

CME Credit Application & Activity Summary

Date Submitted: _____ Host Organization or Department: _____

This document collects information necessary to plan and have your educational activity certified for *AMA PRA Category 1 Credit(s)*TM. Completion of the entire form is necessary to meet accreditation requirements and be approved for providing continuing medical education (CME) to physicians in a way that is compliant with requirements established by the Accreditation Council for Continuing Medical Education (ACCME).

Submit your application at least 60 days prior to your planned live activity (meeting, conference, symposium, DVP lecture) to ensure proper planning and coordination as well as ample time to promote your activity once approved. Submit your application at least 30 days prior to your planned regularly scheduled series (grand rounds, literature review, tumor board, case conference). Applications for regularly scheduled series (RSS) must be received by January 31 to be accredited for the calendar year. We do not approve RSS after this date. The College of Medicine does not accredit content, such as one-time lectures or presentations, that is less than four (4) total hours. Entities outside the UT system seeking joint providership should contact the Office of CME to discuss the proposed activity before beginning the application process.

I. Proposed Activity Information

Activity Title: _____

Is this an annual event? _____ # of prior events

Activity Type: What educational design will be used in this activity?

- | | | |
|--|---|--|
| <input type="checkbox"/> Live Course | <input type="checkbox"/> Regularly Scheduled Series (RSS) | <input type="checkbox"/> On-Demand Course (see page 7) |
| <input type="checkbox"/> In-Person | <input type="checkbox"/> In-Person | <input type="checkbox"/> Internet Enduring |
| <input type="checkbox"/> Internet Live | <input type="checkbox"/> Internet Live | <input type="checkbox"/> Printed Book |

Activity Overview:

Activity Date(s): Begin: _____ End: _____

Location (facility name and address): _____

Days: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday				Times: _____ (ie. 12 – 1 pm)	
Frequency of Meeting: <input type="checkbox"/> One Time <input type="checkbox"/> Weekly <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other: _____					
_____ Hours of Instruction	X	_____ Number of Meetings (if RSS)	=	_____ Hours of AMA PRA Category 1 TM credits	

Medical Activity/Course Director (MD or DO): The physician with overall responsibility for ensuring this activity is educational for the target audience and that the planning, developing, and implementation are in accordance with the UT College of Medicine Continuing Medical Education (CME) policies.

Name: _____ MD DO

Phone: _____ **Email:** _____

Activity Coordinator: The Activity Coordinator is the individual responsible for the operational, logistical, and administrative coordination of the certified CME activity.

Name: _____

Phone: _____ **Email:** _____

II. Content and Educational Design

CME activities should be designed to address shortcomings or gaps in the professional practice of your specific target audience. A professional practice gap is the difference between the current professional medical practice and the ideal professional medical practice, and the professional practice gap statement describes how the current practice is less than ideal or could be better in terms of its knowledge, skills & abilities (competence), medical practice & care provided (performance), and/or patient outcomes.

According to the ACCME, CME must be: 1) Designed specifically for physicians or medical professionals, 2) Unbiased by commercial interests, 3) Educational, 4) Evidence-based, and 5) Free from promotion

Target Audience. CME activities must be designed and directed to serve the clinical and professional performance of practicing physicians. What is the target audience for this activity? (Please check all that apply)

- Physicians Allied Health Professionals (PhDs, Physician Assistants, etc.) Residents/Fellows
 Pharmacists Nurses (Nurse Practitioners and/or Registered Nurses) Medical Students
 Other _____

Does the target audience need the education that this activity will provide? Yes No

Fit with UTHSC CME Mission. Please explain how this CME activity will align with UTHSC CME Mission Statement. (Please check all that apply)

- Aligns with UTHSC goals and/or mission
 Designed to assist physicians and healthcare professionals gain competency & improve performance
 Promotes the practice of evidence-based medicine and healthcare
 Designed to assist in the dissemination of new medical health care knowledge and evolving topics
 Other (please explain) _____

Professional Practice Gaps. A professional practice gap is the difference between current practice and optimal practice. It can also be described as the difference between what occurs and what should occur to give the best possible care to patients. CME is intended to be designed to address gaps in knowledge, competence, performance, and patient outcomes.

State the professional practice gap(s) of your learners on which the activity is based. (Maximum 100 words)

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Educational Needs:

State the educational need(s) in the areas of knowledge, competence, performance, and patient outcomes that you determined to be the cause of the professional practice gap(s) that you identified. (Maximum 50 words each)

Knowledge Areas:
Competence (Skills and Abilities):
Medical Practice (Performance):
Patient Outcomes:

Desirable Physician Attributes:

Indicate the desired results/attribute(s) (i.e., competencies) this activity addresses. The ACCME requires us to report how the CME activity is designed in the context of desirable physician attributes. Please indicate which desired physician attributes from the list below your activity will address. (Please check all that apply)

ACGME/ABMS Competencies

- Patient Care and Procedural Skills
- Medical Knowledge
- Practice-Based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems-Based Practice

Institute of Medicine (IOM) Competencies

- Provide patient-centered care
- Work in interdisciplinary teams
- Employ evidence-based practice
- Apply quality improvement
- Utilizing Informatics

Interprofessional Education Collaborative Competencies

- Values/Ethics for Interprofessional Practice
- Roles/responsibilities
- Interprofessional Communications
- Teams and Teamwork

What teaching format(s) will be used in this activity? How will the CME activity be designed to facilitate a change in the learners? When selecting the appropriate method, please consider adult learning principles and the physician learning and change process. (Please check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Lecture / Didactic | <input type="checkbox"/> Case Study | <input type="checkbox"/> Small Group Discussions |
| <input type="checkbox"/> Panel Discussion | <input type="checkbox"/> Breakout Sessions | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Medical Simulation | <input type="checkbox"/> Observing a procedure | <input type="checkbox"/> Hands-on Workshop |
| <input type="checkbox"/> Take away messages | <input type="checkbox"/> Q & A Sessions | <input type="checkbox"/> Other (please specify) _____ |

Why did you choose this combination of educational design and teaching format(s) for your activity?

Learning Objectives. Please list a minimum of three (3) specific Learning Objectives designed for the overall activity. Learning objectives should be measurable and begin with a verb that can facilitate measurement of learning (e.g., apply, appraise, assess, demonstrate, design, discuss, employ, evaluate, formulate, identify, implement, manage, plan, review, summarize, utilize). **Learning objectives should be provided to learners at your activity.**

Objective 1:

Objective 2:

Objective 3:

Objective 4:

Objective 5:

Other supplementary strategies. Are there strategies that could be used to enhance change in your learners as an adjunct to this activity? Examples include patient surveys, patient information packets, email reminders to the learners (i.e., summary points from the lecture, new information, posters throughout the hospital, pocket guides).

III. Activity Evaluation

You are required to measure the outcomes of this educational activity. Evaluations are a tool used to determine if the desired educational results were achieved and objectives met for the learners. Only one form of evaluation is required. Please select the method of outcome measurement that will be used to measure changes in the learners’ knowledge, competence, performance, or patient outcomes. The Office of CME will assist you with developing the evaluation.

- Exit Evaluation Survey
 Reflection narrative
 Pre- & Post-test - Performance improvement data
 National quality-of-care indicators in relation to local data
 Other (please explain) _____

IV. Activity Planners and Speakers

Planners List - Enter the names and roles/affiliations of all individuals involved in planning this activity. This includes the activity medical director, planning committee members, and anyone in a position of control or influence over the planning, speaker selection, topic selection, content, agenda, evaluation, etc. for this educational activity.

List the names for all planners for this activity:

<p><u>Activity Planner Names:</u></p>	<p><u>Role/Contribution for this Activity:</u> Activity Medical Director Activity Coordinator</p>
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Speakers List – If you have identified all presenters/speakers for this CME activity, please list their names below in alphabetical order by last name, with each name on its own row. If the speakers have not yet been identified or finalized, write “see final agenda” in the space below. Before closing out the activity, provide the final list of speakers to the Office of CME.

List the names for all speakers, presenters, moderators, authors, and anyone else with an educational role in this activity:

Presenter/Speaker Names:

Honorarium - If any speaker is receiving an honorarium for their participation, include proposed amount in the space provided on the **Planners and Speakers Roster**. All honorariums must comply with UTHSC Policy on CME Honorarium.

