CME Credit Application & Activity Summary

**Purpose:** Use this form to apply to have an educational activity certified for *Category 1 Credits™* towards the American Medical Association Physician’s Recognition Award (also known as *AMA PRA Category 1 Credits™*). This form is the mechanism we use to ensure that your activity is planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education for providing continuing medical education (CME) to physicians in a way that is free from control by a commercial interest. The mission of the University of Tennessee College of Medicine (UTCOM) is to serve the continuing education needs of Tennessee physicians, so CME credit applications for education that is targeted at non-Tennessee physicians and/or will take place outside of Tennessee are unlikely to be approved.

**Accreditation:** The University of Tennessee College of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

**Fees:** Two types of fees are associated with all UTCOM CME activities: a Course Certification fee and a Credit Certificate/Transcript fee. Course Certification fees vary depending on whether the activity is a single conference or a series of conferences as well as whether it is planned, implemented & evaluated by the UTCOM or another organization. The Credit Certificate/Transcript fee is a fixed fee for each CME credit certificate or transcript issued. There is also a Grant Administration fee for any commercial support received. Click here (or visit www.utcomchatt.org/cme/fees) for more info on CME fees.

**Instructions:** Allow a few months to ensure proper planning and coordination of your CME activity. Save this form to your computer and enter the requested information and responses. Once completed, print & sign this application and then scan & email it to the CME office along with the supporting documents. Click any blue words in this application for more information about it. Click here (or visit www.utcomchatt.org/cme/application) or contact your nearest Office of CME for assistance in completing your application.

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**Activity Title:** 2013  
# Annual: _______ (for example, “4th” for a fourth annual conference)  
Host Organization:  
Date(s) & Time(s):  
Activity Type (check one): ☐ Course (?)  ☐ Regularly-Scheduled Series (?)  ☐ Enduring Material (?)

Hours of CME Credit per session or meeting:  
Number of Meetings:  
NOTE: If you want to certify this activity for CME credits other than *AMA PRA Category 1 Credits™*, please discuss this with the Director of CME.

Activity Location (facility or building):  
City/State:  

**Activity Medical Director (must be an MD or DO):**  
The Activity Medical Director is the physician who is ultimately responsible for ensuring that this activity is in accordance with the CME policies herein.

Address/City/State/Zip Code:  
Phone:  
Fax:  
Email:  

**Activity Coordinator:**  
The Activity Coordinator is responsible for coordinating the operations and logistics of this educational activity in accordance with CME policies herein.
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<tr>
<th>Address/City/State/Zip Code:</th>
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<td>Phone:</td>
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1. What is the **Target Audience** for this activity? Continuing Medical Education activities are designed and directed to serve the clinical and professional performance of practicing physicians.

- Primary Care Physicians (Internal Medicine, Family Medicine & Pediatrics)
- Specialty Physicians (specify):
- Physician Assistants
- Pharmacists
- Nurse Practitioners
- Registered Nurses
- Allied Health Professionals
- Other (specify):

2. In order to demonstrate the need for this activity, you must identify at least one **professional practice gap** that exists for your target audience. A professional practice gap is the difference between the current practice and the optimal practice. A professional practice gap is identified by stating how your target audience’s professional practice is less than optimal in terms of knowledge, competence, performance, and/or patient outcomes.

   **In one sentence, identify one or more ways in which your target audience’s professional practice is less than optimal or ideal in its knowledge, competence, performance, and/or patient outcomes:**

   What **data source(s)** did you use to identify the professional practice gap(s) in your target audience?

   - Opinions from Experts *(cannot be the only source)*
   - Surveys or Feedback from the target audience
   - National Patient Safety Goals
   - Specialty Society Guidelines
   - Hospital Quality Improvement Information
   - Research Findings
   - Gold Standards for Treatment
   - Other (specify):

   **Required Attachment #1:** Provide articles or documentation from the data sources you selected (above) that acknowledge the existence of the professional practice gap(s) you have identified.

