/ case vignettes
- action plan to explain how strategy can be incorporated into practice
- post-tests with case study
- observation of techniques
- standard activity evaluation
- other: _____

Performance:

- follow-up survey
- internal/ external data
- survey change in patient trends or health status (example: chart reviews)
- chart audit- individual and organizational
- other: _____

Patient Outcomes:

- chart audit- individual and organizational
- review of internal performance data
- standard activity evaluation
- follow up survey
- instructor observation of skills
- other: _____

6. Objectives – Please state at least 3 learning objectives/desired results of this activity?

7. Content Outline - Please define the proposed program agenda and estimated timeline -

8. Recommended Speakers- List below or attach all speaker/presenter names, specialty, position, affiliations and contact information. Please attach a signed Disclosure of Relevant Financial Relationship form and CV for each faculty member. If honorarium is to be paid, indicate the amount.

9. Program Faculty/ Speaker

a. How was the speaker(s) selected?

- Committee meeting
- Physician Director
- Expert in the specified field
- Other: _____

10. Disclosure- What methods of disclosure will be used?

- Placed on Printed Materials
- Posted on a Sign, Slide, or Overhead
- Announced at start of Activity or Session

11. Instructional Format-

- Lectures followed by question periods
- Panel discussions
- Abstract Presentations
- X-Rays/Pathology/Charts/etc.
- Handouts
- Visual Aids
- Demonstration of procedures
- Video presentation with discussion
- Performance workshop under supervision
- Case presentation & discussion
- Webinar presentation with discussion
- Bedside rounds & discussion of patients
- Other:

12. Commercial Support

a. Covenant Health will not accept any commercial support for this activity. Please initial to indicate your understanding and agreed upon compliance with the aforementioned. If you have questions about what constitutes commercial support, please contact the CME Department.

Initials: _____

b. Will the content be free of commercial bias? (*Personal judgment in favor of a specific product or service of a commercial interest.*)

- Yes
- No, please explain: _____

13. Promotion: How will you promote this course?

- Hard copy mailing of flyer/ brochure/invitation
- Email
- Fax
- Newsletter Announcement
- Journal Advertisement

***Please read the following sections below carefully. (Please "x" each box below to state that you have read this and will submit the documentation needed.)**

PRE-ACTIVITY ATTACHMENTS

***Activity may not receive credit, even after being reviewed by the CME committee, unless all other documentation stated below is submitted. Please ensure every question has been addressed.**

- Needs assessment statement as stated in #3.c
- Disclosure of Relevant Financial Relationship Form from all individuals who have the ability to affect the content of this activity
- CV and or bio for each speaker/presenter
- Actual presentation, if commercial support is involved or speaker has conflict of interest to disclose
- Draft of promotional material, if applicable - *All marketing needs to be pre-approved. No pending statements of credit are allowable until approval of activity!*
- Handouts, if applicable
- Estimated budget, if applicable

POST-ACTIVITY SUBMISSION

*Please submit the following documents after your activity.

- Sign In Sheets – *if applicable*
- Completed Evaluation Forms with Summary – *if applicable*
- Any assessment performed, if applicable - iClickers (electronic audience response system) may be available for your course
- Copies of receipts, bills, expenses

***Covenant Health will not jeopardize its status as an accredited provider of AMA PRA Category 1 Credits. As a result, failure to comply with guidelines or policies and procedures set forth by Covenant Health Continuing Medical Education Program may result in the refusal of AMA Category 1 Credit(s)TM for applications of future activities.**

CME Course Approval by CME Committee & CME Chair: (For use by CME Committee only)

AMA PRA Category 1 CME Credit(s) TM	Ethics Credit(s)	Approved Budget:	Approval Date:	Expiration Date: