

Continuing Medical Education (CME)

PART 2: APPLICATION FOR A CME ACTIVITY

Please fill out this part 2 application form for the CME activity you are planning and submit it to the CME Office with all the necessary attachments. You are only to complete this form once your part 1 Preliminary Application Proposal was completed and approved by the CME office.

Application For CME (Part 2) Summary	
Date Submitted:	
Did you complete PART 1 (Prelim App)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Activity Title:	
Activity Director/Co-Director:	
Activity Administrator:	
CME office Section Comments:	

Section E: Activity Education

Needs Assessment Collection (for overall CME activity): Select a minimum of 2 sources that indicate the need for this CME activity.

	Data Sources	Potential Sources of Documentation to Provide by Attachments (Examples)
<input type="checkbox"/>	Expert faculty (e.g., planning committee, etc.)	Attached Meeting minutes, informal notes, emails, etc. showing information discussed was related to the educational needs/topics of interest of the target audience
<input type="checkbox"/>	Data from educational activity evaluations	Attached Summary of: surveys, evaluations, or questionnaires
<input type="checkbox"/>	Data from the peer-reviewed literature	Attached Abstracts, full articles, etc. describing educational need / physician practice gaps
<input type="checkbox"/>	Hospital Compare data	Attached Data for the topic area(s) to be addressed
<input type="checkbox"/>	Healthy People 2020 Objectives	Attached Copy of topic area(s), objectives to be addressed
<input type="checkbox"/>	The Joint Commission Standards/Core Measures	Attached Copy of competency to be addressed
<input type="checkbox"/>	Public Health Organizations (e.g., NIH, AHRQ)	Attached Copy of guidelines, recommendations for topic area(s) to be addressed
<input type="checkbox"/>	Review of Board exams and or re-certification	Attached Board review / updated requirements
<input type="checkbox"/>	National clinical guidelines	Attached Guideline summary specific to the topic areas to be addressed
<input type="checkbox"/>	Medical record audit or patient care review	Attached Admitting or discharge diagnoses, chart reviews
<input type="checkbox"/>	Other	Attach complete documentation

Summarize very briefly BELOW the data from all checked boxes above of which you will be providing the source of documentation by attachments.

Did I provide/attach at least 2 sources of documentation? Yes No

CME Mission: Alignment with the our Mission Statement <https://health.uconn.edu/continuing-medical-education/about-us/>

How does this educational activity align with the CME office? (check all that apply)

<input type="checkbox"/>	Provides educational opportunities for individuals working in health care pursuing careers in the patient care professions, education, public health, biomedical and/or behavioral sciences
<input type="checkbox"/>	Advances knowledge through basic, biomedical, clinical, behavioral, and social research
<input type="checkbox"/>	Develops, demonstrates, and delivers health care services based on effectiveness, efficiency, and the application of the latest advances in clinical and health care research
<input type="checkbox"/>	Helps health care professionals maintain their competence through continuing education programs

Barriers: What barriers do you anticipate your learners having when attempting to apply the new knowledge, competence, or performance learned from this educational activity into their professional practices?

<input type="checkbox"/>	Cost
<input type="checkbox"/>	Lack of experience
<input type="checkbox"/>	Lack of opportunity (patients)
<input type="checkbox"/>	Lack of administrative support/resources
<input type="checkbox"/>	Lack of time to assess/counsel patients
<input type="checkbox"/>	Reimbursement/insurance issues
<input type="checkbox"/>	Lack of consensus or professional guidelines
<input type="checkbox"/>	Other:

Briefly describe BELOW how you will address these barriers in your educational activity.

Non-educational Strategies: After the conclusion of your educational activity, how will you implement non-educational strategies to reinforce the educational goals of this program?

<input type="checkbox"/>	Reminders sent to the learner (i.e. email)
<input type="checkbox"/>	Program summary points from the lecture, new information
<input type="checkbox"/>	Peer review literature/follow-up articles
<input type="checkbox"/>	Newsletters
<input type="checkbox"/>	Other:

Building Bridges with Other Stakeholders: Please briefly identify BELOW other educational programs or initiatives taking place that are similar or related to your CME educational activity. (These could be internal UConn Health sponsored or external such as Specialty Society, or Jackson Lab, etc.) Could there be “potential” in future planning activities, these related/similar activities could be included in the development of this activity? If so, why or why not.