3. List the **Educational Needs** that will close the professional practice gap you have identified in your target audience. **What education will help close the gap in their professional practice?** Specify if each need is in the area of knowledge, competence, and/or performance (k, c and/or p). *(EA 2.2)*

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<thead>
<tr>
<th>Educational Need(s):</th>
<th>Need area(s):</th>
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<tr>
<td>1)</td>
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<td>2)</td>
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4. What **potential barriers** will your target audience have in incorporating the new knowledge, competency, and performance that they learn from this activity into practice? *(EA2.18 & 2.19)*

- No perceived barriers
- Lack of money/funding
- Lack of administrative support/resources
- Insurance/reimbursement issues
- Lack of consensus on professional guidelines
- Lack of resources for additional guidance
- Patient compliance issues
- Other: Specify:

   Do you plan to address at least one of these barriers with this CME activity?  
   - Yes
   - No
5. **What are the Learning Objectives for this educational activity?** Your learning objectives should address the educational needs that you identified (section 3), and they should **state how you plan or hope to improve the competence, performance, and/or patient outcomes of your target audience**. Use verbs such as describe, analyze, discuss, compare, differentiate, examine, formulate, propose, assess, measure, select, and choose. The word “understand” should **not** be used. The number of objectives is not important as long as the educational needs identified are met.

**What will participants be able to do after this activity?** *(EA 2.3)*

- Learning Objective 1)
- Learning Objective 2)
- Learning Objective 3)
- Learning Objective 4)

6. **Explain how this activity is a good match for your target audience’s current or potential scope of practice.** What makes this activity particularly useful or applicable to your target audience? _____ *(EA 2.4)*

### ACTIVITY FORMAT, SOCIAL EVENTS & FEES

7. Please identify the **Educational Format(s)** of this educational program:
   - Lecture/Didactic
   - Case Discussions & Study
   - Panel Discussion
   - Hands-on Workshops
   - Break-out Sessions
   - Question & Answer Session
   - Panel Discussion
   - Journal Club
   - Other (specify):

   **Explain how these educational formats are appropriate for the setting, learning objectives, and desired results of this activity?** _____ *(EA 2.5)*

8. **What social event(s) are planned in conjunction with this activity?** **NOTE:** Social events or meals at CME activities may not compete with or take precedence over the educational event *(SCS 3.11)*, and expenses for social events or meals planned in conjunction with CME activities may not be paid directly from a commercial interest *(per UTCOM/Erlanger policy)*; contact the Office of CME for instructions on how to fund such events.

   - None
   - Reception
   - Fundraiser
   - Breakfast
   - Lunch
   - Dinner
   - Entertainment (specify):
   - Other (specify):

**Required Attachment #2:** You must provide a detailed agenda for the activity showing all educational sessions, breaks between sessions, and any related social events (e.g., reception, fundraiser, etc). Your agenda should include the date, start time, end time, duration (session length), presentation title, & speaker(s) name(s) for each educational session. Your agenda can be a brochure or other promotional material as long as it contains the required information. [Click here](http://www.utcomchatt.org/cme/application) or visit www.utcomchatt.org/cme/application to download our agenda template. **Changes:** You are responsible for providing the Office of CME with an updated version of the agenda if any changes are made to it after this activity is approved for CME credit.

**Attachment #7 (Required if 2 hours or more of CME):** If your activity has 2 hours or more of CME, you must create and administer a Credit Declaration form to allow attendees to attest which sessions they attended. [Click here](http://www.utcomchatt.org/cme/application) or visit www.utcomchatt.org/cme/application to download our Credit Declaration form template.

9. **Will a registration fee be charged?**
   - No
   - Yes, specify amount:
10. Please indicate the competencies that are associated with this activity’s content. (EA 2.6)

<table>
<thead>
<tr>
<th>Institute of Medicine (IOM) competencies</th>
<th>ACGME/ABMS competencies</th>
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</thead>
<tbody>
<tr>
<td>Patient-centered care</td>
<td>Patient care and procedural skills</td>
</tr>
<tr>
<td>Interdisciplinary teamwork</td>
<td>Practice-based learning &amp; improvement</td>
</tr>
<tr>
<td>Evidence-based practice</td>
<td>Interpersonal &amp; communication skills</td>
</tr>
</tbody>
</table>

11. List the names, degrees, and roles/affiliations for all planners for this activity. This includes the activity director(s), activity coordinator(s), planning committee member(s), and anyone else in a position to bias the planning, speaker selection, agenda, content, implementation, evaluation, etc. for this activity.

<table>
<thead>
<tr>
<th>Activity Planner Names:</th>
<th>Degree:</th>
<th>Role/Affiliation:</th>
</tr>
</thead>
</table>

12. List the names, degrees, and presentation title for the presenters, speakers, moderators, and anyone else with a speaking role for this activity. For conferences where medical cases are discussed, this includes people who present or introduce the cases, but it does not include audience participants who simply discuss to the case.

