

Continuing Medical Education (CME)

PART 1: PRELIMINARY APPLICATION PROPOSAL FOR A CME ACTIVITY

Thank you for your interest in developing a continuing medical education activity. Please fill out this proposal form for the CME activity you are planning and submit it to the CME Office with all the necessary attachments. The Office of CME will review your proposal and will contact you to begin the application process. Please note that the Activity Director and Activity Coordinator will be required to meet with the Medical Director and/or Associate Medical Director of CME if the proposed activity is considered appropriate for CME accreditation. Any questions may be directed to the Office of CME at cme@uchc.edu. If the activity director has ANY relationships with an ineligible company, an Independent Peer Reviewer or Co-Activity Director, must be designated for this activity. The Co-Activity Director or Independent Peer Reviewer must be an expert in the field, must be free of relationships with ACCME defined ineligible companies and should not have a direct or indirect reporting relationship to the Activity Director(s). The Co-Activity Director or Peer Reviewer must be included on your planning committee and their role identified as such. For more information on CME and/or ACCME accreditation guidelines, please visit our website at <https://health.uconn.edu/continuing-medical-education/>

Section A: General Activity Information

Date Submitted:	
NEW or RENEWAL:	<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL
Activity Title:	
Is this a Repeat Activity?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Anticipated Initial Activity Date:	
Anticipated Activity Time:	
Anticipated # of Total Attendees:	
Target Audience:	
Credit Hours being requested:	
Providership:	<input type="checkbox"/> Director <input type="checkbox"/> Joint (please provide name of joint provider):
UConn/UChC Department:	
UConn/UChC Division (If applicable):	
Location:	<input type="checkbox"/> At a physical location
How will this activity be held?	<input type="checkbox"/> At a physical location with simultaneous broadcasting <input type="checkbox"/> Solely a teleconference platform. Platform? (i.e., Zoom, etc.)
For Remote Activities:	<input type="checkbox"/> held remotely permanently
This virtual activity will be	<input type="checkbox"/> held remotely only during the COVID-19 pandemic
Type of Activity:	<input type="checkbox"/> Regularly Scheduled Series (grand rounds, case conferences, M&M, etc.) – Frequency: _____ <input type="checkbox"/> Internet Activity – Live <input type="checkbox"/> Internet Activity - Enduring Material <input type="checkbox"/> Enduring Material (i.e., CD ROM, video tapes, etc.) <input type="checkbox"/> Journal-Based CME <input type="checkbox"/> Internet Point-of-Care (e.g., self-directed online learning on specific topics) <input type="checkbox"/> Committee Learning (live activity that involves a learner’s participation in a committee process addressing a subject which, if taught/learned in another format, would be considered CME.) <input type="checkbox"/> Manuscript Review <input type="checkbox"/> Test Item Writing <input type="checkbox"/> Performance Improvement <input type="checkbox"/> Learning from Teaching (e.g. personal learning projects designed and implemented by the learner with facilitation from the accredited provider) <input type="checkbox"/> Other (e.g. format is used for a blended, new, or unique approaches that do not fall into one of the established activity types.) Other: _____
For ACCME info on Types:	https://www.accme.org/faq/what-kind-activity-types-can-be-reported-pars

As per our ACCME accreditation guidelines, UConn CME activities should promote interprofessional education, and as such, whenever possible, should be planned by, taught by, and attended by professionals from across Medical disciplines and professions. **RSS activities are required to demonstrate compliance with all 3 criteria below.**