Desirable Physician Attributes: check all that apply

ACME/ABMS Competencies	National Academy of Medicine Core Comp	Interprofessional Edu Collab Core Comp	ABMS Maintenance of Certification
<input type="checkbox"/> Patient care	<input type="checkbox"/> Provide patient-centered care	<input type="checkbox"/> Values/ethics for interprofessional practice	<input checked="" type="checkbox"/> Evidence of professional standing
<input type="checkbox"/> Medical Knowledge	<input type="checkbox"/> Work in interdisciplinary teams	<input type="checkbox"/> Roles/responsibilities	<input type="checkbox"/> Evidence of commitment to lifelong learning
<input type="checkbox"/> Practice-based learning & improvement	<input type="checkbox"/> Employ evidence-based practices	<input type="checkbox"/> Interprofessional communication	<input checked="" type="checkbox"/> Evidence of cognitive expertise based on performance on an examination
<input type="checkbox"/> Interpersonal & communication skills	<input type="checkbox"/> Apply quality improvements	<input type="checkbox"/> Teams and teamwork	<input type="checkbox"/> Evidence of evaluation of performance in practice
<input type="checkbox"/> Professionalism	<input type="checkbox"/> Utilize informatics		
<input type="checkbox"/> System-based practice			

CME office Section Comments:

Section F: Speakers or Author Selection & Topic Content Validation (PSNA forms and Disclosures)

Speakers & Authors: Please list all speakers or authors, their organizational affiliations, and the reason for their selection in light of the learning objectives and the educational methods chosen. The term “**speaker**” applies to a **presenter, moderator, facilitator, panelist, academic detailer, or any other person developing content** for the educational activity. Each speaker must complete a **Disclosure Declaration & a PSNA form** regarding potential conflicts of interest and discussion of off-label or investigational use of products and validation of their content in which they are presenting.
(PSNA forms can be groups for speakers who are collaborating on a single topic; but still must each complete their own disclosure form. Moderators, Facilitators, or panelists for Q/A do not need a PSNA form. For more specific questions, please contact cme@uchc.edu for assistance.)

Do I understand who a “speaker” is based on the definition above? Yes No

Name	Affiliation	Reason for Selection	Draft Content Received	PSNA Form Completed	Disclosure Form Completed
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>insert more rows as needed</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CME office Section Comments:

Section G: Activity Communication & Marketing

How will you communicate the learning objectives and other relevant planning information to any speakers or faculty responsible for conducting or Facilitating the educational activity?

- Written communication
- In-person discussion
- Other:

How will you communicate the learning objectives and other important CME information to your target audience?

- Written communication
- Other:

Marking & Disclosures on Promotional Materials

What is the mechanism of making any disclosures and/or explanations? (Note: The CME office must approve disclosure statements/explanations for each Mechanism selected. As required by ACCME, commercial support, the presence or absence of conflicts, and the discussion of off-label use of products must be disclosed To participants in writing prior to the CME activity.)

- Promotional flyer or brochure
- Program handouts
- Sign-in sheets
- Other written mechanism:

Please forward all promotional materials (save-the-dates, brochures, flyer, etc.) to the CME office at least 2 weeks prior to the scheduled session for approval. Your marketing materials cannot promote (or contain) any CME until it is reviewed and approved by us. Our office does provide a CME flyer template to assist you in this process, reach out to cme@uchc.edu for assistance.

Sign-in Sheet & Attendance: To receive CME credit, participants must record their live attendance to the activity. The usual method is the Use of a CME sign-in sheet to track live attendance.

Please provide a brief description as to how you will be tracking your participants live attendance. How will you verify your participants attendance (examples include participant initials, signatures, virtual-hosting platforms record of attendance, etc.)

To ensure you are collecting all the correct CME participant's data point, please refer to the sample sign-in sheet below. You may copy this or adapt it for your use. You do not need to Complete this for the application, only provide a final sample as an attachment.

First Name	Last Name	Degree(s)	# of Credits	email	address	city	state	zip	Initials to verify attendance
Sample only	Do not fill								

CME office Section Comments:

Section H: Evaluations & Quizzes

Evaluation: In order to receive CME credit, participants are required to submit an evaluation for each CME activity attended.

Check the box next to the evaluation system you will use for the CME activity below and then attach and electronic copy of your evaluation form with this application.

- Myevaluations.com (to be used for ONLY UConn/UHC internal attendees – not for external/community participants; there are special parameters for the use of this system)
- Paper or Electronic evaluations system (such as Survey Monkey or Qualtrics, etc.)
- Other:

Please indicate how you will use the evaluation data (check all that apply).