<table>
<thead>
<tr>
<th>Presenter/Speaker Names:</th>
<th>Degree:</th>
<th>Presentation Title or Role:</th>
</tr>
</thead>
</table>
DISCLOSURE POLICY

In order to ensure transparency of the people in control of this activity, all individuals in a position to control the planning, content, implementation, and/or evaluation of this activity are required to disclose relevant financial relationships (or the lack thereof) prior to the activity. This includes the Activity Medical Director, Activity Coordinator, planning committee members, speakers/presenters/moderators, and anyone else in a position of control over this activity. Individuals who refuse to disclose are not allowed to be in a position of control over the educational activity. (SCS 2.3)

The Activity Medical Director and Activity Coordinator are responsible for gathering disclosure information from all planners, speakers, and anyone else in position of control over this activity. The necessary disclosure information is gathered by having all planners for this activity complete a Commercial Independence form for Planners, and by having all speakers/presenters/moderators for this activity complete a Commercial Independence form for Speakers.

Required Attachment #3: The Activity Medical Director and Activity Coordinator are responsible for providing a completed Commercial Independence form for every planner, speaker, and anyone else in a position of control over this activity to the UTCOM prior to the activity. A Commercial Independence form for Planners must be provided for each planner for this activity (click here or visit www.utcomchatt.org/cme/application to download this form) and a Commercial Independence form for Presenters must be provided for each speaker for this activity (click here or visit www.utcomchatt.org/cme/application to download this form).

Attestation: I attest that I have read the Disclosure Policy (above) and agree to comply with it.

Initials of Activity Medical Director:  Initials of Activity Coordinator: 

This Disclosure Policy ties right into the following Conflict of Interest Policy:

CONFLICT OF INTEREST POLICY

In order to ensure the objectivity, scientific rigor, and commercial independence of the people in control of this activity, any real or potential conflicts of interest must be eliminated prior to the activity. A conflict of interest exists for an CME activity when someone in a position of control over the activity has a relevant financial relationship and an opportunity to affect the content of CME in favor of a commercial interest. The Activity Medical Director and Activity Coordinator for this activity have a responsibility to identify and resolve any potential conflicts of interest prior to the activity. In order to identify and resolve conflicts of interest prior to the activity, the Activity Medical Director and/or the Activity Coordinator must do the following at least 5 days prior to the activity: (SCS 2.3)

1) Review all Financial Relationships: Review the Commercial Independence form for every planner, speaker, & anyone else in a position of control over this activity. If a planner or speaker has a Relevant Financial Relationship, then a potential conflict of interest exists and his/her contributions to this activity have a higher potential to be biased by their relationship(s). You should make a list of the Relevant Financial Relationships for each planner and speaker that has one, so that you are aware of the companies, topics, and products/services that are most likely to bias each person’s contribution to this activity.

2) Review the Content or Contributions of all Planners and Speakers for Commercial Bias: For activity planners, you should review all aspects of this activity that they coordinated for any bias that favors a commercial interest. For speakers, you should review all of their presentation materials (slides, abstracts, handouts, etc.) for compliance with the Commercial Independence Policies contained in the Commercial Independence form for Presenters. In reviewing the contributions of planners and speakers, be mindful of the Relevant Financial Relationships that you noted in when you reviewed all financial relationships, but also look for bias that favors any other commercial entities. The Office of CME will be glad to assist you in reviewing the contributions of the planners and presenters for your activity.

3) Remove All Commercial Bias: Any aspects of the planning, content, presentation, implementation, and/or evaluation this activity that fail to comply with the Commercial Independence Policies or that promote the business interests of a commercial entity must be eliminated or sent to the Office of CME for review and resolution.

Attestation: I attest that I have read the Conflict of Interest Policy (above) and agree to comply with it.

Initials of Activity Medical Director:  Initials of Activity Coordinator: 

Application for AMA PRA Category 1 Credit™ and Activity Summary 6 of 11
13. How will this activity be marketed or promoted to prospective participants?

**DIGITAL PROMOTIONS:**
- Brochure/Invitation
- E-newsletter
- Webpage
- Email
- Online advertisement
- Other (specify):

**PRINT PROMOTIONS:**
- Invitation
- Save-the-Date announcement
- Newsletter
- Print Advertisement
- Brochure/Flyer/Handout
- Poster or Signs
- Bulletin Board/office Memo
- Other (specify):

**Required Attachment #4:** All promotional materials for this activity must be reviewed and approved by the Office of CME prior to distribution.