Are proposed honoraria within policy requirements established by UTHSC? Yes No N/A

V. Activity Financials

Will a registration fee be charged? Yes No If yes, please specify amount: _____

Do you plan to seek educational grant(s) for this activity? Yes No

If **yes**, please specify companies you will be applying for and the amount of each request.

UT Health Science Center colleges, departments, and divisions or other joint partnerships applying for accredited education should not be accepting industry support (grant funding) from ineligible companies.

VI. Identify, Mitigate, and Disclose Relevant Financial Relationships (ACCME – Standard 3)

Many healthcare professionals have financial relationships with ineligible companies. These relationships must not be allowed to influence accredited continuing education. The accredited provider (UT College of Medicine) is responsible for identifying relevant financial relationships between individuals in control of educational content and ineligible companies within the prior 24 months and managing these to ensure they do not introduce commercial bias into the education. There is no minimum financial threshold; individuals must disclose all financial relationships, regardless of the amount, with ineligible companies.

Owners and employees of ineligible companies are considered to have unresolvable financial relationships and must be excluded from participating as planners or faculty and must not be allowed to influence or control any aspect of the planning, delivery, or evaluation of accredited continuing education. Sessions conducted by an individual who is an employee or owner of an ineligible company will not receive CME credit.

Management of Commercial Support: Is there any possibility that this activity will receive support from any commercial interest(s) during this approval period? Yes No Not Certain

Commercial Support Letters of Agreement (LOA): The ACCME requires a LOA for Commercial Support for all educational grants received from a commercial interest to support CME. LOA's must be signed by the company's representative and the CME provider and/or, in some cases, the joint sponsor/educational partner, if applicable. Signed copies of all LOA's must be maintained in the CME Department.

Management of Commercial Support: The ACCME requires that all commercial support be appropriately managed by the CME Provider. A financial budget statement is required for each activity when commercial support is received. The budget information must be submitted at the conclusion of the activity.

Disclosure Forms: The ACCME requires that anyone who has an opportunity to influence the content of the CME activity disclose all financial relationships (or the lack thereof) they have with an ineligible company. The following procedures apply to all activity content: 1. All disclosures and content validation procedures must be made prior to the start of the activity. 2. Prior to the activity, the course director, planning committee members, staff, speakers, authors, moderators, etc. must complete a disclosure form. Disclosure forms for speakers not yet identified and/or confirmed must be submitted at least one week prior to the activity start date. 3. A mitigation form must be completed for presentations where the speaker has made a disclosure of financial relationships (attesting to presentation slide review) 4. Activity Directors will be called upon to assist in the mitigation of any perceived conflict(s) of interest. 5. Activity Directors, planning committee members, speakers/faculty, teachers, and/or authors who are perceived as either manifesting conflicts of interest or being biased may be eliminated from participation.

Disclosure to Learners Statement: Prior to the activity, the ACCME requires the disclosure of all relevant financial relationships (or the lack thereof) to learners. Disclosure to learners must include a.) The names of individuals with relevant financial relationships b.) The names of the ineligible companies with which they have relationships c.) The nature of the relationships. d.) A statement that all relevant financial relationships have been mitigated.

VII. Marketing and Promotion

Promotion Methods - How will you market or promote this activity to potential participants? Indicate what methods will be used.

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|--|--|--------------------------------------|
| <input type="checkbox"/> Save-the-Date Announcement | <input type="checkbox"/> Brochure/Flyer or Handout | <input type="checkbox"/> Invitation |
| <input type="checkbox"/> Online or Print Newsletter | <input type="checkbox"/> Webpage | <input type="checkbox"/> Email |
| <input type="checkbox"/> Online or Print Advertisement | <input type="checkbox"/> Poster or Sign | <input type="checkbox"/> Other _____ |

Approval of Promotional Materials - UTHSC CME Office **must review** and approve all materials associated with the activity **prior** to having them produced and distributed. ACCME/AMA will allow simple save-the-date announcements to be mailed prior to CME designation provided CME is not mentioned. The phrases “CME has been applied for” or “CME is pending” are not allowed. Any other promotion (website, press release, newsletter, etc.) **cannot mention CME until the UT College of Medicine has approved the activity for CME/AMA credits.**

The AMA Credit statement, Accreditation statement and the UTHSC logo must be included on all promotional materials except for simple save-the-date announcements, as mentioned previously. When we approve this activity for CME credit, we will email the ACCME logo to you in case you want to include it next to the Accreditation statement.

