



**Continuing Medical Education**

Dear CME Activity Director:

Thank you for your interest in applying for AMA PRA Category 1 continuing medical education credits through our office. **All necessary application materials are available on the CME website <http://upstate.edu/cme>. Please complete the application electronically for faster processing. Once completed, you can save the application as an MS WORD file and email to [gamels@upstate.edu](mailto:gamels@upstate.edu)**

**The following pieces of documentation must be submitted for review:**

1. Activity Planning Guide (5 pages)
2. Proof copy of brochure or other advertising (including the internet) must include:
  - Office of Continuing Medical Education at SUNY Upstate Medical University identified as the sponsor
  - Accreditation Statement
  - Activity Description and Objectives
  - Target Audience
  - Acknowledgment of Commercial Support (if applicable)
  - Faculty & Committee Member Disclosure Statements
3. Course Outline that includes time spent in each activity
4. Copy of the Evaluation form or method of evaluation
5. Needs Assessment Documentation
6. Disclosure forms from all planning committee members and presenting faculty
7. Curriculum Vitae for all presenting faculty
8. Letter of Agreement for all commercial supporters

**Printing of brochures and/or promotional materials (including the internet) may not be distributed until the director receives notice of final approval from the Office of Continuing Medical Education. SUNY sponsorship and the proper accreditation statement must be included in all promotional materials.**

**Documentation to be submitted after the educational activity:**

1. **Electronic File** of Participant's Demographic Information
2. Evaluation Summary (**tabulated**)
3. Documentation that Faculty Disclosures (COI) were provided to the participants (if not included on brochure/advertising)
4. Final Revenue/Expense Report
5. Syllabus/Handout Materials

**If you have questions regarding the application process, please contact Sharon Gamel, Administrative Director, at (315) 464-4600 or email [gamels@upstate.edu](mailto:gamels@upstate.edu). We look forward to working with you.**



**ONE-TIME ACTIVITY PLANNING GUIDE  
FOR AMA CATEGORY 1 CONTINUING MEDICAL EDUCATION CREDIT  
2009**

COURSE DIRECTOR			
Name			{TAB} to the next field
Mailing Address			
Telephone Number		Fax Number	
E-mail Address			

MEETING PLANNER / CONTACT PERSON			
Name			
Mailing Address			
Telephone Number		Fax Number	
E-mail Address			

LOGISTICAL INFORMATION			
1	Title of Activity		
4	Date of Activity:		
	<input type="checkbox"/> One Day (provide <u>date and time</u> of activity)		
	<input type="checkbox"/> Multi Day (provide dates/times)		
5	Location:		
6	Registration Fee (\$):		
7	SPONSORSHIP		
	<input type="checkbox"/> Direct – Name of SUNY Sponsoring Department		
	<input type="checkbox"/> Joint – Name of sponsoring non-SUNY institution		
9	Estimated Attendance	# of MDs & DOs	# of other health care practitioners
		Certificates mailed to: <input type="checkbox"/> MDs & DOs	<input type="checkbox"/> All Attendees
10	<input type="checkbox"/> Local Audience	<input type="checkbox"/> Regional Audience	<input type="checkbox"/> National Audience <input type="checkbox"/> International Audience

11	<b>Target Audience/Specialties</b> – Specify level of experience, areas of expertise, medical specialties, licenses, etc. <b>This information will need to be included in all promotional materials.</b>	
12	<b>Credits</b>	<b>AMA PRA Category 1 credits applying for:</b> (Add total minutes of formal education and divide by 60 e.g. lecture, workshops, Q & A, panels.) <ul style="list-style-type: none"> <li>• <i>Attach course outline that includes time spent in each activity.</i></li> </ul> - <i>You will receive the appropriate accreditation statement when the activity is approved.</i> - <i>CME approval is required prior to printing of brochures and/or promotional materials.</i>
<b>COMMERCIAL SUPPORT</b>		
13	<b>Commercial/Pharmaceutical Educational Grants:</b> Will this CME activity receive educational grant(s) from commercial companies such as pharmaceutical or medical device manufacturers?  <input type="checkbox"/> YES <input type="checkbox"/> NO <b><u>If YES, signed Letter of Agreements MUST be submitted to SUNY CME.</u></b>	
14	Type of commercial support: <input type="checkbox"/> Unrestricted Educational Grant <input type="checkbox"/> Restricted Grant  <input type="checkbox"/> Food/Beverage <input type="checkbox"/> Speaker Honorarium <input type="checkbox"/> Speaker Expenses <input type="checkbox"/> Other:  <b>Please identify companies:</b>  <b>Will vendor space be offered?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes ~ Please identify companies: <b><u>If YES, signed exhibit agreements must be submitted to SUNY CME</u></b>  <i>Activities must abide by the ACCME Standards for Commercial Support</i>	
<b>PLANNING PROCESS</b>		
15	<b>Faculty/ Planning Committee</b>	<b>Identify CME Planners, Advisors, Evaluators, and Planning Committee members:</b> ACCME requires disclosure of relationships with relevant commercial interest by anyone who can control CME content. Please identify the names of individuals involved in selecting topics, speakers, evaluation, or who can influence the content of this activity in some other way. <b>* Conflict of Interest Disclosure forms are required</b>
	1. 2. 3. 4.	5. 6. 7. 8.
16	<b><u>Describe</u> the selection process for presenting faculty:</b>	
17	<b><u>Attach</u> minutes of the planning committee meetings.</b> If no formal planning committee meetings were held, please <b>describe</b> the process used to plan this educational activity:	
18	<b>What are the professional practice gaps that this conference will address?</b>	

