



ST. MARY'S

CONTINUING MEDICAL EDUCATION

Application for CME Credit and Planning Kit

Dear Applicant:

The St. Mary's Medical Center Continuing Medical Education Department offers the opportunity to certify conferences as CME activities if they are in compliance with the policies of the Accreditation Council for Continuing Medical Education (ACCME). These processes may seem daunting, however by carefully completing each section you will provide the required information and proof of planning required for CME credit and assure a well-planned activity. *Please note: Approval of your program is not an agreement for the CME Department to assume financial responsibility for your program. The CME office can and will attend your event, when possible, to act as an auditor and to ensure compliance with the ACCME guidelines. You, however, are responsible for any expenses related to travel to/from your event for the purposes of auditing or monitoring.*

In the attached planning kit, you will find the following documents for completion:

- **Activity Planning Guide**
This guide provides you with explanations of the specific requirements needed for CME activities as well as ACCME policies and procedures and other helpful resources
- **Certification Request for AMA PRA Category 1 Credit(s)TM**
This is the overview document for the CME activity for which you are requesting credit.
- **Educational Linkage Chart**
This form documents the link between identified needs and the activity's intended result.
- **Budget Worksheet**
This form documents the budget for the proposed activity, which must be pre-approved by the St. Mary's Medical Center Continuing Medical Education Department. If you do not have a budget for program, simply market sections with a zero. If you are providing meals, materials, etc., you must include those anticipated costs on your financial budget worksheet.
- **Disclosure forms**
Required statements from Planning Committee members that must be signed and submitted with your application request.

Return you completed application to Sheryl Ezell, Continuing Medical Education,
3700 Washington Avenue, Evansville, IN 47750
Questions? Call Sheryl Ezell 485-4468



ST. MARY'S

CONTINUING MEDICAL EDUCATION

**Certification Request for AMA PRA Category 1 Credit(s)TM
Sponsorship of CME Activity
DOCUMENTATION OF ACTIVITY PLANNING**

A. ACTIVITY LEADERSHIP:

1. Activity Leader (Physician preferred): _____
Title: _____
Department Name: _____
Address: _____
Phone: _____ Email: _____
2. Activity Administrator, Co-Leader/Chair: _____
Title: _____
Address: _____
Phone: _____ Email: _____

B. ACTIVITY DESCRIPTION AND LOGISTICS: *(Provide Agenda as a required attachment)*

1. Proposed Program Title (i.e. Grand Rounds, M & M, Primary Care Conference, etc.): _____

2. Proposed Frequency (i.e. One event date, Every Wednesday, monthly, etc.)

3. Time (s): _____
4. Building and Room location: _____
5. Is any organization outside of St. Mary's Medical Center involved in planning or providing financial assistance?
No _____
Yes. Please provide name(s) of individuals and their organization and describe what their input will be in the content of the program and/or financial support: _____

Individuals with a commercial conflict are not allowed to have input into the planning of events.

C. PLANNING, IMPLEMENTATION AND EVALUATION:

The education planning process begins with **identifying needs**. An example of needs could be gaps in practice, updates on new treatments/therapies, or changes in current medical guidelines; local, national or governmental requirements. Next, a purpose or objectives of the educational activity are made to address the identified needs. Then you can design the educational delivery format(s) to accomplish the stated purpose or objectives. Finally, evaluation of the CME activity measures desired results. The following questions will reflect how your activity accomplished this process.

1. Describe the **process** you used to plan this activity and identified the needs. Include how it is planned and **names of planning committee members**. Please complete with a narrative providing the information requested.

2. **Needs Assessment Data**: Check the methods used to identify the need for this educational activity. Check all that apply and clarify when appropriate.

- | | | |
|---|--|--|
| <input type="radio"/> Planning committee | <input type="radio"/> Specialty society guidelines | <input type="radio"/> Epidemiological data |
| <input type="radio"/> Expert panel | <input type="radio"/> Database analyses | <input type="radio"/> Lay press |
| <input type="radio"/> Peer-reviewed literature | <input type="radio"/> Previous evaluation summary | <input type="radio"/> Direct-to-consumer ads |
| <input type="radio"/> Research findings | <input type="radio"/> Activity faculty | <input type="radio"/> Other CME providers |
| <input type="radio"/> Required- medical authority | <input type="radio"/> Survey of target audience | <input type="radio"/> Other societal trends |
| <input type="radio"/> Required- regulation/ law | <input type="radio"/> National clinical guidelines | <input type="radio"/> Other _____ |
| <input type="radio"/> Focus panel discussions | <input type="radio"/> Survey of target audience | <input type="radio"/> Other _____ |
| <input type="radio"/> Needs Assessment Survey | <input type="radio"/> Request- affiliate group | <input type="radio"/> Other _____ |
| <input type="radio"/> Departmental chair | <input type="radio"/> Hospital/ clinic QA analysis | |
| <input type="radio"/> Request from physicians | <input type="radio"/> Other clinical observances | |
| | <input type="radio"/> Mortality/ morbidity data | |

3. Please complete the attached ***Educational Linkage Chart*** to connect your identified needs with the desired results (contact us for assistance if needed).