**PROMOTION OF YOUR CME ACTIVITY**

No Promotion of CME Credit Prior to Approval: Promotion of CME credit for this activity is prohibited until this application has been approved by the Office of CME. This includes (1) use of the AMA Credit statement and Accreditation statement, (2) mention of the UT College of Medicine’s affiliation with this activity, and/or (3) statements such as “CME credit has been applied for.”

**Required Statements:** All promotional materials – printed and digital (includes webpages) – for your CME activity except for save-the-date reminders must contain the AMA Credit statement and Accreditation statement. Exception: Save-the-date announcements and other promotional materials that only contain general, preliminary information about the activity such as the title, date, & location are not required to include the two statements, but if more specific information such as the number of AMA PRA Category 1 Credits™, faculty, or learning objectives is included, the statements must be included. A save-the-date announcement may indicate that the activity has been approved for AMA PRA Category 1 Credit™ without stating an exact number of credits (for example, “This activity has been approved for AMA PRA Category 1 Credit™”).

Send an email to cme@erlanger.org to request to have the AMA Credit Statement and Accreditation Statement emailed to you for use in all Promotional materials and Program materials for this activity.

**Attestation:** I attest that I have read the policies above regarding promotion of CME activities and agree to comply with them. Initials of Activity Medical Director: __________________________ Initials of Activity Coordinator: __________________________

**PROMOTION DURING YOUR CME ACTIVITY**

The following policies govern the promotion of business interests during a CME activity: (EA 2.9)

- Arrangements for commercial exhibits or advertisements may not influence planning, interfere with the presentation, or be a condition of the provision of commercial support for CME activities. (SCS 4.1)
- Promotional exhibits/activities/interactions, advertisements, and promotional materials are prohibited in the educational space immediately before, during, and after a CME activity. (SCS 3.9)
- ‘Commercial breaks’ are prohibited.
- Educational materials that are part of a CME activity such as handouts, abstracts & slides may not contain any advertising, trade name, or product-group messages. (SCS 4.3)
- Printed advertisements and promotional materials may not be interleaved within the pages of the CME content, but they may face the first or last pages of printed CME content as long as these materials are not related to the CME content they face. (SCS 4.2)
- Schedules, content descriptions, and other information that is not directly related to the transfer of education to the learner may include advertisements and/or product-promotion messages. (SCS 4.4)
- A commercial interest may not serve as the agent providing a CME activity to learners (e.g., arranging for electronic access to CME activities or distributing self-study CME activities). (SCS 4.5)

Attestation: I attest that I have read the policies above regarding promotion of CME activities and agree to comply with them. Initials of Activity Medical Director: __________________________ Initials of Activity Coordinator: __________________________
14. What areas of professional practice do you hope to change within your target audience? (check all that apply) (EA 2.3)
   - Knowledge
   - Competence
   - Performance
   - Patient Outcomes

15. In which areas of professional practice will you measure change through your evaluations? (check all that apply) (EA 2.3)
   - Knowledge
   - Competence
   - Performance
   - Patient Outcomes

16. You are required to evaluate this educational activity. Please indicate the Evaluation tool(s) that will be used to evaluate this activity. Evaluations are used as tools to determine if the desired educational result was achieved for learners. In choosing evaluation tool(s) for this activity, consider: 1) the goal of the activity, 2) the method of education, 3) applicability of the tool, and 4) available resources. (EA2.11)