<p>Please indicate which professions will be involved as PLANNERS in this activity (Select 2 or more):</p> <p><input type="checkbox"/> Physicians <input type="checkbox"/> Graduate House staff <input type="checkbox"/> Medical Students <input type="checkbox"/> Physician Assistants <input type="checkbox"/> Nurses <input type="checkbox"/> Nurse Practitioners <input type="checkbox"/> Psychologists <input type="checkbox"/> Social Workers <input type="checkbox"/> Physical Therapists <input type="checkbox"/> Pharmacists <input type="checkbox"/> Patients <input type="checkbox"/> Nutritionists <input type="checkbox"/> Public Health Professionals <input type="checkbox"/> Other (specify):</p>	<p>Please indicate which professions will be involved as SPEAKERS/ MODERATORS/ FACILITATORS in this activity (Select 2 or more):</p> <p><input type="checkbox"/> Physicians <input type="checkbox"/> Graduate House staff <input type="checkbox"/> Medical Students <input type="checkbox"/> Physician Assistants <input type="checkbox"/> Nurses <input type="checkbox"/> Nurse Practitioners <input type="checkbox"/> Psychologists <input type="checkbox"/> Social Workers <input type="checkbox"/> Physical Therapists <input type="checkbox"/> Pharmacists <input type="checkbox"/> Patients <input type="checkbox"/> Nutritionists <input type="checkbox"/> Public Health Professionals <input type="checkbox"/> Other (specify):</p>	<p>Please indicate which professions will ATTEND this activity (Select 2 or more):</p> <p><input type="checkbox"/> Physicians <input type="checkbox"/> Graduate House staff <input type="checkbox"/> Medical Students <input type="checkbox"/> Physician Assistants <input type="checkbox"/> Nurses <input type="checkbox"/> Nurse Practitioners <input type="checkbox"/> Psychologists <input type="checkbox"/> Social Workers <input type="checkbox"/> Physical Therapists <input type="checkbox"/> Pharmacists <input type="checkbox"/> Patients <input type="checkbox"/> Nutritionists <input type="checkbox"/> Public Health Professionals <input type="checkbox"/> Other (specify):</p>
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Must identify One:
 UConn/UHC Attendees Only
 External Attendees (non-UConn attendees/community attendees)

CME office Section Comments:

Section B: Activity Director, Planners, and Administrators

Activity Director	(Must be a UCONN faculty member) The UConn faculty member who has overall responsibility for planning, developing, implementing, and evaluating the content and logistics of the activity.
Name:	
Title:	
UCONN/UHC Department:	
Address:	
City, State, Zip:	
Phone:	
Email:	
Disclosure Form Completed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Co-Activity Director	(Optional) The individual who shares responsibility for planning the activity. Required if activity director has conflict.
Name:	
Title:	
UCONN/UHC Department:	
Address:	
City, State, Zip:	
Phone:	
Email:	
Disclosure Form Completed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Indep Peer Reviewer	(Optional) The independent peer reviewer is only needed if the activity director has a conflict with and ineligible company and does not have a co-director to assume this role.
Name:	
Title:	
UCONN/UHC Department:	
Address:	
City, State, Zip:	
Phone:	
Email:	
Disclosure Form Completed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Activity Administrator	The administrative support person involved in the application process and/or operation of the activity. Part of Planning committee.

Name:		
Title:		
UConn/UHC Department:		
Address:		
City, State, Zip:		
Phone:		
Email:		
Disclosure Form Completed?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Is the administrative contact involved with selecting speakers, topics and/or influencing the educational content?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Planning Committee	Please list other faculty that will be involved in the planning, implementation, and evaluation of the CME activity. This includes content selection and validation. (The Activity Director and the School of Medicine faculty or joint provider faculty must have a major role in, if not complete control of the planning, implementation, and evaluation of the CME activity.)	
Name:	Institutional Affiliation:	Disclosure Form Completed?
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
(Inset more rows as needed)		<input type="checkbox"/> YES <input type="checkbox"/> NO
CME office Section Comments:		

Section C: Commercial Support / Vendors / Exhibitors

COMMERCIAL SUPPORT

Commercial support is any financial or in-kind contribution given by a commercial interest to support the cost, either in whole or in part of the CME Activity. Please List any all sources of commercial support and the exact nature of that support below.

