

# CME ACTIVITY FORM

1. **Type of CME Activity:** (Check **ALL** that apply)

**Live Course**

**Enduring Material**

**Joint-Provider**

**Journal-Based**

**2. Title of the Activity:**

**3. Number of hours of AMA/PRA CME credits requested:**

(# of CME credits should equal hours of lectures)

**4. Are You Requesting ACEP credits?** YesNo

**Are You Requesting AOA credits?** YesNo

**PLEASE NOTE: ADDITIONAL FEES WILL BE INVOICED FOR THESE APPLICATIONS BASED ON CREDIT COUNTS AND NUMBER OF REPEAT COURSES**

**5. Date(s) of Activity or Release if Enduring Material:**

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**6. Activity Director:**

(List Name, Title, Office Address, Phone #, Email Address)

**7. List faculty and planning members including title (MD, DO) & credentials**

Attach all completed and signed Disclosure forms

**8. Needs Assessment:** **What resources were used to identify gaps?**

(Please indicate the source from which this educational need was determined)

**Check all that apply and ATTACH DOCUMENTATION!** (Survey results, evaluation data, committee minutes, literature or other material to show how the need was determined)

Patient Survey   Literature Review

Evaluation Results  Focus Group

Interview  Clinical Observation

Current Trends in Emergency Medicine  Self - Assessment

Survey of Target Audience  Peer Review

Mortality/Morbidity Statistics  Faculty Perception

Consensus of Experts   QI issue

Other (Please describe):

**9. List expected outcomes on the Gap Analysis form. Evaluation questions must be related back to intended outcomes.** (See instructions with Gap Form for guidance.)

**10. Target Audience: This activity is planned to meet the needs of what group(s) of health care professionals?**

Physicians   Nurse Practitioners, PAs, RN

Other: Malpractice Attorneys, Risk Management Managers, Healthcare Executives

**11. Provide a brief description / overview of your course.**

**12. Attach a brief narrative description of each presentation with at least 3 learning objectives:**

(Objectives describe expected change in terms of competence, performance and/or patient outcomes.

**Do not use words like “understand, learn, know”**)

**13. How will participants be informed of objectives?** ((Check all that apply)

Website

Brochures / other mailers  Email advertisement

Handouts

Enduring Initial CME page

Other (describe)

**14. Educational Format:** (Check all that apply)

Live

Journal Review

Case Studies

Online Streaming Video

DVD

Audio CDs

Abstract

**15. IOM/ACGME/ABMS Competencies: What desirable physician attribute or competencies are incorporated into the content?** (Check all that apply)

**ACGME/ABMS Competencies**

Patient Care and Procedural Skills

Medical Knowledge

Practice-Based Learning and Improvement

Interpersonal and Communication Skills

Systems-Based Practice

**Institute of Medicine Competencies**

Provide Patient-Centered Care

Work in Interdisciplinary Teams

Employ Evidence-Based Practice

Apply Quality Improvement

Utilize Informatics

**Interprofessional Education Collaborative Competencies**

Values/Ethics for Interprofessional Practice

Roles/Responsibilities

Interprofessional Communication

Teams and Teamwork

**16. Include a copy of Marketing/Promotional Materials –**

**all marketing materials must be reviewed by CEME before distribution**

**17. How will the presentations be interactive with the audience?**

(Check all that apply)

Activity Evaluation

Pre and / or Post Test

Other (describe)

**18. How Will Verification of Participation Be Obtained:**

(Check all that apply)

Sign-in sheets   Enduring-Post Test (80% score) & Evaluation

Scanning  Other (describe)

**19. How Will Successful Completion Be Verified:**

Submission of evaluation form

Enduring - Post Test (80% score)

Other

**20. How Will Participants Be Notified of Criteria for Successful Completion**

(Check all that apply)

Via handouts/website

Information on brochure

Verbally prior to start of activity

Slide prior to start activity

**21. How will the evaluation data be used to plan future CME activities**:

(Check all that apply)

Make improvements to future presentations

Create new programs

Change the faculty or facility

Other (describe)

**22. Commercial Support:** **If this activity receives grants or “in-kind” support from commercial sponsors, please list all companies, representative and contact email. List type of support (monetary / amount and /or “in-kind” equipment / type)**

**If commercial support is secured for this activity, a Letter of Agreement must be sent to the commercial entity from CEME.**

**23.** **How will disclosure of relevant (or no relationship) financial relationships, commercial and/or in-kind support or the unlabeled use of commercial products be made to participants prior to the beginning of the activity?**

**CEME must have documentation this took place.**

Verbal announcement beginning of activity/session with signed attestation

Via handouts / syllabus given at start of activity/session

Via Power Point slide at beginning of presentation/session

Enduring activity - all information posted on the mandatory view

Initial “landing” page

**24. Post Activity Finances/Budget:** Final budget income and expense report to be sent to CEME after activity is completed) Please include: Number of Registrants; Registration Fee per participant; any commercial support or exhibitors (Must abide by the ACCME Standard for Commercial Support); Expenditures including speakers honorariums and travel expenses, brochures/mailing expenses, syllabus/handout costs, food/refreshments, joint-sponsored CME fees, etc.

**25. Program Responsibility:**

**Activity Director-**I am aware of the criteria for *AMA PRA Category I TM* CME designation and agree to comply with these criteria:

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Activity Director Signature Date

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National Director of CME Signature Date