19	<b>Needs Assessment</b>	<p>Please indicate how the need for this activity was determined. (NOTE: Identification of CME needs, determination of learning objectives and selection of content/speakers/educational methods must be free of the influence or control of a commercial interest)</p> <p><i>The identified Needs Assessment Documentation must be separately attached supporting the need of this educational activity.</i></p> <p> <input type="checkbox"/> Survey from Target Audience    <input type="checkbox"/> Prior Activity Feedback    <input type="checkbox"/> Requests from Target Audience  <input type="checkbox"/> Literature Review    <input type="checkbox"/> Consensus of Experts    <input type="checkbox"/> New Technology/Technique  <input type="checkbox"/> Other, please describe: </p>
20	<b>Statement of Need/Purpose</b>	What are the <u>underlying needs</u> of the participants in this conference?
21	<b>Objectives</b>	<p>What are the overall learning objectives you hope to achieve through this CME activity? These objectives may include changes in problem-solving, diagnostic or operative skills, improvements in knowledge, attitudinal changes or improved understanding of complex relationships.</p> <p><i>The learning objectives must be listed in all promotional materials including brochures and syllabus.</i></p> <p>Upon completion of this educational activity, participants will be able to:</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> </ol>
22	The overall learning objectives of the target audience must be communicated to the participants prior to the educational activity. Please describe how this will be achieved.	
23	<p>Which of the following IOM, ACGME or ABMS MOC competencies will be addressed in this conference?</p> <p><b><u>Institute of Medicine Core Competencies</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Provide patient centered care</li> <li><input type="checkbox"/> Work in interdisciplinary teams</li> <li><input type="checkbox"/> Employ evidence-base practice</li> <li><input type="checkbox"/> Apply quality improvement</li> <li><input type="checkbox"/> Utilize informatics</li> </ul> <p><b><u>ACGME/ABMS Competencies</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Patient care</li> <li><input type="checkbox"/> Medical knowledge</li> <li><input type="checkbox"/> Practice-based learning and improvement</li> <li><input type="checkbox"/> Interpersonal and communication skills</li> <li><input type="checkbox"/> Professionalism</li> <li><input type="checkbox"/> Systems-based practice</li> </ul> <p><b><u>ABMS Maintenance of Certification</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Professional standing</li> <li><input type="checkbox"/> Commitment to lifelong learning</li> <li><input type="checkbox"/> Performance in practice</li> </ul>	
24	<b>Methodology/ Educational Design</b>	<p>What teaching method will be used?</p> <p> <input type="checkbox"/> Lecture                      <input type="checkbox"/> Case study/discussion                      <input type="checkbox"/> Self-study  <input type="checkbox"/> Demonstration              <input type="checkbox"/> Small group workshops                      <input type="checkbox"/> Skill development lab  <input type="checkbox"/> Video/film                      <input type="checkbox"/> Audio conference                      <input type="checkbox"/> Internet/web based  <input type="checkbox"/> CD Rom                      <input type="checkbox"/> Other, please describe: </p>

