



Application for CME Approval (revised 04/01/2016)

SECTION 1: GENERAL INFORMATION

1.1 **Activity Title:** _____

1.2 **Target Audience:** _____

1.3 **Date(s):** (choose one);

For **Regular Scheduled Series (RSS):** ___/___/___ to ___/___/___ (maximum of one year) **OR**

for **One Time Activity:** ___/___/___ to ___/___/___ **OR**

for **ENDURING MATERIALS:** ___/___/___ to ___/___/___ (maximum of three years)

- Will this activity be offered via Missouri Telehealth Network: ___ Yes ___ No
- For RSS: How often is the activity held – be specific (i.e., once weekly, twice weekly, once monthly, quarterly, specific day, etc.)?

1.4 **For ONE TIME ACTIVITY or ENDURING MATERIALS ACTIVITY Only:** \$1500 application approval fee payment information:

- **(Internal Payment):** MoCode: _____ PS Account # _____
- **Check or Credit Card** (please call with credit card information – we accept visa, mastercard, discover or american express)

Note: Non-Refundable Application Fee unless activity is cancelled due to situation beyond the sponsoring department's control

1.5 **Location of Activity:** _____

1.6 **Length (hrs) if live:** _____ Minutes **Number of credits Requested [60 minutes = 1.0 Credit]:** _____

1.7 **Number of Participants anticipated for a one time activity:** _____

SECTION 2: ACTIVITY TYPE

2.1 **Live**

___ Regular Scheduled Series

___ One Time Activity

___ Live internet activity (webcast)

Will extender(s)/enduring activities be developed from the live activity?

___ Yes ___ No

If yes, identify: _____

ENDURING MATERIALS

___ Internet activity

Other _____

SECTION 3: SPONSORSHIP & EDUCATIONAL PARTNERS (check one and provide details as appropriate)

3.1 **Choose One:**

___ MU SOM -sponsored, no educational partner

___ MU SOM-sponsored with educational partner, eg, medical education company: (specify partner: _____ and complete Joint Sponsorship application and agreement which can be provided by the CME office upon request)

___ MU SOM Co-Sponsorship with another institution or society (specify co-sponsor: _____ complete Joint Sponsorship application and agreement which can be provided by the CME office upon request)

SECTION 4: COMMERCIAL SUPPORTERS (Criterion 8)

4.1 **If applicable, list all sources of commercial support, including in-kind support:**

___ Commercial Support is anticipated for this activity.

Please list _____

___ ***Fully executed LOAs for each commercial supporter have been filed in the CME activity file. (SCS 3)**

___ No commercial support is anticipated for this activity.

4.2 Exhibits (vendors) will be invited to display at this activity (separate from commercial support). Yes No

SECTION 5: INDIVIDUALS IN CONTROL OF CONTENT * (Criterion 7)

Planning/Steering Committee members (names, degree(s), affiliations)

(include only those involved in content planning or review for this activity. If necessary, attach a list.)

5.1 Activity Chair (name, degree(s), affiliation): _____

5.2 Contact Person (name, phone and email): _____

5.3 Planning committee and SOM staff involved in content development:

5.3 Others involved in content development (eg, educational partner staff or freelancer):

5.4 Conflict of Interest

Completed Conflict of Interest (COI) disclosure forms are on file for ALL those in control of content, as listed above.

COI(s), if any, have been identified.

COI(s), if any, have been resolved.

Any individual who refused to disclose was disqualified or No individual refused to disclose

5.5 Speaker Information

CV or biographical information provided for guest speakers. (may be submitted to CME office after the activity is held)

Copy of sample speaker communication provided (with application)

Speaker honorarium will be provided for this activity.

Completed Conflict of Interest (COI) disclosure forms are obtained for all speakers. (may be submitted after the activity is held)

COI(s), if any, have been identified.

COI(s), if any, have been resolved.

