



This is an application for AMA PRA Category 1 credit. If you also plan to apply for nursing continuing education credit through our nursing provider, please indicate by checking here  
The nursing CE application form is available by clicking on the link below:  
[http://www.cme.uab.edu/creditApplication/Nursing\\_CE\\_%20Application.pdf](http://www.cme.uab.edu/creditApplication/Nursing_CE_%20Application.pdf)

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

- symposium, course, conference
- enduring material: print
- enduring material: CD ROM
- enduring material: web-based
- live video conference
- live web cast
- enduring material: archived video conference
- enduring material: archived web cast

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

UAB department or academic unit, please specify: \_\_\_\_\_

Primary contact: \_\_\_\_\_

An organization external to UAB, please specify: \_\_\_\_\_

Relationship with UAB CME (eg. Alabama Society of Ophthalmology)

    joint sponsor                  education partner

Primary contact \_\_\_\_\_

Mailing address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Fax number \_\_\_\_\_

E-mail \_\_\_\_\_

**3. List below individuals who are involved in planning this CME activity.**

<u>Name</u>	<u>Institution</u>	<u>Role</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Each individual listed 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.**

**4. What results do you hope to accomplish by offering the CME activity you are planning?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. Based on the results that you want to accomplish, state three or more things that you would like physician participants to be able to do after they participate in this CME activity. (Learning objectives)**

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

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

**6. 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 #7a 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 #7b 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 #7c for suggested evaluation techniques.*

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

- a. If you selected **Learning** above, which of the evaluation methods listed below would you like to 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 **Competence** above, which of the evaluation methods listed below would you like to 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 CME activity**

other, please specify: \_\_\_\_\_

- c. If you selected **Performance** above, which of the evaluation methods listed below would you like to 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: \_\_\_\_\_

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

**9. What are the learning needs of the target audience related to accomplishing the results you identified in item number 4? 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. **How common is the problem or opportunity for improvement described in item #4:**

- b. **What is best practice for physicians in this area?**

- c. **What is current practice for physicians in this area?**

**10. How do you know that these learning needs exist?**

Source of information	Source of information
Evaluation of previous CE activities	Review of epidemiological data
Expert opinion	Review of performance; peer review
New advances	Test of knowledge
Practice guideline	Survey: Mailed questionnaire
Clinical pathway	Survey: Interview/Focus Group
Best practice	Request by target audience
Other:	

**Documentation for each source of information identified should accompany this request.**

**11. 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.**

**12. Identify the speaker(s), panel members and moderators, and tell us their institutional affiliation and academic title.**

Name	Institution	Academic Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Each individual listed must complete the UAB CME Disclosure Statement for managing conflicts of interest in CME activities certified for AMA PRA Category 1 credit, which must be submitted to the Division of CME for review before this CME activity.**

**13. A copy of the 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.**

- No direct costs associated with this CME activity; no budget is prepared
- CME budget format
- Other, please specify: \_\_\_\_\_

**14. Will this CME activity receive commercial support?**

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

Company	Request	Letter of Agreement	
_____	_____	received	requested
_____	_____	received	requested
_____	_____	received	requested
_____	_____	received	requested
_____	_____	received	requested

**A copy of a Letter of Agreement for each grant anticipated, signed at a minimum by a company representative and the Division of CME, must be in the CME activity files before the CME activity begins.**

**15. How will financial relationships be disclosed to the audience? Appropriate disclosures 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.
- on a slide that will be projected during opening announcements of the live activity.
- 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, \_\_\_\_\_

**16. Acknowledgement of commercial support will be presented:**

- from the podium at the beginning of the live CME activity.
- on a slide that will be projected before the live CME activity begins.
- on a slide that will be projected during opening announcements of the live activity.
- in materials distributed to participants as part of the course syllabus.
- in promotional materials.
- at the beginning of this enduring material, or internet CME.
- Other: \_\_\_\_\_

**17. Is there a registration fee for this CME activity?**

- no
- yes      Anticipated fees: \_\_\_\_\_

**18. How will participants be recruited to register for this CME activity? Check all that apply.**

- Direct mail "Mark Your Calendar"/"Save-the Date" announcement to target audience
- Direct mail brochure or flyer to target audience
- Emailed "Mark Your Calendar"/"Save-the Date" announcement to target audience
- Emailed brochure or flyer to target audience
- "Mark Your Calendar"/"Save-the Date" announcement on the CME web page
- Announcement about your CME activity on the CME web page
- "Mark Your Calendar"/"Save-the Date" announcement on the Department/Division web page
- Announcement about your CME activity on the Department/Division web page
- "Mark Your Calendar"/"Save-the Date" announcement on a partner's web page
- Announcement about your CME activity on a partner's web page
- Letter from course director to select group of target audience
- Telemarketing to target audience
- Purchased journal advertising
- Purchased web advertising
- Other \_\_\_\_\_

***There are requirements for any recruitment 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.***

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Special Circumstances:

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