<table>
<thead>
<tr>
<th>Evaluation Type: (check all that apply)</th>
<th>Rational/Description:</th>
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<tr>
<td>□ Post-Activity Evaluation (most common type)</td>
<td>Evaluation that provides qualitative and quantitative information from participants in areas including but not limited to 1) content meeting educational objectives; 2) speaker effectiveness; 3) participant’s plan to change medical practice based on content; 4) perception of commercial bias; 5) educational topics needed for future programs, etc.</td>
</tr>
<tr>
<td>□ Pre-Test and Exit-Test</td>
<td>Test or case vignettes developed by the activity director, completed by participants prior to educational activity and again directly after educational activity with goal of measuring immediate learning based on educational content. This can be done utilizing audience response systems, online testing or hard copy testing.</td>
</tr>
<tr>
<td>□ Post-Test (3-6 months after educational activity)</td>
<td>Utilizing the same test used for pre and exit- tests to measure content retention. This can be achieved by online testing or mailing a hard copy test.</td>
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<tr>
<td>□ Monitoring Performance Improvement Data Source(s):</td>
<td>Data is collected prior to educational activity and 3-6 months following educational activity. Baseline data collected will need to be provided you’re your application. Data collected after the activity should accompany baseline data with a discussion about its relevance.</td>
</tr>
<tr>
<td>□ Monitoring National Quality of Care Indicators and Local Data Source(s):</td>
<td>Data is collected prior to educational activity and 3-6 months following educational activity. Baseline data collected will need to be provided with your application. Data collected after the activity should accompany baseline data with a discussion about its relevance.</td>
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<tr>
<td>□ Other (specify):</td>
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**Question about Commercial Bias:** Your evaluation should ask learners if they perceived commercial bias in the activity as a whole but also for each individual presentation (for activities with multiple presentations), and should give attendees an opportunity to describe any commercial bias they perceived. For example, “Did you perceive commercial bias in this [presentation OR activity as a whole]? (circle one)  NO  YES, please explain: ____________________________.”

**Evaluations for Regularly-Scheduled Series:** All regularly-scheduled series should be evaluated at least once a month.

**Required Attachment #5:** You will be required to evaluate this educational activity, and a draft of the evaluation tool(s) selected above must be provided. Click here or visit www.utcomchatt.org/cme/application to download our Post-Activity Evaluation templates (one is for single-session activities and one is for multiple-session activities).
**COMMERCIAL SUPPORT**

Commercial support is monetary or in-kind contributions (for example, an educational grant) from a commercial interest used to all or part of the costs of a CME activity. (A commercial interest is an entity that produces, markets, re-sells, or distributes health care goods/services consumed by or used on patients.) Exceptions by Organization Type: Hospitals and other providers of clinical service directly to patients are not considered to be commercial interests. Exceptions by Income Type: Income received in exchange for exhibiting and/or advertising at the conference is not commercial support regardless of the kind of organization that provides it because it is paid & received in exchange for the opportunity of promoting the products, services, or interest of the entity and is not perceived as being in a position of control over the educational content.

Do you plan to seek commercial support for this CME activity?  
☐ No  ☐ Yes, specify companies:

Commercial support for a CME activity is governed by the following CME policies: (EA.2.7, 2.8, & 2.10)

**COMMERCIAL SUPPORT POLICIES**

Grant Administration Fee: The Office of CME charges a fee of 10% (or a $200 minimum) for administering grant requests and for a CME activity. Click here or visit www.utcomchatt.org/cme/fees for more information on CME fees.

Independence: The following aspects of your CME activity must be free from control of a commercial interest: (a) identification of needs, (b) determination of educational objectives, (c) selection and presentation of content, (d) selection of all persons and organizations that will be in a position to control the content of the CME, (e) selection of the educational methods, and (f) evaluation of the activity (EA.2.7, SCS 1.1). A commercial interest cannot take the role of non-accredited partner in a joint sponsorship relationship (EA.2.7, SCS 1.2). Expenses for social events or meals planned in conjunction with CME activities may not be paid directly from a commercial interest (UTCOM/Erlanger policy).

Letter of Agreement Required (EA.2.9): All commercial support for this CME activity must be given/received with the full knowledge and approval of the University of Tennessee College of Medicine (SCS 3.1 & 3.3). The terms, conditions, and purposes of the commercial support must be documented in a signed letter of agreement between (a) the commercial interest providing the financial support, (b) the UTCOM Office of CME, and (c) the educational partner organization (your organization) (SCS 3.4, 3.5 & 3.6). All letters of agreement for commercial support should be signed and provided to the Office of CME prior to the activity: you should notify the Office of CME if commercial support is being received but it is not possible to get the letter of agreement signed prior to the activity. A separate letter of agreement must be signed for each disbursement of commercial support received for this CME activity.

**Attachment #8 (Required if commercial support is received):** You must provide a letter of agreement for each disbursement of commercial support that is received for this CME activity. You can use a letter of agreement from the commercial interests if they have provided one, or click here or visit www.utcomchatt.org/cme/application to download our letter of agreement template if they did not provide one.