- Provide summary of feedback to speaker(s)
- Provide summary of feedback to participants
- Plan future CME activities
- Other:

Quizzes: There are some CME activities that requires an activity quiz in addition to the evaluation. (Examples are Enduring Material CME activities Or other Internet non-live activities etc.)

Does your educational activity require a quiz? Yes No

Please briefly describe the nature of your educational activity and the nature of the quiz you will be developing.

Did you submit a copy of your quiz with answer to us? Yes No

CME office Section Comments:

Section I: Educational Activity Budget

Income: list anticipated sources and amount of income/funding (or other funds) on each line.

Source (indicate \$0 for any amount not applicable)	Amount
Department fund:	\$

Commercial Support:	\$
Exhibit Income (From fees, etc.):	\$
Advertisement Income:	\$
Other Income: Registration Fees (registration, subscription, or publication fees received from activity participants) Provide attach spreadsheet with detailed breakdown.	\$
Other Income: Government Grants:	\$
Other Income: Private Donations (including grants from foundations)	\$
Total "Anticipated" income/funding:	\$

Your income/funding Comments (optional):

Expenses: list anticipated sources and amount of expenses on each line.

Source (indicate \$0 for any amount not applicable)	Amount
CME Application Fee (amount supplied by CME office):	\$
CME Commercial Support Surcharge (amount supplied by the CME office):	\$
CME Enduring Material Surcharge (amount supplied by the CME office):	\$
CME Joint Providership Surcharge (amount supplied by the CME office):	\$
CME Certificate Fee (amount supplied by the CME office):	\$
Honoraria: \$_____ (per person) x _____ (people)	\$
Travel expenses:	\$
Printing:	\$
Mailing/Postage:	\$
Room Rental for Event:	\$
Food:	\$
Hotel Accommodations:	\$
Other expenses (please specify):	\$
Other expenses (please specify): <i>(insert more lines as needed)</i>	\$
Total "Anticipated" expenses:	\$

Your expense Comment (optional):

Please provide below, the entity will absorb financial expense for this program?

Please provide below, what will happen with any profits from this event?

Account Information:

Please provide below, each account that will receive any funds for make any payments.

Account Information	Account 1	Account 2	Account 3
Name of Account:			
Account Number (only for Uconn Health):			
Person Responsible:			

CME office Section Comments:

Section J: Application Checklist for Supplement Attachments to Submit (Needed for Full CME Application Review for Approval)

Use this checklist to help you keep organized and collect ALL the required attachments required for approval for your CME application. With many of these checklist items, we offer Standard CME templates you can use to help you with this process. Please contact us at cme@uchc.edu for more information.

- ALL **prelim activity disclosure forms** collect & completed (including, activity director, co-activity director, activity admin, independent reviewer (if needed), planning committee members)
- ALL **speaker/author disclosure forms** collected & completed
- All **PSNA forms** for content validation collected & completed
- All **DRAFT speaker content slides/presentations** for content validation collected & reviewed by activity director and planning committee
- At least **2 sources of needs assessment data** documentation collected for submission with application
- Provide a sample of your **sign-in sheet** that you will be using for your CME activity (*your sign-in sheet much include: first name, last name, degree(s), number of credits, email address, Address, city, state, zip, and initials to verify attendance, we have a CME sign-in template if you wish to use this.*)
- Provide a copy of your **evaluation form** (single speaker or multi-speaker) if not using myevaluations.com
- Provide a copy of your **quiz and answers** (if applicable)
- Provide a copy of your **CME flyer or brochure**
- Provide all your signed **LOA agreements** for commercial support (if applicable)

<input type="checkbox"/>	Provide a map/diagram of where my <u>vendors/exhibitors</u> will be located (if applicable)
CME office Section Comments:	

CME APPLICATION Final Signatures:

As the Activity Director, I attest to the accuracy and completeness of this application, and I accept the responsibility for the planning, implementation, and evaluation of this CME educational activity. I agree to submit to a complete and accurate final report on this activity withing the deadline given.

X	X
Signature of Activity Director	Date

As the Department Chairperson, I attest that this CME activity has the sponsorship and support of the department.

X	X
Signature of Department Chairperson or Equivalent	Date

UConn School of Medicine
Office of Community & Continuing Medical Education
Email: cme@uchc.edu

