**Application for Certification of Educational Activities** (Rev Mar 2016)

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| **ACTIVITY INFORMATION** | | | |
| **Title of Activity** |  | Code |  |
| **Sponsoring Dept./ Organization** |  | | |
| **Sponsorship** | **Direct** (SUNY-only organizers)  **Joint** (non-SUNY organizers partnering with SUNY) | | |
| **Location** |  | | |
| **Type of Activity**  (Select one) | Conference/Course/Symposium/One-Time Activity  Regularly Scheduled Series (RSS)  Enduring  Live Internet (webcast) | | |
| **FORMAT/METHOD:**  **FOR RSS ONLY 🡪**  (C3, C5) | ***Format:***  Grand Rounds  Cases  Journal Club  M&M  Other: describe  ***Check one:***  Renewal of Existing Program  New Application/Activity  ***Dates :***      /     /      to      /     /  ***Frequency:*** Weekly Monthly Quarterly Other:(specify)  ***Day of week:***  Mon  Tue  Wed  Thu  Fri  ***Time:***  ***# of Sessions per year:***       ***Credits per session*** *(60 min. = 1 credit):* | | |
| **FORMAT/METHOD:**  **FOR ALL OTHERS 🡪**  (C3, C5) | ***Dates:***  ***Conference:***      /     /      to      /     /  ***Enduring :***      /     /      to      /     /  ***Webcast :***      /     /      to      /     /  ***Format*** :  Lecture  Discussion  Panel  Cases  Other: describe    ***Credits*** (60 min. = 1 credit, excludes breaks):  ***Registration fee:***       ***Estimated attendance :*** | | |
| **OTHER EDUCATIONAL STRATEGIES** (C17) | List other educational strategies that will be used to enhance change in learners as an adjunct to this activity. Examples include patient surveys, patient information packets, email reminders to learners, posters throughout hospital, department newsletters, etc. | | |
| Briefly describe the proposed, (or ongoing), activity (4-5 sentences): | | | |
| **IN PLANNING YOUR ACTIVITY:** (C7, C8, C9 C10)   * ALL STEPS SHOULD BE TAKEN INDEPENDENT OF COMMERCIAL INTERESTS. * Everyone who is in a position to control content must disclose all relevant financial relationships with a commercial interest to the provider. * Disclosure must be made to the learners of any relevant financial relationships of planners and speakers and any commercial support received for the activity. * Content must promote improvements in healthcare and not a specific proprietary interest. * All conflicts of interest must be resolved prior to the date of the activity. * All commercial support, if applicable, must be appropriately managed. * There must be separation of promotion from education. | | | |

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| **PLANNER INFORMATION** (C7) | | | | | | | |
| Everyone in a position to control the content of an educational activity must disclose all ***relevant*** financial relationships with commercial interests to the provider.  ***Relevant*** is defined as any financial relationship in any amount occurring within the past 12 months. This includes ALL individuals with responsibility for planning, developing, implementing, and evaluating the content and logistics of a certified activity. ***ATTACH*** a signed disclosure for each. (C7, SC 1,2) | | | | | | | |
| **Who is** *primarily* **responsible for planning, developing, implementing, and evaluating this activity?** | | | | | | | |
| **Activity Director** |  | | | **Title** | | |  |
| **Dept/Org/Address** |  | | | | | | |
| **Email and Phone** | @           -     - | | | | | | |
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| **Planning Committee Members**   * **NOTE:** ***All*** individuals listed will be required to complete a financial disclosure form ***BEFORE*** the application will be reviewed and approved. Any individual who refuses or fails to disclose ***relevant*** financial relationships will be disqualified from being a planning committee member of a CME program, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the activity. | | | | | | | |
| **Name** | | **Degree** | **Organization if other than SUNY & email** | | | | |
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| **Who is the contact person** *primarily* **responsible for administrative and operational support?** | | | | | | | |
| **Contact Person** |  | | | | Title |  | |
| **Email and Phone** | @           -     - | | | | | | |

