



## Application for Certification for AMA PRA Category 1 Credit™ Regularly Scheduled Sessions

This application form is designed to facilitate the planning, implementation, and evaluation of RSS activities that will comply with the *Essential Areas and Standards* of the Accreditation Council for Continuing Medical Education. A Regularly Scheduled Session (RSS) activity is defined by the ACCME as an activity that:

- is planned as a series that involves multiple sessions or meetings
- occurs on an ongoing basis (weekly, monthly, or quarterly)
- is primarily planned by and presented to the accredited organization's professional staff

Examples of Regularly Scheduled Sessions include departmental or divisional grand rounds, tumor boards, case conferences, journal clubs, etc. RSS activities can be offered either as directly sponsored, or jointly sponsored activities ([www.accme.org](http://www.accme.org)). Just as with other types of learning activities designed for physicians, RSS activities must comply with ACCME standards in order to qualify for CME certification.

- Please review this application carefully and be sure to complete all sections.
- Be sure to attach all required documentation (e.g., evidence of learning needs), and be sure to obtain all required speaker disclosures and signatures.
- Include verification of payment of \$500 annual application fee. Your application is incomplete and will not be reviewed without this documentation.
- Several handouts are included (e.g., identifying educational needs, writing effective learning objectives) to assist you in preparing this planning document
- Additional information that may be helpful in completing this application may be found at our website ([www.cme.uab.edu](http://www.cme.uab.edu)) and the Alliance for CME ([www.acme-assn.org](http://www.acme-assn.org)).

If you have questions during the process of completing this application, please contact our office and we will be happy to provide assistance.

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**II. Educational Planning and Design – ACCME Essential Area 2 Elements 2.1; 2.2; 2.3; 3.3**

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Who is the target audience for this certified activity? (Please ✓ check all that apply)

- Departmental Faculty
  - Fellows
  - Residents
  - Medical Students
  - Other Health Sciences Students
  - Nurses
  - Allied Health Professionals
  - Community Physicians
  - Other \_\_\_\_\_
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What are the **educational needs** of the target audience that are addressed by this activity? *See handout on needs assessment.*

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How were those learning needs **identified** by your department/division? (Please ✓ check all that apply )

- Literature review
- Ongoing census of diagnoses made by the physicians on your staff (e.g., hospital admission or discharge diagnoses)
- Survey of target audience by use of questionnaire or interviews
- Input from experts and authorities in the field
- Previous CME activity evaluation data
- Periodic discussions in departmental meetings
- Data from outside sources (public health statistics)
- Other methods used or additional explanation: \_\_\_\_\_

**Note:** Supportive documentation and other materials that clearly demonstrate evidence of needs identified above are required to be turned in with your application– list your attachments here:

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**Identify 3-5 learning objectives** you hope to achieve through this CME activity. Your objectives should be clearly connected to identified educational needs. Objectives may relate to knowledge, competence, or performance and may include changes in problem solving, attitudinal changes, or improved understanding of complex relationships. Example 1: "Following these conferences, participants will be better able to discuss new treatment modalities and indications". Example 2: "Following these conferences, participants will improve the quality of their physician-patient communication". *See handout on learning objectives.*

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**How will these objectives be communicated** to the audience? (Examples include flyers, announcements, etc.).

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How is this CME **activity structured** (type of education format) to achieve these overall learning objectives?  
(Please ✓ check all that apply.)

- Lectures
- Case studies
- Panel discussion
- Hands-on practicum, lab or simulation
- Bedside rounds or similar observation and discussion of patients
- Interactive workshop
- Video presentation
- Other

**III. Evaluation and Outcomes – ACCME Essential Area 3 Element 2.4**

How will you measure whether changes in knowledge, competence, performance or patient outcomes have occurred? Evaluation or outcome measures should relate to knowledge, competence, or performance and may include changes in problem solving, attitudinal changes, or improved understanding of complex relationships.

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**IV. Financial Disclosure – ACCME Standards for Commercial Support Standards 1-3**

**Attach all completed, signed financial disclosure forms for all planners listed above and all presenters known at this time.**

It is important to note that financial disclosure of each planner and presenter is required, even if the conference does not receive commercial support. All individuals in a position to control course content of this CME activity must disclose any relationship with a commercial interest that benefits the individual in any financial amount and has occurred within the past 12 months.

How will you communicate both planner and presenter disclosure to participants at each conference? (**REQUIRED—MUST CHECK AT LEAST ONE**)

- In writing as a hand-out to the participants
- By announcement when planners and presenters are introduced
- As a slide before the presenter speaks

PLEASE NOTE that a written record of financial disclosure using the CME standardized form must be kept regardless of how the financial disclosure is communicated to the audience.

**V. Commercial Support & Letters of Agreement (LOA) – ACCME Standards for Commercial Support Standards 1-3**

Will this activity receive commercial support (financial or in-kind grants or donations) from a company such as a pharmaceutical or medical device manufacturer?  No  Yes

If yes, what form does the support take?  money  services  food Other: \_\_\_\_\_

If yes, is the support provided:  on a program-by-program basis  in support of a series of programs Other: \_\_\_\_\_

If yes, how is the support disclosed to the audience? \_\_\_\_\_

**Please attach copies of all letters of agreement documenting the commercial support your conference will receive. All letters of agreement executed with commercial entities must be routed and approved through appropriate university channels.**

**VI. Acknowledgment**

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I understand and agree to the terms set out in this agreement for *AMA PRA Category 1 Credit™*.

**Course Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Following processing of this application, a letter will be sent to the primary planner indicating the certification decision and describing required next steps. The Division of CME will work closely with your department to assist you in complying with the *Essential Areas and Standards* of the Accreditation Council for Continuing Medical Education in the conduct of these certified CME credit activities.

**FOR CME OFFICE USE ONLY**

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**Application complete?**       Yes       No

If no, describe disposition:

**Action:**     Approve     Reject

If rejected, describe reasons:

**Application Fee Received?**     Yes       No      **How verified?** \_\_\_\_\_

**Reviewer's name:** \_\_\_\_\_      **Date of review :** \_\_\_\_\_

**Approval signature:** \_\_\_\_\_      **Date of approval:** \_\_\_\_\_