**COLORADO MEDICAL SOCIETY**

**CME ACTIVITY APPLICATION AND AGREEMENT**

**In order for CME credit to be granted, CMS must receive this application 45 days in advance of an activity and it must be completed entirely. If you need assistance with any part of this document please contact the CME office at 720-858-6309, or email** [**joanne\_wojak@cms.org**](mailto:joanne_wojak@cms.org)**.**

**SECTION 1 INTRODUCTION**

**Title of Activity:** **Date(s)**

**Location: (if multiple locations list all; or if Internet course type “Internet”:**

**Requesting Organization:** **Street Address:**

**City, State, and ZIP:**

**Contact person:**       **Phone:****Email:**

**Activity type you are planning:**

**Live course** **Webinar** **Internet**  **CD/DVD** **Print**  **Other**:

**Approximate number of AMA Category 1 Credits you are requesting:**

**Publicity Method(s):** Mail Announcement  Email  Website  Newsletter Other:

**Confirm (√) that all activity announcements will be pre-approved by CME office prior to distribution. CME may not be referenced prior to activity approval, i.e. “CME approval pending” statements are not allowed.**

**SECTION 2 - COMMERCIAL SUPPORT AND EXHIBITS**

**Will there be any commercial support for this activity?** **Yes** **No**

1. Type of support (if applicable): Unrestricted grants In-kind (using company equipment)
2. Names of supporters or potential supporters):

**Will there be exhibits, advertising or other promotional opportunities?** : Yes No

Approximate number of exhibitors:       Briefly describe other promotional opportunities:

**If yes to commercial support, exhibits, or advertising please read and confirm by checking all of the following:**

**Confirm that any financial or in-kind support from commercial interests requires a signed written letter of agreement between accredited provider and each supporter. All other educational partners need to be listed on the letter of agreement.**

**Confirm all commercial grants and in-kind support will be managed by CMS CME office, unless CMS approves other arrangements.**

**Confirm the source of financial support will be disclosed to the audience and no corporate logos will be used**

**Confirm that exhibits/promotion will be separated from educational sessions**

**Confirm you have read the ACCME Standards for Commercial Support /CMS commercial support policies and agree to abide by them, and that this CME activity will actively promote improvements in health care and NOT proprietary interests of commercial supporters.**

**SECTION 3 CME PLANNING**

**Target Audience:**  **Physicians (MD, DO) List Specialties**:

**PA’s, NP’s, APN’s**  **Others:**

**Target audience practice settings. Check all that apply.**

Medical Staff  Medical Practice  Hospitalists Medical Administration Medical Research

Teaching Other:

**Expected attendance numbers for physicians:**       **Other health care professionals**:

**Please list other departments or organizations collaborating in the planning of this CME activity (if applicable):**

**What professional practice gap of your learners will this activity address?** (In other words,what is the problem that needs to be addressed? The gap is the difference between what is (current practice) and what should be (best practice). Please describe the gap:

**What is the source from which this gap information was identified?** *(In other words, how do you know about this problem?) Please check all that apply.*

QI Department Data Peer Review  Case Management  Utilization Reports

Patient Survey  Patient Safety  Infection Control  Pharmacy Physician Survey

Community/Health Department  CMS Data Federal/State Gov’t Research HEDIS Scores

New Clinical Guidelines Other:

**Based on the gap you described, what are the educational needs of the learners?** In other words, why does the problem exist and what will learners need to know, or do in order for the problem to be solved. Write a brief but sufficient needs statement:

**What do you plan to change as a result of this educational intervention? Choose one or any combination.**

Competence(knowing how to apply knowledge if called upon to do so)

Performance-in-practice (actually applying/doing what was learned in practice)

Patient outcomes (an actual change in patient health/satisfaction)

**What are the course objectives? Write as many as needed to address the specified gaps. Please use measurable terms, avoid “understand” or “recognize”.**

**Upon conclusion of this activity, participants should be able to**:

**What formats will you use? Audience interaction enhances learning! Please add interactive components such as case studies to a lecture.**

Lecture  Q&A  Cases  Round Table Discussion Panel Breakouts Workshop Demonstration/Skills Simulation Pre/posttests ARS Other:

**Which of the following physician competencies will be gained from this activity?**

**Patient care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health

**Medical knowledge** about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social behavioral) sciences and the application of this knowledge to patient care

**Practice-based learning** and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

**Interpersonal and Communication skills** that result in effective information exchange and teaming with patients, their families, and other health professionals

**Professionalism,** a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population

**Systems-based practice**, actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value

**Will there be adjunctive strategies (tools) that will reinforce learning after the CME activity? (e.g. checklists, reminders, patient handouts, protocols, emails, etc.) Describe**:

**What potential or real barriers to learning or making a change (system or personal) might the attendees face if this need/gap is to be addressed through CME** *(e.g formulary restrictions, reimbursement issues, lack of resources to implement, patient resistance, etc.):*

**How will you address or try to remove those barriers (that you can control)? For example, will the speaker be made aware of the barriers and incorporate solutions into the presentation? Or will you address them in another way?**