Commercial Support Designations for Individuals (EA2.8, SCS 3.7): Payments to teachers or authors for honoraria and/or reimbursement of out-of-pocket expenses may not be made directly from the commercial interest; designated funds for these expenses must be paid to your organization or the UTCOM and then issued to the teacher or author (SCS 3.8). Commercial support may be used to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers, but it may not be used to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a CME activity (SCS 3.12). If teachers or authors facilitate or conduct a session but participate in the remainder of an educational event as a learner, their expenses can be reimbursed and honoraria can be paid for their teacher or author role only (SCS 3.10). No other payment shall be given to the Activity Medical Director, Activity Coordinator, or any other individuals involved with the supported activity (SCS 3.9).

Commercial Promotion Restrictions: Arrangements for commercial exhibits or advertisements may not influence planning, interfere with the presentation, or be a condition of the provision of commercial support for CME activities. ‘Commercial breaks’ are prohibited. A commercial interest may not serve as the agent providing a CME activity to learners (e.g., arranging for electronic access to CME activities or distributing self-study CME activities). Also see the Promotion During your CME Activity section on page 6 of this application for rules governing promotion of commercial interests during a CME activity.

Disclosure to the Audience: The source of all support from commercial interests must be disclosed to learners prior to the beginning of the educational activity (SCS 6.3 & 6.5). See the “Disclosure to the Learners” section (section 4 on page 9) for details.

**Attestation:** I attest that I have read the Commercial Support Policy (above) and agree to comply with it if any support is received from a commercial interest for this activity.

Initials of Activity Medical Director: ________      Initials of Activity Coordinator: _____
DISCLOSURES TO LEARNERS

In order to ensure transparency of this activity and its speakers, the Activity Medical Director and Activity Coordinator are responsible for ensuring that the following information is provided to learners:

1) Learning Objectives – The Learning Objectives for this activity (from section 5, page 3) should be provided to learners on a handout; ideally the handout that gives a welcome/overview of the activity.

2) AMA Credit statement and Accreditation statement – The AMA Credit Designation statement and Accreditation statement must be included on all Promotional Materials and in some part of the Program Materials for this activity.
   i. Promotional Materials – The two statements must be included in all Promotional Materials for this activity (except save-the-date announcements) in both print and electronic formats, and all promotional materials for this activity must be approved by the Office of CME prior to distribution. (see section 13, page 6 for more on promotional materials for your CME activity)
   ii. Program Materials - The two statements must also be included in some part of the Program Materials for this activity in both printed and digital formats. The most logical place to disclose the AMA Credit statement & Accreditation statement is on the handout that contains the welcome/overview and learning objectives for this activity.
   iii. Any other materials that mention the # of AMA PRA Category 1 Credits™ - The two statements must be included on any other document that references the number of AMA PRA Category 1 Credits™ designated for the activity.

Send an email to cme@erlanger.org to request to have the AMA Credit Statement and Accreditation statement emailed to you for use in all Promotional materials and Program materials for this activity.

3) Disclosure of the Relevant Financial Relationships (or lack thereof) for all Speakers - The Relevant Financial Relationships (or lack thereof) should be provided to learners for every person in a speaking role for this activity. Speaker disclosures should be provided to learners in two ways:
   i. In Writing – On a handout; ideally the same one that contains the welcome/overview, learning objectives, AMA Credit/Accreditation statements, and commercial support for this activity. For speakers who had relevant financial relationships to disclose on their Commercial Independence forms, written disclosure simply needs to say, “The following speakers have relevant financial relationships to disclose: [List of each speaker’s name, the name of the commercial interest(s), and the nature of the relationship(s)]”. For speakers with no relevant financial relationships, written disclosure should just say, “The following speakers have no relevant financial relationships to disclose: [List of speakers’ names]”.
   ii. Verbally – Have each speaker state their relevant financial relationships (or lack thereof) at the beginning of each presentation. Verbal disclosure is as simple as “I disclose the following relevant financial relationships: [List of Organizations and Relationships]” for speakers with relevant financial relationships, or “I have no relevant financial relationships to disclose.” for speakers with no relevant financial relationships.