25	<b>Desired Results</b>	<p>List the expected outcomes in terms of changed physician knowledge, skills, performance in practice and/or patient health status.</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> </ol>								
26	<b>Outcomes Measurement</b>	<p>How will it be determined if this conference is having a positive effect on patient care? (i.e. what are the measurable outcomes?)</p>								
27	<b>Prerequisites</b>	<p>Are any prerequisites necessary? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, please identify:</p>								
28	<b>Attendance</b>	<p>How will attendance be tracked?</p> <p><input type="checkbox"/> Sign in sheet indicating arrival time and departure time</p> <p><input type="checkbox"/> Credit Claim Form</p> <p><input type="checkbox"/> Other (Describe):</p>								
29	<b>Evaluation</b>	<p>This activity must be evaluated for effectiveness in meeting the identified clinical education needs as measured by learner satisfaction, knowledge, skills, clinical practice application, or health status improvement. It is also required to evaluate whether learners perceived bias towards particular commercial interests. <u>Please attach a blank evaluation form or evaluation protocol.</u></p> <p>How will participants be assessed for what they have learned as a result of participating in this educational activity?</p> <p><input type="checkbox"/> Pre and post-test <input type="checkbox"/> Course evaluation (immediately following activity)</p> <p><input type="checkbox"/> Audit <input type="checkbox"/> Quality/utilization data</p> <p><input type="checkbox"/> Demonstration of skills <input type="checkbox"/> Post-course survey (mailed to participant after activity)</p> <p><input type="checkbox"/> Audience reaction to the quality of the educational activity and the speakers</p> <p><input type="checkbox"/> Other, please describe:</p>								
30	<b>Faculty Disclosure (COI)</b>	<p><b>Identify potential Teaching Faculty for this educational activity:</b></p> <p>ACCME requires disclosure of relationships with relevant commercial interest by anyone who can control CME content. Please identify the names of individuals involved in selecting topics, speakers, evaluation, or who can influence the content of this activity in some other way.</p> <p><b>* Conflict of Interest Disclosure forms are required</b></p> <table border="1" data-bbox="448 1297 1494 1415"> <tr> <td data-bbox="448 1297 971 1329">1.</td> <td data-bbox="971 1297 1494 1329">5.</td> </tr> <tr> <td data-bbox="448 1329 971 1360">2.</td> <td data-bbox="971 1329 1494 1360">6.</td> </tr> <tr> <td data-bbox="448 1360 971 1392">3.</td> <td data-bbox="971 1360 1494 1392">7.</td> </tr> <tr> <td data-bbox="448 1392 971 1415">4.</td> <td data-bbox="971 1392 1494 1415">8.</td> </tr> </table> <p><b><i>All planning committee members and faculty must complete a Conflict of Interest form regardless of whether or not the activity receives commercial support. Documentation of disclosures to participants is required.</i></b> ACCME Standards require that everyone who is in a position to control the content of an education activity has disclosed all relevant financial relationships with any commercial interest to the provider. The ACCME defines “relevant financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.</p> <p>Please indicate how you will disclose existence of these relationships to the activity participants and <u>attach documentation:</u></p> <p><input type="checkbox"/> Included on brochure/advertisements</p> <p><input type="checkbox"/> Handout materials</p> <p><input type="checkbox"/> In written form in the syllabus</p>	1.	5.	2.	6.	3.	7.	4.	8.
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3.	7.									
4.	8.									

**BROCHURES/ADVERTISING: SUNY CME MUST APPROVE ALL PROMOTIONAL MATERIALS PRIOR TO PRINTING**

31	<b>Advertising/ Promotional Materials</b>	<p>How will notification of the educational activity be distributed to the participants prior to the activity?</p> <table border="0"> <tr> <td><input type="checkbox"/> Brochure</td> <td><input type="checkbox"/> Website: URL site:</td> </tr> <tr> <td><input type="checkbox"/> Email</td> <td><input type="checkbox"/> Facsimiles</td> </tr> <tr> <td><input type="checkbox"/> US Postal Mail</td> <td><input type="checkbox"/> Interdepartmental Mail</td> </tr> <tr> <td><input type="checkbox"/> Monthly Conference Calendar</td> <td><input type="checkbox"/> Signage</td> </tr> <tr> <td><input type="checkbox"/> Journals</td> <td><input type="checkbox"/> Newspaper</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table> <p><i>The ACCME requires that objectives, faculty, correct sponsorship and accreditation statements be included. Please have SUNY CME work with you to meet requirements and approve the format of your advertising.</i></p>	<input type="checkbox"/> Brochure	<input type="checkbox"/> Website: URL site:	<input type="checkbox"/> Email	<input type="checkbox"/> Facsimiles	<input type="checkbox"/> US Postal Mail	<input type="checkbox"/> Interdepartmental Mail	<input type="checkbox"/> Monthly Conference Calendar	<input type="checkbox"/> Signage	<input type="checkbox"/> Journals	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Other																																																													
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32	<b>Other Accreditation</b>	<p>Please indicate any additional accreditation/certification(s) that have been/or will be applied for: Name:</p>																																																																								
33	<b>Preliminary Budget</b>	<p>What funds will pay for the expenses of the CME activity? (Check all that many that apply.)</p> <table border="0"> <tr> <td><input type="checkbox"/> Internal department funds</td> </tr> <tr> <td><input type="checkbox"/> Participant registration fees</td> </tr> <tr> <td><input type="checkbox"/> Commercial support (<i>Vendor contract must be initiated by the CME Office when commercial support is provided</i>).</td> </tr> <tr> <td><input type="checkbox"/> State or Federal Grant</td> </tr> <tr> <td><input type="checkbox"/> Other support (identify):</td> </tr> </table> <p><b>Complete the following information or attach a budget (rough estimates are acceptable) indicating projected revenue and expenses for this activity.</b> <b><u>A Final Revenue/Expense Report will be required to finalize the accreditation file, documenting all revenue, revenue sources, and expenditures.</u></b></p>	<input type="checkbox"/> Internal department funds	<input type="checkbox"/> Participant registration fees	<input type="checkbox"/> Commercial support ( <i>Vendor contract must be initiated by the CME Office when commercial support is provided</i> ).	<input type="checkbox"/> State or Federal Grant	<input type="checkbox"/> Other support (identify):																																																																			
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