

Application for Continuing Medical Education (Direct and Joint Providership)

Central Michigan University College of Medicine (CMED) is accredited with commendation by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. As an ACCME accredited provider, CMED adopts, adheres to and abides by all the ACCME's accreditation requirements, criteria, policies, procedures and the 2020 *Standards for Integrity and Independence in Accredited Continuing Education*. In addition, CMED CME is governed by the American Medical Association's (AMA) credit and designation requirements. CMED is responsible for ensuring that all accredited activities, direct and jointly provided, meet ACCME and AMA requirements.

Continuing medical education is defined by the ACCME and the AMA as:

... educational activities that serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships a physician uses to provide services for patients, the public, or the profession. CME represents that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

Per the ACCME, accredited CME courses must protect learners from promotion, marketing and commercial bias. Your planned CME educational course content must conform to the generally accepted standards of experimental design, data collection, analysis and interpretation. Content cannot be included in accredited education if: 1) it promotes practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning; 2) it is based on recommendations, treatments, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

**Completed applications are due 45 days in advance of the requested CME activity.
Additional fees apply if applications are received 30 or 10 days in advance of activity.**

APPLICANT INFORMATION

Organization:

Department:

Address:

Activity Director:

	Name	Degree	Title & Affiliation
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Email:	Phone:
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Activity Coordinator:

	Name		Title & Affiliation
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Email:	Phone:
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ACTIVITY INFORMATION

Title:

Date: Time: Location:

AMA PRA Category 1 Credit™ requested (indicate to quarter hour (i.e., 1.25, 3.75))

Providership type:	Direct Providership <i>CMU College of Medicine & CMU Health only</i>	Joint Providership <i>Organizations outside of CMU</i>
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Other accreditation: AOA Category 1-A Social Work Other

Additional fees may apply

Specify

Optional: MOC and/or Continuing Certification are available from ABMS Boards collaborating with the ACCME. If this activity applies, please specify ABMS Board:

American Board of Anesthesiology (ABA)

American Board of Pathology (AB Path)

American Board of Internal Medicine (ABIM)

American Board of Ophthalmology (ABO)

American Board of Otolaryngology:

American Board of Pediatrics (ABP)

Head and Neck Surgery (ABOHNS)

American Board of Surgery (ABS)

For Board-specific information, please contact the CME Administrator at CMEDCME@cmich.edu, 989-746-7555, and/or go to <https://www.accme.org/cme-counts-for-moc>

Activity type: (Note: Activity types are determined by the AMA Physician's Recognition Award and credit system)

Live activity

Manuscript Review

Enduring material

Performance Improvement CME (PI-CME)

Journal-based CME

Internet Point-of-Care (POC) Learning

Test Item Writing

Other

Regularly Scheduled Series (RSS) include: Grand Rounds, Tumor Boards, Quality Assurance, Morbidity & Mortality (M&M session), Trauma Peer Review

For RSS: How frequently will the CME education occur: Once Weekly Monthly Other

Is this live activity, RSS, special event suitable for live streaming: Yes No

Enduring material/podcast release date:

Online platform name and contact:

Printed

Recorded presentation

Target audience: MD/DO Advanced Clinical Practitioner (RN, PA) Social Worker

Pharmacist

Dentist

Other

If additional target audience, please specify:

Educational/Teaching Format (check all that apply):

Lecture/presentation

Simulation

Demonstration

Other

Case study

Patient simulation

Hands-on Workshop

Panel discussion

Journal club/literature

Poster presentation

Q & A session

Morbidity & Mortality

Research/abstracts

If "Other," please describe:

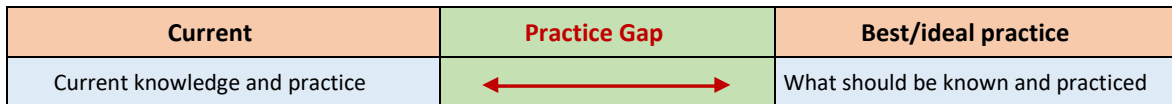
Explain/describe WHY the educational formats selected are appropriate for this activity:

Description of course/topic/content:

Educational Objectives (minimum of 3) – what the participant will learn:

What practice-based problem (gap)¹ does this education address:

Examples: Improve care coordination; better communication with patients and families; introduce new HIV treatments



What are the reasons for this gap?² How are your learners involved? Check those that apply and describe:

Knowledge

Competence

Performance

What change(s) in strategy, performance, or patient care/outcomes would you like this education to help learners accomplish?