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| **SPEAKERS (for Conferences):**   * **NOTE:** ***All*** individuals listed will be required to complete a financial disclosure form ***BEFORE*** the date of the activity allowing enough time to resolve conflicts of interest if they exist. Any individual who refuses or fails to disclose relevant financial relationships will be disqualified from being a speaker of a CME program, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the activity. | | |
| **Name** | **Degree** | **Organization if other than SUNY & email** |
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| **TARGET AUDIENCE** | | |
| Who is the intended physician target audience? *(Ex: This activity is intended for psychiatrists, psychologists and mental health workers)* | | |
| **PROFESSIONAL PRACTICE GAPS** of the TARGET AUDIENCE(C2, C3) | | | |
| List at least 2-3 practice-based problems or issues your physician audience faces. |  | Describe what it would look like if the problem/issue no longer existed. | |
| 1) |  | 1) | |
| 2) | 2) | |
| 3) | 3) | |
| 4) | 4) | |
| **NEEDS** (C2, C3)  Why do these problems or issues exist? Choose all that apply. | | | |
| Physicians need new information (knowledge)  Physicians need new strategies (competence)  Physicians need to adopt identified strategies into practice (performance) | | | |

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| **NEEDS ASSESSMENT SOURCES** (C2, C3) | | | |
| How were the gaps/needs identified? Indicate the sources and ***ATTACH SUPPORTING DOCUMENTATION.*** ***Attach at least two sources of needs assessment data.*** | | | |
| **OBSERVED NEEDS**  Increased prevalence/epidemic  Database analyses (Rx changes, diagnosis trends, etc.)  QI/QA guidelines  Morbidity/mortality data  National clinical guidelines (NIH, NCI, AHRQ, etc.)  Specialty Society guidelines  Clinician observances  Other: Describe | **PARTICIPANT NEEDS**  Previous evaluation summary  Needs assessment survey of the target audience  Focus groups/interviews  Requests from physicians/faculty communication  Other: Describe | **ENVIRONMENTAL**  ABMS/ACGME Competencies  IOM Competencies  Joint Commission Standards  Core Measures  Societal trends  Public health issues  Other: Describe | **EXPERT NEEDS**  Clinical expert opinion (planning committee, department chair, faculty)  Research findings  Medical school/hospital requirement  Government legislation/mandate  Other: Describe |

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| **QUALITY IMPROVEMENT** (C10, C21) |
| What are the Quality Assurance, Quality Improvement and/or Performance Improvement measures associated with this activity, if any? Please describe: |

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| **LEARNING OBJECTIVES** (C2,3) | |
| Based on the identified gaps/needs above, what are the learning objectives for this activity? Objectives should be directly driven by the problems stated above. They should be stated in measureable terms. (Avoid the terms understand, learn, know, believe or appreciate in stating learning objectives. | |
| ***Following this activity participants should be able to:*** | ***Classify each learning objective according to whether its fulfillment represents a change in:*** |
| 1) | Competence  Performance  Patient outcomes |
| 2) | Competence  Performance  Patient outcomes |
| 3) | Competence  Performance  Patient Outcomes |

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| **EVALUATION** (C3, C11) | | | |
| How do you plan to evaluate the activity to determine its effectiveness at meeting physician needs and creating change in competence, performance, or patient outcomes? ***ATTACH*** draft if using other than the standard paper evaluation. | | | |
| Standard paper evaluation **(required)**  ARS  Post-test | | Survey  Post-course follow-up  Practice data | Chart review  Other: |
| **FOR RSSs: 🡪** | ***Each RSS must be evaluated mid-year and year-end.*** | | | |

