



Request for Sponsorship and Credit Designation of a CME Activity

(MUST BE SUBMITTED 90 DAYS IN ADVANCE OF ACTIVITY)

Title of CME Activity			
Medical Education Partner			<input type="checkbox"/> for profit <input type="checkbox"/> not for profit
UAB Department			
UAB Faculty Involved			
Date / Day / Time			
Location			

Who will have the primary responsibility for managing the CME activity that you are planning?

Course Director		Administrative Contact	
Affiliation and Rank		Title	
UAB Department / External Organization		UAB Department / External Organization	
Mailing Address		Mailing Address	
City/State/Zip		City/State/Zip	
Telephone		Telephone	
Fax		Fax	
Email		Email	

In a paragraph, briefly describe your activity.

Submission and Approval

Submitted by: _____
 Course Director _____ Date _____

Approved by (if required by your department): _____
 Chair _____ Date _____

For Division of CME use:

Approved for _____ AMA PRA credits Date _____ Director, Division of CME _____

CME Course Code _____ / _____ / _____ / _____ / _____ / _____

NOTES: _____

1. What type of educational activity are you planning? (Please choose all that apply)

- Live Course (e.g. Symposium, course, conference)
- Live Internet Course
- Print Enduring Material
- Internet Enduring Material
- Performance Improvement
- Point-of-Care

2. List below individuals who are involved in planning this CME activity. (If you need more space, please attach an addendum.)

Name	Institution
_____	_____
_____	_____
_____	_____
_____	_____



Each individual listed above must complete the UAB Disclosure Statement for managing conflicts of interest in CME activities certified for AMA PRA Category 1 Credit. **The completed forms for all individuals involved in planning must accompany this application.**

3. Describe the target audience for this CME activity. Include information about physician specialties, other health professions, and geographic area.

4. What are the learning needs of the target audience related to your educational activity? An educational need is the gap between “what is” (current practice) and “what could be” (best practice). Be sure to include a description of both the current conditions as well as the desired situation.

a. What is the problem or opportunity for improvement in this area?

b. What is current practice for physicians in this area?

c. What is best practice for physicians in this area?

d. How will your activity close this gap?

5. What evidence do you have that these learning needs exist?

Source of Information		Source of Information	
<input type="checkbox"/>	Evaluation of previous CE activities	<input type="checkbox"/>	Review of epidemiological data (as described in the literature)
<input type="checkbox"/>	New advances (as described in the literature)	<input type="checkbox"/>	Review of performance, peer review (as described in the literature)
<input type="checkbox"/>	Clinical or Practice guideline	<input type="checkbox"/>	Survey or questionnaire
<input type="checkbox"/>	Clinical pathway	<input type="checkbox"/>	Interview/Focus Group Data
<input type="checkbox"/>	Test of knowledge	<input type="checkbox"/>	Request by target audience
<input type="checkbox"/>	Other:		



Documentation for each source of information identified above must accompany this request.

6. Based on the learning needs you have identified, list three or more things that you would like physician participants to be able to do after they participate in this CME activity. These learning objectives should be specific, measurable by your evaluation method (see #15), and achievable by your activity. (If you need more space, please attach an addendum.)

After participating in this CME activity, physicians should be able to:

- a. _____
- b. _____
- c. _____

7. Select the educational methods that will be used.

- Lecture
- Discussion
- Panel
- Case presentation
- Case Discussion
- Other, please specify: _____



Attach a copy of the agenda for the CME activity.

8. Identify the speaker(s), panel members and moderator(s), and tell us their institutional affiliation and academic title. (If you need more space, please attach an addendum.)

<u>Name</u>	<u>Institution</u>	<u>Academic Title</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Anyone in a position to influence the content of this activity, including those listed as planners in question #2 and the speakers above, must complete the UAB CME Disclosure Statement. These disclosures are used to identify conflicts of interest. Therefore, all disclosures must be obtained and attached to this CME application for submission.

9. A copy of the preliminary budget for this CME activity must accompany this request for credit. The budget must be approved by the Division of CME before this request for credit can be approved.