What sources were used to support the gap(s)/needs assessment (*attach documentation*):

Expert Needs

Clinical practice guidelines
 New diagnoses/treatment methods
 Professional society guidelines
 Peer-reviewed literature
 Research Findings

Participant Needs

Needs assessment survey
 Focus panel discussions & interviews
 Previous related evaluations
 Other physician requests

Observed Needs

Medical records analyses
 Database analyses
 QA audit data analyses
 Morbidity & mortality data
 Epidemiological data
 National clinical guidelines

Environment

Public health initiatives
 Government regulations & mandates
 Industry press

Documentation sources/references (minimum of 3) in support of topic. If textbooks are cited, please indicate chapter and/or pages. Research articles are preferred, with links.

¹ ACCME adaptation of an Agency for Healthcare Research and Quality (AHRQ) definition of a gap in the quality of patient care where the gap is "the difference between health care **processes or outcomes** observed in practice, and those **potentially achievable** on the basis of current professional knowledge." Part or all of some professionals' practices include important non-clinical, non-patient care elements which are still considered relevant to continuing medical education.

When there is a gap between what the professional is doing or accomplishing compared to what is "achievable on the basis of current professional knowledge," there is a professional practice gap.

² Knowledge, in the presence of experience and judgment, is translated into ability (competence) - which has not yet been put into practice. It is what a professional would do in practice, if given the opportunity. The skills, abilities and strategies one implements in practice are performance. <https://www.accme.org/faq/what-accmes-definition-competence-it-relates-accreditation-criteria>

Will this activity charge a fee: Yes No If Yes, how much:

Does this activity require event production/conference support services: Yes No
If "yes," please contact the office of CME at CMEDCME@cmich.edu

Is agenda/brochure attached: Yes No if "No" explain

Attach a preliminary or final agenda/brochure/flyer. All promotional materials must be approved by CMED CME prior to distribution. Prior to accreditation approval, only a **Save the Date** notice or flyer may be disseminated with the event title, location, date and time. Do not include speaker names, credits or statement that accreditation is pending.

Please check which competencies apply to this educational activity:

ACGME/ABMS

Patient Care and Procedural Skills	Interpersonal & Communication Skills
Medical Knowledge	Professionalism
Practice-based Learning & Improvement	Systems-based practice

Institute of Medicine

Provide patient-centered care	Apply quality improvement
Work in interdisciplinary teams	Utilize informatics
Employ evidence-based practice	

Interprofessional Education Collaborative

Values/Ethics for Interprofessional Practice	Interprofessional Communication
Roles/Responsibilities	Teams and Teamwork

Other Competencies Please check if competencies other than those listed were addressed and describe:

PLANNER AND SPEAKER INFORMATION

List below (or attach list) all individuals involved in planning, presenting or in a position to control content of this CME activity. Please provide name, title, email and phone for each individual.

Activity Directors / Planners / Planning Committee (attach extra sheet if necessary)
Planners and anyone in a position to control educational content must sign a Disclosure Form

Speakers / Presenters (attach extra sheet if necessary)
Moderators, speakers, presenters who control content must sign a Disclosure and provide a CV/resume

COMMERCIAL SUPPORT

Will this activity accept commercial support from an ineligible company³ Yes No

If “Yes,” applicant agrees to abide by the **2020 ACCME Standards for Integrity and Independence** (see footnote page 4) and CMED CME policies and procedures. All commercial support⁴, including “in-kind” support, associated with an accredited CME activity must be pre-approved by CMED CME.

Name of ineligible company:

Type of commercial support: Grant In-kind⁵ (specify)

A Letter of Agreement (LOA) for Commercial Support is required for each funding source. CMED CME must be listed on all LOAs as the accredited provider and must sign each LOA. The LOA must be executed prior to the start of the accredited education.

The accredited or joint provider must disclose to learners the name(s) of the ineligible company(ies) that gave the commercial support and the nature of the support if it was in-kind, prior to the learners engaging in the education. Disclosure must not include the ineligible companies’ corporate or product logos, trade names, or product group messages.

CMED CME must make all decisions regarding the receipt and disbursement of commercial support.

Exhibitors Yes No

If yes, please submit a **Vendor Display/Exhibitor form** signed by each exhibitor.

[Note: exhibitors are not considered commercial support.]

Please provide an estimated budget with the application; a final budget/report is required within 30 days after the educational activity.

EVALUATION

How do you plan to evaluate / assess changes in learner’s competence, strategies, performance and/or patient outcomes? How do you determine objectives were met?