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| **PROMOTING YOUR ACTIVITY** | | | |
| How will you promote your activity? ***ATTACH*** draft and submit to the CME Office for approval prior to distribution. | | | |
| Flyer/brochure  Emails  Post-test | | Website  Conference Calendar  Other: | |
| ***The following elements must appear on all promotional materials/flyers:***  Date, time, location  Accreditation Statement🡪  Credit Designation🡪  Disclosure Policy 🡪  ADA Statement🡪  Target Audience  Learning Objectives  Faculty listing &  credentials  Faculty ***and*** Planner  Disclosures\*\*  Commercial Support, if  applicable  \*\* Disclosures must state the individual name, the name of the commercial interest and the nature of the relationship.  Example:  Dr. Edward Jones receives research support from ABC Company, owns stock in XYZ, Inc. and is a consultant for LMN Pharmaceuticals. | **SUNY –*Required Statements***  **(wording must be verbatim)**  **Accreditation**  SUNY Upstate Medical University is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.  **Credit Designation**  SUNY Upstate Medical University designates this live activity for a maximum of \_\_\_ ***AMA PRA Category 1 Credits™*.** Physicians should claim only the credit commensurate with the extent of their participation in the activity.  **Disclosure Policy**  To ensure balance, independence, objectivity and scientific rigor in all certified CME activity SUNY Upstate Medical University requires that all planners, faculty and individuals in a position to control the content of an educational activity disclose all relevant financial relationships with any commercial interest that might be perceived as a real or apparent conflict of interest. Detailed disclosures will be made in writing prior to speaker presentations.  **Americans with Disabilities**  In accordance with the Americans with Disabilities Act, SUNY Upstate Medical University seeks to make this conference accessible to all. If you have a disability which might require special accommodations, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | | **NON-ACCREDITED PROVIDERS – *Required Statements***  **(wording must verbatim)**    **Accreditation**  This activity has been planned and implemented in Accordance with the accreditation requirements and  policies of the Accreditation Council for Continuing Medical  Education (ACCME) through the joint providership  of SUNY Upstate Medical University and \_\_\_\_\_\_\_\_\_.  SUNY Upstate Medical University is accredited by the ACCME to provide continuing medical education for Physicians.  **Credit Designation**  SUNY Upstate Medical University designates this live activity for a maximum of \_\_ ***AMA PRA Category 1 Credits ™*.** Physicians should claim only the credit commensurate with the extent of their participation in the activity.  **Disclosure Policy**  To ensure balance, independence, objectivity and scientific rigor in all certified CME activitySUNY Upstate Medical University requires that all planners, faculty and individuals in a position to control the content of an educational activity disclose all relevant financial relationships with any commercial interest that might be perceived as a real or apparent conflict of interest. Detailed disclosures will be made in writing prior to speaker presentations.  **Americans with Disabilities**  In accordance with the Americans with Disabilities Act, SUNY Upstate Medical University seeks to make this conference accessible to all. If you have a disability which might require special accommodations, please contact \_\_\_\_\_\_\_\_\_\_. |

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| **PHYSICIAN COMPETENCIES / DESIRABLE ATTRIBUTES** (C6) | | |
| Which competencies are relevant to the gaps/needs that were identified above? | | |
| **ABMS/ACGME**  Patient Care and Procedural Skills  Medical Knowledge  Practice-based Learning and Improvement  Interpersonal and Communication Skills  Professionalism  Systems-based Practice | **Institute of Medicine**  Provide patient-centered care  Work in interdisciplinary teams  Employ evidence-based practice  Apply quality improvement  Utilize informatics | **Interprofessional Education Collaborative**  Values/Ethics for Interprofessional  Practice  Roles/responsibilities  Interprofessional communication  Teams and teamwork | |
| Other Competencies not listed above: | | | |

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| **COMMERCIAL SUPPORT** (C7, C8) |
| Will you seek commercial support for this activity? |
| No  Yes and I have read the ACCME's Standards for Commercial Support and agree to abide by the requirements.  <http://accme.org/requirements/accreditation-requirements-cme-providers/standards-for-commercial-support>  X   |  |  | | --- | --- | | Name of Commercial Supporter | Requested Amount | |  |  | |  |  | |  |  | | ***ATTACH*** a signed Letter of Agreement from the commercial interest for review and countersignature by the OCME *PRIOR TO THE DATE OF THE ACTIVITY.* | | |

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| **EXHIBITS** (C9) |
| Commercial exhibits are promotional in nature. They are a business transaction and not commercial support. However, a separation of promotion from education must be maintained. All exhibitors must sign an agreement to this end provided by SUNY Upstate Office of Continuing Medical Education. |
| Will exhibits be part of your activity? |
| No  Yes and I have read the ACCME's Standards for Commercial Support and agree to abide by the requirements  (Standard 4).  <http://accme.org/requirements/accreditation-requirements-cme-providers/standards-for-commercial-support>  List potential exhibitors, if applicable:   |  |  | | --- | --- | | Name of Exhibitor/Vendor | Requested Amount | |  |  | |  |  | |  |  | | ***ATTACH*** a signed Exhibitor's Agreement and submit to the OCME prior to the date of the activity. | | | |

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| **Checklist for Regularly Scheduled Series**  Application  Director Compliance Agreement  Planner Disclosures  Gaps/Needs supporting documentation  Budget  Flyer (draft in Word, not pdf)  Evaluation tool, if other than standard CME paper evaluation  Planning meeting minutes | **Checklist for Conferences**  Application  Director Compliance Agreement  Planner Disclosures  Speaker Disclosures  Resolution of Conflict (ROC), if applicable  Gaps/Needs supporting documentation  Budget  Flyer/brochure (draft) for approval prior to distribution  Evaluation tool, if other than standard CME paper evaluation  Letter of Agreement, if applicable  Exhibitor's Agreement, if applicable  Planning meeting minutes |