Materials Content - Marketing materials must identify the target audience, learning objectives, program faculty and presenters, agenda, UTHSC identified as the accredited provider, sources of financial support, accreditation, and designation statements.

VIII. Enduring Materials, Agenda, Conference Schedule, and Credit Declaration Form

Enduring Materials - Enduring materials have additional requirements, such as a learning management system (LMS) for continual monitoring and management. Access to bibliographic resources for further study must be made available. The course review date, original release date, and termination date must be included on the enduring material. Enduring materials must be reviewed at least every three years. The UTHSC Office of CME does not approve enduring materials for joint providerships outside the university system.

Detailed Activity Agenda or Conference Schedule: Please submit an activity agenda or conference schedule showing all sessions (CME and non-CME) with exact start and end times provided for each topic/ presentation including method of instruction and name of speaker(s) for each session. Include any planned break times during or between sessions.

Attestation of Attendance: If your activity has two (2) hours or more of CME at each session, you must use a credit declaration form to allow attendees to confirm which sessions they attend and for what length of time.

IX. CME Certificates and Activity Closeout

The Office of CME is required to closeout all activities and report information to the ACCME. Live activities (symposia, conferences, forums, meetings etc.) should be closed out within 30-days after the date(s) the activity occurred. Regularly scheduled series (grand rounds, case conference, tumor boards, etc.) must be closed out no later than January 31 of the following calendar year. **The UT College of Medicine reserves the right to withhold CME credit for an activity whose CME documentation has not been completed by the deadline dates.** The UT College of Medicine does not issue CME credit certificates until all documentation is completed and received by the Office of CME.

An Activity Closeout Report must be completed at the completion of the live activity or RSS. The closeout report includes total hours of CME provided through the activity, participation data, content confirmation, information regarding prescribing education (if applicable), disclosure forms, documentation of disclosure statements, summary of evaluations, financial data (including information related to commercial support, if applicable), and options for distribution of certificates.

X. Attestation and Signatures

I understand and agree to the terms set by the requirements in this agreement for *AMA PRA Category 1™* credit.

Printed name: _____ Signature: _____
Activity Medical Director

Date: _____

I understand that within 30 days after completion of the activity, all post-activity paperwork must be submitted to the Office of CME, and that certificates for CME and attendance will not be distributed until after the closeout report is submitted and documentation is complete.

Printed name: _____ Signature: _____
Activity Coordinator

Date: _____

Save as PDF with file name "UTHSC_CME Application [DATE]_[INSTITUTION].pdf" and send completed form to vcarrozz@uthsc.edu

The UT College of Medicine reserves the right to deny CME credit for any reason. Reasons the UT College of Medicine may choose to deny CME credit include, but are not limited to, the inclusion or dissemination of incorrect, inadequate, inappropriate, or commercially biased content. Additionally, CME credit may be denied if the content is deemed to advocate for unscientific approaches to diagnosis or therapy or is determined to have risks or dangers that outweigh the benefits to the treatment of patients. It is within the sole discretion of the Assistant Dean of CME as to whether an activity is accredited.

Noncompliance – The UT College of Medicine reserves the right to terminate the accreditation of an accredited activity at any time. CME credit can be withdrawn for noncompliance with the policies of this application.

Continuing Education Office USE ONLY

Approved for _____ *AMA PRA Category 1™* credits x _____ meetings (if live activity)

Providership Type: Direct Joint

Not Approved

Insufficient planning

Needs assessment insufficient

Proposed program incomplete

Not in keeping with institutional / CME mission

Signature: _____ Date: _____
Director, UTHSC CME

Supporting Documentation Checklist:

Agenda Planner Forms Speaker Forms Letter of Agreement (if receiving Commercial Support)

PARS Activity ID: _____