4) Disclosure of any Commercial Support received for this activity (if applicable) – The source and nature of all commercial support must be disclosed to learners in writing prior to the beginning of the educational activity (SCS 6.3 & 6.5). When commercial support is in-kind, the nature of the support must be disclosed to learners (SCS 6.3). Disclosure of commercial support must never include the use of a trade name or a product-group message (SCS 6.4). The most logical place to disclose commercial support is on the handout that contains the welcome/overview, learning objectives, and AMA Credit/Accreditation statements. Disclosure of commercial support can be as simple as a written statement saying, “We would like to thank the following organizations for their support of this activity: [List of Organizations]”. It is also good to disclose commercial support on signage at the conference, but commercial support signage should not be displayed in the educational space.

5) Disclosure of “Off-Label” Uses that are Discussed (if applicable) – Any discussion of products or uses that are “off-label” (i.e., still under investigation by the Food & Drug Administration) should be disclosed as such to the learners at this activity. Disclosure of off-label usage should be provided to learners in two ways:
   i. In Writing – On a handout; ideally the same one that contains the welcome/overview, learning objectives, AMA Credit/Accreditation statements, commercial support, and disclosure of the relevant financial relationships (or lack thereof) for all speakers for this activity. Written disclosure is as simple as a statement that says, “The following speakers plan to discuss the following uses that are “off-label” or not approved by the Food & Drug Administration: [List all speakers and off-label uses they will discuss].”.
   ii. Verbally – Have each speaker verbally disclose any off-label uses that are discussed as being an off-label use at the time they are discussed. Verbal disclosure is as simple as saying, “This use is off-label or not approved by the Food and Drug Administration.”

Attachment #6: You must create a document (or several documents) that will be provided to the learners at this activity that discloses the five pieces of information above. Click here or visit www.utcom chatt.org/cme/application to download our Disclosures to Learners Handout template for a single handout that will provide all of these disclosures.

Attestation: I attest that I have read the Disclosures to Learners policy (above) and agree to ensure that these 5 pieces of information are disclosed to learners where applicable.
Initials of Activity Medical Director: __________ Initials of Activity Coordinator: __________
REQUIRED ATTACHMENTS: The following documents must be provided with this application.

- Attachment #1: A Gap Analysis demonstrating the need for this educational activity. (see page 1, section 2)
- Attachment #2: A Detailed Agenda for this activity. (see page 3, section 8)
- Attachment #3: A Commercial Independence form for all planners and presenters/speakers/moderators for this activity. (see page 5, the Disclosure Policy section)
- Attachment #4: A copy of all Marketing Materials that will be used to promote this activity. (see page 6, section 13)
- Attachment #5: A draft of the Evaluation for this activity. (see page 7, section 16)
- Attachment #6: A handout containing all necessary Disclosures to Learners for this activity. (see page 9)

Other Attachments that are Required if They Apply:

- Attachment #7: A Credit Declaration form for activities with 2 hours or more of CME. (see page 3, section 9)
- Attachment #8: A Letter of Agreement for Commercial Support if any is received. (see page 8)

Visit www.utcomchat.org/cme/application to download these forms and other useful application resources.

OPTIONAL ATTACHMENTS:

- Educational Tools - Course directors are encouraged to consider supplemental educational learning tools for post-activity use. Examples include algorithms, patient education tools, pocket references, posters for clinical use, stickers for clinical reminders, etc. Please list any additional educational tools that participants can use after the educational activity (does not include presentation handouts):
- Other (please specify):

ATTESTATION & SIGNATURES

I understand that the UT College of Medicine is committed to ensuring balance, objectivity, scientific rigor, and freedom from commercial bias in all educational programs, and that the CME and ACCME policies outlined in this application work toward that goal. I attest that the information and documents provided through this application is complete & accurate to the best of my knowledge, and agree to comply with all policies in this application.

Signature of Activity Medical Director: ____________________________ Date: ____________

Signature of Activity Coordinator: ______________________________ Date: ____________

AFTER YOUR CME ACTIVITY

After this activity is over, you will need to complete the CME Activity Closeout form in order to provide the documentation that is necessary for the Office of CME to issue the CME credit certificates. Click here or visit www.utcomchat.org/cme/closeout for more information and resources in closing out your CME activity.

OFFICE OF CME USE ONLY

Office of CME Reviewer: ____________________________ Sponsorship Type: [ ] Direct [ ] Joint Notes: ________________________________

[ ] Approved for: _____ AMA PRA Category 1 Credits™ × _____ sessions Other credit: ________________________________

CME Director ____________________________ Date ____________________________
CME Physician Advisor/ CME Associate Dean ____________________________ Date ____________________________