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| **CME APPLICATION** |
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| **Date Submitted:** |       |  |
| **Requested By:** |       | **Organization:** |       |
| **Address:** |       |
| **Phone:** |       | **Email:** |       |
|  |
| **Proposed Activity Information** |
| Title / Topic of Activity:  |       |
| Location:  |       | Date(s):  |       |
| Credit Hours Requested:  |       |
| Will you be recording the event for on-demand viewing? [ ]  Yes [ ]  No |
| Are you collaborating with other organization(s) to plan/conduct this activity? [ ]  Yes [ ]  No |
| *If yes:* | Name & Organization: |       |
|  | Name & Organization: |       |
|  | Name & Organization: |       |
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| **Educational Format** |
| *How will the CME activity be designed to facilitate a change in the learners? Adult learning principles and the physician learning and change process should be considered when selecting the appropriate method. Please check all that apply.*  |
| [ ]  Case Presentation  | [ ]  Lecture  | [ ]  Panel Discussion  | [ ]  Simulation |
| [ ]  Small Group Discussion  | [ ]  Webinar | [ ]  Other (please specify): |       |
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| **Activity Director** |
| *This is the physician with overall responsibility for planning, developing, implementing, and evaluating the content and logistics of a certified CME activity.* |
| Name:  |       |
| Organization:  |       |
| Address:  |       |
| Phone:  |       |
| Email:  |       |
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| **Planning Committee**  |
| *At least one physician must be on the planning committee.* |
| Name | Role | Email |
|       |       |       |
|       |       |       |
|       |       |       |
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| **Proposed Faculty** (presenter / speaker)  |
| Name | Organization | Email |
|       |       |       |
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| Faculty recommended due to (please check all that apply): |
| [ ]  Excellent Teacher / Communicator | [ ]  Experienced in CME | [ ]  Subject Matter Expert |
| [ ]  Other (please explain):  |       |
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| Will honoraria be provided and is within policy requirements?  |
| [ ]  No honoraria provided [ ]  Yes [ ]  No, please explain:  |       |
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| *The CME activity planning process must be taken independent of commercial interests. All persons in a position to control content must disclose all relevant financial relationships with a commercial interest because NMET must implement mechanisms to identify and resolve all conflicts of interest before the activity occurs. CME must promote improvements, or quality in health care, and not the proprietary interests of commercial interests.*  |
| Disclosure forms for all Faculty, Planning Committee and Staff are attached: [ ]  Yes [ ]  No |
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| **Core Competencies Activity Designed to Address** |
| ABMS / ACGME | Institute of Medicine (IOM) |
| [ ]  Interpersonal and Communication Skills | [ ]  Apply Quality Improvement |
| [ ]  Medical Knowledge | [ ]  Employ Evidence-Based Practice |
| [ ]  Patient Care and Procedural Skills | [ ]  Provide Patient-Centered Care |
| [ ]  Practice-Based Learning and Improvement | [ ]  Utilize Informatics |
| [ ]  Professionalism | [ ]  Work in Interdisciplinary Teams |
| [ ]  System-Based Practice |  |
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| **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 actually 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, or performance. Please indicate if this activity will be designed to change competence, performance or patient outcomes.* |
| [ ]  Competence/Knowledge (Ability to apply knowledge or skill) |
| [ ]  Patient Outcomes (Change in patient health or satisfaction) |
| [ ]  Performance/Skills (Applying knowledge or skill into actual practice) |
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| Sources of Need Used to Identify Professional Practice Gaps. Please site your source. |
| [ ]  CME Committee Recommendation | [ ]  Development of New Technology |
| [ ]  Environmental Scanning of Other Providers | [ ]  Evaluation of Previous CME |
| [ ]  Faculty Recommendation | [ ]  Focus Group Results  |
| [ ]  Hospital Administration Recommendation  | [ ]  Hospital Data Related to Patient Outcomes |
| [ ]  Input from Experts Regarding Medical Advances | [ ]  Literature Review |
| [ ]  Morbidity / Mortality Statistics | [ ]  National, Regional, or State Studies / Data / Guidelines |
| [ ]  New Methods of Diagnosis or Treatment | [ ]  Patient Satisfaction Data  |
| [ ]  Regulatory or Legislative Issues | [ ]  Results of Chart Audits |
| [ ]  Risk Management / Patient Safety | [ ]  Survey of Target Audience |
| [ ]  Other (please explain):  |       |
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| How do you plan to address the professional practice gaps identified? What do you expect to occur following this activity? *“After attending this CME activity the participants will be able to:”* |
|       |
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| **Desired Results / Outcomes** |
| [ ]  Employ Evidence-Based Practice | [ ]  Interdisciplinary Teams |
| [ ]  Interpersonal and Communication Skills | [ ]  Medical Knowledge |
| [ ]  Patient Care or Patient-Centered Care | [ ]  Practice-Based Learning and Improvement  |
| [ ]  Professionalism | [ ]  Quality Improvement |
| [ ]  System-Based Practice | [ ]  Utilize Informatics |
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| Method(s) that will be used to measure change in the learners’ competence, performance, or patient outcomes |
| [ ]  Audience Response System | [ ]  Patient Surveys | [ ]  Post-Test |
| [ ]  Post Conference Evaluation  | [ ]  Pre-Test | [ ]  Quality Data |
| [ ]  Written Evaluation | [ ]  Other (please explain):  |       |
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| **Potential Barriers that May Prevent Learners from Achieving Desired Results**  |
| *These may be perceived or real barriers preventing the learners from achieving expected changes in competence, performance or patient outcomes. Please check all that apply.* |
| [ ]  Cost  | [ ]  Insurance / Reimbursement |
| [ ]  Lack of Administrative Support / Resources  | [ ]  Lack of Consensus on Professional Guidelines |
| [ ]  Lack of Time to Assess or Counsel Patients | [ ]  No Barriers |
| [ ]  Patient Compliance Issues | [ ]  Other (please explain):  |       |
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| Please explain how you will try to address potential barriers with this activity:  |
|       |
| List any other internal / external groups or organizations that you may be able to collaborate with in addressing any potential barriers:  |
|       |
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| **Other Non-Educational Strategies** |
| *What strategies 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).* |
| Will you include other strategies in order to enhance learner’s change as an adjunct to this activity? |
| [ ]  Yes (list strategies that will be included):  |       |
| [ ]  No (please explain):  |       |
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| **Commercial Support / Sponsors / Exhibitors / Vendors** |
| Will this activity receive commercial support (financial, in-kind grants, and/or donations) from a company such as a pharmaceutical or medical device manufacturer? Note, exhibit fees are not considered commercial support. |
| [ ]  Yes [ ]  No |
|  |
| [ ]  I have read and agree to abide by the ACCME Standards for Commercial Support. This activity and the commercial support for this activity is clearly within the ACCME Standards for Commercial Support and guidelines established by NMET. |
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| Will vendor / exhibit tables be allowed at this activity? [ ]  Yes [ ]  No  |
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| **Preliminary Budget** |
| *We strongly encourage you to use a CME budget template and can provide one if needed. If you have your own template, please ensure that projected income and expenses are listed in detail.* |
| [ ]  Budget Attached [ ]  Not Applicable |
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| Proposed activity budget to be managed by: [ ]  NMET [ ]  Joint Provider [ ]  Other Entity  |