4. List the **evaluation method(s)** planned for this activity (*check all that apply*) and provide a sample of your proposed evaluation as required:

- Questionnaire for all participants immediately following the event
- Questionnaire for random participants sent before/after the event
- Focus Group
- Pre and Post test to measure changes in knowledge, skills and/or attitudes
- Follow-up (outcomes evaluation) at intervals (ex: 3-6-9 months post completion) to measure application of knowledge/skills
- Assessment of health status data (outcomes evaluation) of patients in practice of participant
- Other, specify _____

5. Please specify who your **intended audience** will be (*provide specifics on specialties/professions*).

D. FINANCIAL INFORMATION:

1. Commercial Support

a). Do you foresee using commercial support for this activity? (A CME provider must ensure that educational decisions were made free of the control of a commercial interest. *The ACCME defines a “commercial interest” as any entity producing, marketing, re-selling, or distributing health care goods or services, consumed by, or used on, patients.* The ACCME does not consider providers of clinical service directly to patients to be commercial interests. For more information, see www.accme.org. *From 1.1 of the Standards for Commercial Support*)

- No _____
- Yes, Comments: _____

b). If you checked yes to the above question, how many different companies do you anticipate will provide funds in support of you activity, how are these funds planned to be used, will you receive equal contributions or will you have a tiered fee schedule? _____

c). Will you be applying for Grants from Pharmaceutical companies or from any non-profit organizations?

- No _____
- Yes, Comments _____

2. Budget and Financial support

a). Please complete the CME Activity Budget Form listing any anticipated income from commercial support, grants and in-kind contributions, expenses for meals, travel, etc.. An Activity Budget Form is required even if your budget is 'Zero'.

*For the full "Standards for Commercial Support of Continuing Medical Education", contact Sheryl Ezell.

E. CREDIT REQUEST:

1. This application will be reviewed for only *AMA PRA Category 1 Credit(s)*TM. How many credits are you requesting for this activity? _____. One credit equals 1.0 hour of educational activity. (It does not include non-educational time such as breaks, lunch, introductions, etc. Please use your proposed agenda to determine the actual number of educational hours)
2. *We no longer provide AAFP credits for programs.*
3. We do not provide Nursing Contact Hours – *Please contact Nursing Professional Development.*

F. ACTIVITY CHECKLIST, GUEST SPEAKERS and ATTENDANCE TRACKING

Once your event is approved, you will receive an Activity Checklist. This checklist will identify all items that are required by your Activity Leader/Coordinator for completion of your CME approved program and clearly identifies responsibilities for each identified task. ***By awarding credit for your program we do not imply that the Continuing Medical Education office is assuming responsibility for completion of or expenses related to your program.***

1. Who will be responsible for completing and following through with checklist items (if more than one person please specify and include contact phone numbers)? _____

2. Who will be responsible for:
 - a. Obtaining speaker forms (disclosures, attestations, copy right/video recording and professional CV's) prior to the program? _____
 - b. Writing Grants and/or securing Commercial Supportors if needed? _____
 - c. Tracking attendance and matching post-evaluation surveys? _____

 - d. Verifying accuracy of post-evaluation surveys and follow-up of any missing evaluations, missing names, missing credentials? _____
 - e. Summary Report of Evaluations (required quarterly for repeating events), reviewing and validating data prior to submission for credits and submitting 30 days following the actual program? _____

- f. Who will be responsible for providing attendees with the appropriate certificates of attendance (if requested)_____

G. ATTACHMENTS TO INCLUDE WITH THIS APPLICATION:

Please attach the following REQUIRED DOCUMENTS with your completed application:

1. Educational Linkage Chart: Connecting Identified Needs with the Desired Result
2. Detailed Budget Worksheet
3. Proposed program Evaluation Form (From C.4 above)
4. A proposed schedule, agenda or calendar of the activity
5. Planning Committee members disclosure forms

H. CME CREDIT STATEMENTS, PROGRAMS, BROCHURES, ETC.:

1. The department of Continuing Medical Education must review all documents, flyers, brochure, certificates, and registration forms for use of the official accrediting statement.
2. Statement must match the official format of the ACCME and cannot be altered.
3. Accrediting statements are not required for “Save The Date” cards.

I. REVOCATION OF APPROVAL FOR AMA PRA CATEGORY 1 CREDIT(S)TM

The CME Department is closely regulated by the **Indiana State Medical Association**, our accrediting organization, and all rules and regulations as set forth by the **ACCME** must be adhered to. Failure to provide documentation, meet required deadlines, resolve conflicts of interest, misuse of commercial funding, etc. will not be tolerated and will result in your program proceeding without accreditation.

Our commitment is to provide quality program(s) to healthcare professionals and make every effort to help, assist, guide and mentor those who request our sponsorship in providing a quality accredited program under our Certificate of Accreditation.