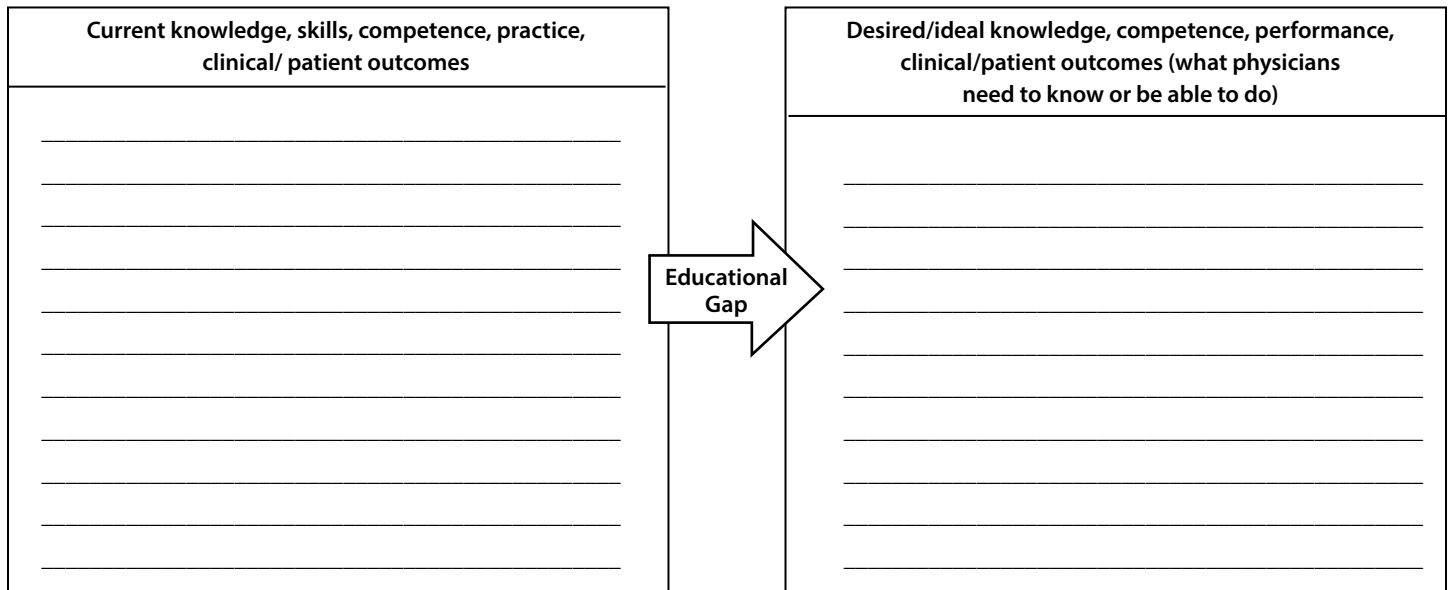
Any individual who refused to disclose was disqualified or

No individual refused to disclose

5.6 How will learners be informed of COI disclosure information PRIOR to the start of the activity (please note that this must be provided in writing, such as in a handout for a one time activity or on the sign in sheet for RSS; a form for use for one time activities is available on the CME website):

SECTION 6: ASSESSMENT OF GAPS/NEEDS & BARRIERS (Criteria 2, 3, 18, 19)

6.1 Summarize the educational or professional practice gap(s) that underlies the need(s) that the activity will address. The "gap" is defined as the difference between the current state of knowledge, skills, competence, practice, or patient outcomes and the ideal or desirable state. The gap should be target-audience specific.



SECTION 7: EDUCATIONAL OBJECTIVES (Criteria 2, 3)

7.1 Based on the gaps/needs identified above, what are the learning objectives for this activity?

Learning objective (must provide minimum of 2 objectives):

Objectives need to answer the following question: As a result of participating in this activity, learners should be able to (or better able to): **Attach addendum for additional objectives.**

Outcome Level Addressed: Classify each learning objective according to whether its fulfillment would represent a change in physician competence, physician performance or patient outcomes (for each objective, check all that apply):

Competence Performance Patient Outcomes

Competence Performance Patient Outcomes

Competence Performance Patient Outcomes

CME OFFICE TO COMPLETE:

The learning objectives for this activity reflect the professional practice gaps and educational needs identified. Yes No

CME OFFICE TO COMPLETE:

The content has been planned to address the learning objectives. Yes No

CME OFFICE TO COMPLETE:

This activity has been designed to change competence, performance, or patient outcomes (check all that apply).

