

Completing your application for Continuing Medical Education

Whether you are completing an application for a series, live conference, enduring material or performance improvement project the ACCME requirements are the same. This page has been designed to assist program directors and program coordinators with the application process.

UB School of Medicine & Biomedical Sciences CME Conference Planning Document

Program Title: Title of the activity
Location: Where will the activity take place? For enduring materials this may be online for a performance improvement project it may be in the participant's office.
Date: This may be one date or a range of dates (series, enduring material or performance improvement project)
Would you like the CME office to apply for AAFP credit for this conference? AAFP credits are through the American Academy of Family Physicians, if your target audience includes family practice physicians then you should consider these credits
AAFP credits are an additional amount and will be added to your UB CME invoice, their fee schedule (http://www.aafp.org/online/en/home/cme/cmea/reviewfees2008.html). Since all AAFP applications go through my office we will invoice you for the non-profit discounted fee.
Number of participants expected: This is your best estimate of how many people you expect and how the group will be comprised. ____ Attendings _____ Residents/Fellows ____ Others, please specify:

Organization: What organization is responsible for planning the program?
Program Director: The physician or healthcare professional responsible for the program. In accordance with UB policy if the program director has a potential conflict of interest (ie: reported any relationships in the last 12 months on the disclosure form) then the organization must have a planning committee with at least two members who are free of commercial support demonstrated on their disclosure form. Address: Phone: _____ Fax: _____
Name of Person responsible for management and paperwork: This is the name of the administrative staff person responsible for collecting and submitting all CME paperwork

Phone:	Fax:	e-address:
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Program Planning Committee/ Departmental CME Committee

Please list names and attach disclosure form for each of the following:

- a. Program Director **same as above**

NOTE: If the program director has relationships with companies whose products may be discussed during this program **or** if there is commercial support, a planning committee with a majority who have NO relationships with relevant companies must be responsible for planning each session of this program.

UB units/departments should use the departmental CME Committee.

Planning Committee Member: **Name of another person responsible for program content in addition to the program director**

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Any additional Planning Committee Members:

CME Conference Planning Document (page 2)

1. **Target Audience. Please identify the learners' characteristics e.g. specialties; types of professionals; level of training.**
2. **Curriculum Development: This section is the most important part of the planning document and will assist you in the grant request process when done well. All educational activities must be supported by a well planned curriculum to ensure a sound educational experience for the learners. Below is a step by step process that will assist you during the planning process.**

****** For further assistance on writing curriculum [click here.](#)**

General Needs Assessment: Identify the problem, the current approach and the ideal approach. Please support your statements with references. Why are you covering the topics that are planned? How will this improve patient care? Why is it important to impart this knowledge to your learners?

Identify the needs of your targeted learners. Describe the education gap that you are planning to fill. How do you know there is an education gap?

How does the education gap affect patient care and outcomes? Please include data to support your statement.

Goals: Please identify the goals of the program. (Goals are a broad statement of what you plan to accomplish through the program) The goal (s) should be linked to your needs assessment.

3. Please use the table below to match the needs of the learner with the educational goals and objectives. Objectives must be specific, realistic and measurable. For each objective please indicate if the desired change is intended to improve learner Competence, Performance or Patient Outcome

Need Use needs identified above	Goal Link the goal (s) above to the identified need	Educational Objective Objectives are a guide to the learner so they are aware of the expectations.	Desired change in learner (C, P, or PO) What is the desired impact on the physicians practice?
		Need assistance writing objectives? Click here	

4. Educational design: How do you plan on structuring the program? How will the information be disseminated? How do you plan to address barriers to physician change in this program? **(please attach an agenda)**

A good curriculum links the needs of the learners to the goals of the program to the learning objectives, this should drive the educational design.

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5. Evaluation. The CME office will draft an evaluation form based on your objectives or desired results.

6. Assessment: How do you plan to assess the success of the program? Were you successful in meeting your objectives? How will you use the information collected during assessment to improve the program? Stating that you will have the participants complete an evaluation tool is not sufficient. The evaluation is one tool that you will use but what else can you use to assess the program?

7. Please identify factors outside the provider's control that impact patient outcomes. This is usually money, time and patient adherence to treatment plans but is there anything else affects outcomes for patients?

8. Please identify any non-educational strategies that may be utilized to enhance changes in patient care (eg: reminders, patient feedback)

How can you remind the participants of what they learned during the program? When participants leave a program they may have every intention of using what they learned in their practice but when they get home it is easy to fall into old habits. What can you do to facilitate change?

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**CME Program Application (Conference)
~ Preliminary Budget ~**

This page should be completed with your best estimates. This is to demonstrate that you have thought about the expenses and revenue for your program.

II. Anticipated Sources of Support

- a. Your organization, hospital, department \$ _____
 - b. List each grant from commercial or other sources, e.g., foundations
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
 - c. Registration fee @ \$ _____ x _____ number of attendees = \$ _____
 - d. Other support (please specify), e.g. exhibit fees, equipment loan \$ _____
- Total Anticipated Income: \$ _____**

II. Anticipated Expenses

- a. Printing and mailing \$ _____
 - b. Food \$ _____
 - c. Audio-visual services, facilities, \$ _____
 - d. List each speaker, honorarium and expenses:
Refer to UB policies, please.
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
 - e. CME fee \$ _____
 - f. Management/administrative services \$ _____
 - g. Other \$ _____
- Total Estimated Expenses \$ _____**

III. Organizational account where funds for this program will be deposited?

IV. If income exceeds expenses, what will happen to the surplus?

V. If expenses exceed income, how will you cover the costs?

[**Note:** A final report of actual income and expenses is required after the conference and before certificates are sent. The CME Office will provide the report form for this purpose.]

Additional paperwork necessary to meet ACCME requirements:

Disclosure Forms:

Disclosure forms **MUST** be completed by **ALL speakers and planners** and submitted to the CME office no later than **4 weeks** prior to the program so there is time to manage potential conflicts of interest. **Failure to comply with this requirement will result in withdrawal of credit.**

Commitment to Valid content in CME:

Commitment to Valid content in CME forms **MUST** be completed by **ALL speakers and planners** and submitted to the CME office no later than **4 weeks** prior to the program

Master agreement form:

The ACCME requirements state that when a program receives commercial support there MUST be an agreement between the education provider (organization planning the event), accredited provider (organization providing CME credit) and the company providing support.