- CME budget format (template attached)
- Other, please specify: _____




Attach a copy of the preliminary budget for the CME activity. If this activity has commercial support (see #10 below), you will need to send us a final budget after the activity is complete.

10. The University of Alabama School of Medicine is committed to presenting CME activities that promote improvements or quality in healthcare and are independent of the control of commercial interests. Relationships between academic communities and industry, particularly pharmaceutical firms, have come under increasing scrutiny, in large part because of both real and perceived conflict of interest. In order to comply with University policy, a fully-executed Letter of Agreement must be completed prior to the beginning of the activity. (See attached Guidelines for Relationships with Industry and commercial support flowchart for more information.)
 Will this CME activity receive commercial support?

- No
- Yes Please provide the information requested below. Use a separate sheet if more than five companies.

<u>Company Name</u>	<u>Requested Amount</u>
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____

 **A fully executed copy of a Letter of Agreement for each grant anticipated must be in the CME activity files before the CME activity begins. Otherwise CME certification of your activity will be revoked.**

11. How will these financial relationships, or the lack thereof, be disclosed to your audience?

- From the podium at the beginning of the live CME activity
- Before the live presentation
- On a slide that will be projected before the live CME activity begins
- In materials distributed to participants as part of the course syllabus
- In promotional materials
- For all authors, editors, and planners at the beginning of this enduring material or internet CME
- Other: _____

12. Acknowledgement of commercial support will be presented:

- From the podium at the beginning of the live CME activity
- Before the live presentation
- On a slide that will be projected before the live CME activity begins
- In materials distributed to participants as part of the course syllabus
- In promotional materials
- For all authors, editors, and planners at the beginning of this enduring material or internet CME
- Other: _____

13. There are requirements for any materials that mention AMA PRA Category 1 credit. This material will need to be reviewed and approved by the Division of CME before it can be distributed to potential participants.

How will participants be invited or recruited to register for this CME activity? (Check all that apply.)

- Flyer
- Mail
- Website
- Email
- Other: _____
- Fax
- Advertising
- In-Person
- Posted

14. How would you characterize the results you hope to accomplish as described in the learning objectives?

- Learning:** Physicians should be able to summarize the content and discuss its application in clinical practice.
This is the most commonly selected option. See item #15a for suggested evaluation techniques.
- Competence:** Physicians should be able to apply the content in a simulated practice environment.
Selecting this option will require that the CME activity being planned provide physician participants with an opportunity to practice (during the CME activity) what they have learned. See item #15b for suggested evaluation techniques.
- Performance:** Physicians actually apply the content in their practice setting.
Selecting this option will require that the CME activity being planned make provisions for measuring physician performance in a practice setting. See item #15c for suggested evaluation techniques.

15. How will you determine if those results have been accomplished? (Evaluation)

- a. If you selected **Learning** above, which of the evaluation methods listed below will you use?
 - self-report questionnaire **after the CME activity (most common)**
 - self-report questionnaire **before and after the CME activity**
 - multiple choice questions **after the CME activity**
 - multiple choice questions **before and after the CME activity**
 - other, please specify: _____
- b. If you selected **Competency** above, which of the evaluation methods listed below will you use?
 - self-report questionnaire using case scenarios **after the CME activity**
 - self-report questionnaire using case scenarios **before and after the CME activity**
 - multiple choice questions using case scenarios **after the CME activity**
 - multiple choice questions using case scenarios **before and after the CME activity**
 - observation by faculty **during the activity**
 - other, please specify: _____
- c. If you selected **Performance** above, which of the evaluation methods listed below will you use?
 - self-report questionnaire **after the CME activity**
 - self-report questionnaire **before and after the CME activity**
 - chart audit **after the CME activity**
 - chart audit **before and after the CME activity**
 - other, please specify: _____



Thank you for your interest in acquiring CME credit for your activity. Before submitting this application to the UAB Division of CME, please make sure you have completed every question and have included ALL attachments:

- Completed Financial Disclosure forms for all planners and speakers (questions #2 and #8)
- Needs Assessment (question #5)
- Agenda (question #7)
- Preliminary Budget (question #9)
- Fully-Executed Letters of Agreement – if applicable (question #10)
- CME Application Fee