

# 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?** [ ] Yes[ ] No

 **Are You Requesting AOA credits?** [ ] Yes[ ] No

**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