**SECTION 4 – FACULTY AND PLANNING COMMITTEE**

**NOTE: an owner or employee of an ACCME defined commercial interest may not serve on a CME planning committee. A commercial interest is defined as: a company that manufactures, markets, resells, distributes healthcare goods or services used on patients. Organizations that provide health care directly to patients are not considered to be commercial interests.**

**List selected faculty/presenters:**

**List all other individuals who are in control of the content of this activity. Such as CME planning committee, content reviewers, key participants in RSS case conferences, etc.**

**Will honoraria be paid to faculty or anyone in control of content? Honorarium amounts must adhere to CMS honoraria policy.**

**Yes *(if yes, list individual honorariums below.***  **No**

**Honorarium amounts**

**Names of faculty or committee planners and amounts of honorariums paid:**

**Please confirm (√):**

**All aspects of this activity will be planned independent of commercial interests. Commercial interests had no role in the identification of needs, selection of topic, objectives, speakers, content development or evaluation method**.

**All those in a position to control the content of a CME activity will complete a disclosure of financial relationships form. All disclosures will be provided to CMS and will be disclosed to learners. (disclosure form attached).**

**The Joint provider and the CMS CME office will review all disclosures for potential conflicts of interest (COI). If either party identifies a COI, it must be resolved prior to the activity. *See CMS policies, or call office for more information.***

**How will disclosure information be presented to the audience prior to the beginning of the activity?** (Verbal disclosure alone is not acceptable)

Written summary to be included in syllabus Written summary to be posted at sign-in

First slide/handouts  Other:

**SECTION 5 EVALUATION OF CME ACTIVITY**

**CME activities must be evaluated for effectiveness. All attendees wishing to receive credit must complete an evaluation and request for credit. How do you plan on evaluating the CME activity?**

**Evaluation Methods (check all that apply):**

1. **Standard evaluation survey (CMS has template with some required questions)**
2. **Pre and post-activity test questions**
3. **Case study vignettes or simulation *(measures competence, ability to apply knowledge or skills gained)***
4. **Chart reviews *(measures performance in practice)***
5. **Physician/Patient surveys post activity *(self report performance and patient outcomes)***
6. **Outcomes data (*e.g. QI, hospital, public health,* *measures change in performance, patient or population health outcomes)***
7. **Other Method (describe):**

**Who will be responsible for conducting/administering the evaluation? CMS will upon request develop a survey monkey instrument and conduct the evaluation. There will be an additional fee for this service (approximately $200-$300 depending on size). Check below:**

**Colorado Medical Society prepare/distribute survey monkey via email**

**Joint Provider will develop, distribute and tabulate results of own survey. Survey results will be provided to CMS**

**Note: CME certificates are sent to attendee email addresses. Email addresses and attendance information must be provided to CMS after completion of the activity in the form of a spreadsheet.**

**\*ATTACHMENTS that must accompany this application\*:**

* **Proposed agenda/outline of content (if available send ppt. presentations)**
* **Disclosure forms for planning committee and speakers**
* **Speaker bios**
* **Budget - estimated income and expenses (include honoraria amounts)**

*The CME office will contact you immediately upon CME approval and will send you next steps for proceeding with your CME activity.*

**If approved, the following documents will be due to CMS CME office 45 days prior to activity:**

Activity announcement/brochure draft with objectives and appropriate accreditation statement

Power point presentations

Completed content review forms (if applicable in the case of peer review of content)

Signed grant Letters of Agreement with all commercial supporters for cash or in-kind support;

Exhibitor agreements

Syllabus/program guide with required CME information (disclosures, accreditation statement)

**Documentation that will be due within 30 days after activity:**

Individual physician evaluations and requests for credit

Evaluation tabulation summary and analysis of change results

Excel spreadsheet with attendee names, emails and hours claimed

Copy of sign-in roster if applicable

Actual income/expense report

Copies of checks received from Commercial Supporters; and evidence of payment of honoraria made to speakers

Note: CMS is not obligated to engage in joint providership, and may choose to decline joint providership for any reason. Reasons may include but not be limited to: inadequate staffing; risk associated with heavily commercially supported activities and/or conflicts of interest; or content areas not aligned with the CMS strategic priorities and our CME mission.

I agree to abide by the policies, guidelines and requirements set forth or referenced in this CME application including the ACCME Standards for Commercial Support and Colorado Medical Society Fees and Guidelines. CMS will attend approved CME activities at times and travel expenses will be the responsibility of the joint provider.

CME Fee:       due upon receipt; travel expenses for CMS staff if applicable will be invoiced separately.

**Joint Provider (if applicable)**

I certify that this application was completed accurately and attest to the validity of the information contained in the application.

Organization:

Name & Title:

Signature:

Date:

**Colorado Medical Society**

Name & Title: JoAnne Wojak, Director, CME

Signature:

Date:

**Please return electronically to: joanne\_wojak@cms.org**

If also sending hard copy: Colorado Medical Society, **SUITE 110,** CME Office

7351 Lowry Blvd.

Denver, CO 80230