Evaluation	Post Test	Written responses
Survey	Audience Response Systems*	Simulation
Pre and Post Test	Quiz	Case discussion
Other (describe)		

*Audience Response Systems (ARS) are systems that create interactivity between a presenter and audience. Wikipedia

³ Ineligible companies are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. <https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce>

⁴ Commercial support is defined as financial or in-kind support from ineligible companies

⁵ Types of in-kind support include: durable equipment, facilities/space, disposable supplies (non-biological), animal parts or tissues, human parts of tissue, other.

Describe how you will discuss with learners the changes they intend to make to their strategies, performance or patient care that will result from this activity and list those changes below:

MISSION STATEMENT

Central Michigan University College of Medicine Continuing Medical Education is committed to fostering an environment rich in professional development opportunities for physicians and interprofessional healthcare teams as they pursue lifelong learning in medicine. Based on the context of desirable physician attributes and competencies, we provide state-of-the-art, evidence-based, innovative and impactful healthcare education and research to improve physician knowledge, competence, performance and, ultimately, patient health and outcomes.

Does this activity meet the Mission: Yes No

Comments:

OPTIONAL

Does this activity promote Team-based education: Yes No
Engages Teams, Patients/Public, Students of the Health Professions

If yes, briefly describe:

Does this activity address Public Health Priorities: Yes No
Advances Data Use, Addresses Public Health and Collaborates Effectively

If yes, briefly describe:

Does this activity Enhance Skills: Yes No
Optimizes Communication Skills, Optimizes Technical/Procedural Skills;
Creates Individualized Learning Plans, Utilizes Support Strategies

If yes, briefly describe:

Does this activity Demonstrate Educational Leadership: Yes No
Engages in Research/Scholarship, Supports CPD for CME Team

Does this activity Achieve Outcomes: Yes No
Improves Performance, Improves Healthcare Quality,
Improves Patient/Community Health

If yes, briefly describe:

CME FEES

Joint Providership

Affiliates are defined as organizations (hospitals, private practices) where our students and residents are taught and practice or have been associated with our organization for a number of years.

Non-Affiliates are organizations outside of our medical educational network and can be local, regional or national.

MOC, CC, Self-Assessment administrative processing fee: \$250.00 plus \$25.00 per credit / point
 Pass through fees apply for special credit such as Social Work, Physical Therapy, AOA Category 1-A

AFFILIATE FEES

<u>Application</u>			<u>Per Credit</u>		
45 days	30 days	10 days	45 days	30 days	10 days
\$200.00	\$250.00	\$300.00	\$150.00	\$175.00	\$200.00

NON-AFFILIATE FEES

<u>Application</u>			<u>Per Credit</u>		
45 days	30 days	10 days	45 days	30 days	10 days
\$400.00	\$450.00	\$500.00	\$200.00	\$300.00	\$400.00

For conference / event planning services (in-person, virtual or hybrid)

Please contact the Office of Continuing Medical Education at CMEDCME@cmich.edu.

NOTE: CME fees are usually billed after the educational activity occurs unless otherwise agreed.

FINAL CHECKLIST



Please submit signed and dated application with the attached information (as applicable).

N/A YES

- Signed Disclosure Forms for all Planners and Speakers (*anyone in a position to influence content*).
- CVs for all speakers/presenters
- Supporting documentation of needs and gaps (*page 3*)
- Preliminary or final agenda, brochure, flyer
- Notification of Commercial Support (with copies of LOAs and grant requests attached)
- Preliminary list of Exhibitors
- W-9 forms for each speaker receiving financial remuneration/expense reimbursement
- Preliminary budget (if applicable)

SIGNATURES / APPROVAL

NOTE: Applications will not be reviewed or approved unless signed!

I have reviewed this application in its entirety and hereby certify that to the best of my knowledge it meets all of the current requirements for designation/certification of CME credit.

Signature of Requestor

Date

FOR OFFICE OF CONTINUING MEDICAL EDUCATION USE ONLY

Completed application received on:

APPROVED	DISAPPROVED
AMA PRA Category 1 Credit™	
Social Work CE	AOA Category 1-A

Other

APPROVED BY: _____ Date: _____

POST EVENT DOCUMENTATION

Please submit the following documentation **within 30 days AFTER** the activity has occurred (if applicable):

N/A YES

- Signed attendance sheet (or electronic equivalent) designating MDs/DOs and non-physicians
- Completed evaluation forms (or electronic equivalent/summary)
- Evidence of *Planner* and *Speaker* disclosure at the beginning of the educational activity
- Copies of all handouts
- Final list of exhibitors (include signed Vendor/Exhibitor forms not sent prior to the activity)
- Final budget, financial report

For any questions regarding the information requested, or if you need assistance completing this application, please contact:

Office of Continuing Medical Education
CMU College of Medicine | CMU Medical Education Partners