Competence: List design elements (eg, lecture, case-based discussion, ARS, pre-test/post test focused on clinical decisions) incorporated to help change competence:

Performance: List design elements (eg, lecture, hands-on training) incorporated to help change competence:

Patient outcomes: List design elements (eg, lecture, performance improvement questionnaire with follow up, case discussion, hands-on training) incorporated to help change patient outcomes:

SECTION 8: CONTENT (Criteria 2, 3, 6)

8.1 Provide explanations for any of the check-marked areas below:

The gaps/need(s) identified in the needs assessment have been incorporated into the activity and all learning objectives are addressed in the content.

8.1 This activity includes content that fits the current /potential scope of professional activities for the target audience(s).

(Check the appropriate boxes below).

The content covers one or more of the areas of knowledge or clinical judgment in which a physician should demonstrate a high level of competence, as defined by the licensing board (please indicate board) or similar authority.

8.2 This activity incorporates one or more desirable physician attributes (eg, ACGME, IOM/ABMS competencies).

Indicate which competencies from the list below or add others:

Patient Care

Medical Knowledge

Practice Based Learning and Improvement

Systems Based Practice

Professionalism

Interpersonal Skills and Communication

Other:

SECTION 9: TEACHING METHODS/TOOLS/FORMATS (Criteria 3, 5)

9.1 What formats and tools will be used to ensure that learners are fully engaged and objectives are achieved?

(should be at least 2 of the following)

- | | | |
|--|---|---|
| <input type="checkbox"/> Lecture | <input type="checkbox"/> Panel discussion | <input type="checkbox"/> Small group discussion |
| <input type="checkbox"/> Question & Answer | <input type="checkbox"/> Slide presentation | <input type="checkbox"/> Debate |
| <input type="checkbox"/> Audience response system (ARS) or similar audience polling system | | <input type="checkbox"/> Pre-test/post-test |
| <input type="checkbox"/> Case-based/Problem-based discussion | | <input type="checkbox"/> Other (please describe): |
| <input type="checkbox"/> Hands-on practice/workshop | | _____ |
| | | _____ |

SECTION 10: ADJUNCT STRATEGIES FOR REINFORCEMENT (Criterion 17)

10.1 What strategies or tools will be provided to enhance desired change/outcomes? (such as reminders, checklists/templates, treatment algorithm leave-behinds, patient education materials, access to interactive web tools, case-based follow-up survey).

SECTION 11: COLLABORATION WITH OTHER STAKEHOLDERS (Criterion 20)

11.1 List any collaborator(s) involved in planning, approving, endorsing, or other roles, if applicable.

(Examples include ABIM, APDEM, AAFP, ACGME, other specialty societies, medical schools).

SECTION 12: EVALUATION METHODS (CHECK ALL THAT APPLY) (Criterion 11)

12.1 Check all that apply and provide documentation:

- | | |
|---|--|
| <input type="checkbox"/> Pre-registration survey (include copy of survey) | <input type="checkbox"/> Audience response system technology |
| <input type="checkbox"/> Pre-test (include copy of test) | <input type="checkbox"/> Follow-up survey/assessment (include copy of survey/assessment) |
| <input type="checkbox"/> Post-test (include copy of test) | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Post-activity evaluation form
(include copy of evaluation form) | _____ |
| | _____ |

SECTION 13: DEPARTMENTAL APPROVAL

Activity Chair/Faculty Member Responsible for the CME Activity:

I have reviewed this application and approve of the sponsorship of this CME activity by this Department/Division. I confirm that the contact person submitting this application is directly responsible for the documentation and management of the activity.

(Signature of Activity Committee Chair/Department Chair/or Faculty Member)

(Date)

Activity Contact:

In submitting this application, I take responsibility for the accuracy of the information it contains, and for the documentation and management of this activity in a way consistent with ACCME requirements.

(Signature of Activity Contact Person)

(Date)

SECTION 14: CME OFFICE APPROVAL (for CME Office Use only)

_____ This activity is congruent with The University of Missouri School of Medicine's CME Mission (**Criterion 1**): *"To educate physicians and other health care providers to provide effective patient-centered care for the people of Missouri and beyond. We will address and respond to educational needs in Missouri not adequately addressed in other forums and by other providers with a particular focus on primary care physicians in rural areas through annual conferences targeting their particular needs. CME embodies high standards regarding the ethical conduct of CME activities that are consistent with the Guidelines of the ACCME, and promote effective education."*

This **[learning format]** activity has been reviewed and approved for certification. It is certified for _____ AMA PRA Category 1 Credit(s)[™].

Director of Continuing Medical Education

Date