Receiving funding from commercial industry?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Source of Support	Nature of Support	Amount of Support	LOA Completed?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
(Inset more rows as needed)			<input type="checkbox"/> YES <input type="checkbox"/> NO

Please review the ACCME’s standards for commercial support at www.accme.org

COMMERCIAL EXHIBITORS/VENDORS and ADVERTISEMENT

Commercial exhibits or vendors who advertise are not continuing medical education. The fees paid by commercial interest to providers for exhibits And advertisements are not considered to be commercial support, however providers must meet certain requirements if commercial exhibits Or advertisements accompany CME activities. Please List any all names of exhibitors/vendors.

Will you have Exhibits/Vendors or Advertisements?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, have you completed the Map/Diagram indicating the location of each exhibit with respect to the location of the formal CME activity? (or if virtual, supply how you will host it virtually)		<input type="checkbox"/> YES <input type="checkbox"/> NO
List Name of Exhibitor/Vendor/Advertisement	List Name of Exhibitor/Vendor/Advertisement	

Please review the ACCME’s standards for appropriate management of associated commercial promotion at www.accme.org

CME office Section Comments:

Section D: Brief Activity Description of Overall Education
Please provide a brief <u>description</u> of your proposed <u>overall</u> educational activity:
Please provide a brief <u>description</u> of your education method (or combined methods) that will be used for this <u>overall</u> CME activity that will be used to promote a change in the learner: <i>(interactive workshop/conference, case discussion, panel discussion, simulations, other, etc.)</i>
Very briefly, what are the <u>overall</u> performance/professional <u>gap(s)</u> have you identify that would be used in developing this activity? <i>(usually defined in gaps of knowledge, competence, or performance)</i>
Needs assessment data must be utilized in the identification of deficiencies/quality gaps or needs for this activity. Very briefly describe how you intend to <u>obtain</u> and <u>utilize</u> this data in the planning of your activity (surveys, planning committee notes, evaluation data, etc.):
Very briefly, describe the <u>overall</u> “educational need” of <u>why</u> the problem exists:
Very briefly, tell us what sort of <u>overall</u> topics you potentially want to offer in this educational activity:
Very briefly, tell us what is your <u>desired results</u> or what is your <u>overall</u> educational activity designed to change after the learner attends? And tells us what is this expected change would be in (competence, performance, or patient outcomes)?
Very briefly, tell us what specific clinical guidelines, evidence-based or otherwise that would support this educational activity <u>overall</u> . Indicate the sources of each (website links or citations) and if there is no guidelines available, state why there are no guidelines. <i>(i.e. H1H, AHRQ, Specialty Guideline, etc.)</i>
Very briefly, provide overarching goals (or learning objective or outcomes) for this <u>overall</u> educational activity (not your topic-content specific):
1.
2.
3.
4.
5. (insert more rows if needed)
<u>CME office Section Comments:</u>

PRELIM APPLICATION Submission:	
<input type="checkbox"/>	Created a ZIP file with ALL completed Activity Director, Co-Director, Activity Administrator, and all Planning Committee Disclosers to be submitted Along with this Preliminary CME application form. <i>(Save each person’s disclosure as separate documents, please do not combined them into one scanned document)</i>
Initial Here	UCONN ACTIVITY DIRECTOR: I have reviewed this “New Request” CME Activity Preliminary Proposal Form. I understand that this form constitutes a “preliminary proposal” for CME and does NOT lead to any formal approval for CME credit (this is NOT my formal application for CME). I understand that only a fully completed Preliminary Proposal Form along with ALL requested supporting documents must be submitted at the same time for the CME office to review my proposal, otherwise the CME office will deny the proposal and it will not be reviewed for CME consideration. I understand that IF my CME Preliminary Proposal Form is accepted by the CME office, I will be contacted complete the rest of the application process and to set up a meeting to meet with the Medical Director and/or Associate Medical Director of CME.

CME OFFICE:	
Reviewed by:	
All required disclosures Received with proposal?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Commercial Support?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Vendors/Exhibitors?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Reviewed by CME Medical Director?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Date Proposal Approved:	
Comments:	

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

