



CME Activity Application Form

All entities requesting continuing medical education (CME) credit for an educational activity from the National Medical Association (NMA) must complete a CME Activity Application Form. In order to maintain the activity planning timeline, applications should be submitted 90 days prior to the activity start date. Please ensure that this document is complete and that all attachments are included and clearly labeled. Incomplete applications will be returned.

A. GENERAL INFORMATION	
Title of Proposed Activity:	
Start Date:	End Date:
Responsible Group or Dept. (Region, Section, Society, Other):	
Activity Chair/Director (full name and degree):	
Address:	
Telephone:	Fax:
Email:	Date Submitted:
Office Assistance/Other Contact:	
Telephone:	Email:

B. ACTIVITY TYPE
<input type="checkbox"/> Course – a live CME activity where the learner participates in person (examples: conference or seminar). Please select all that apply.
<input type="checkbox"/> Lecture <input type="checkbox"/> Simulation <input type="checkbox"/> Other, please specify: <input type="checkbox"/> Panel <input type="checkbox"/> Skill-based training <input type="checkbox"/> Case based discussion <input type="checkbox"/> Small group discussion
<input type="checkbox"/> Internet Live Course – online course available at a certain time and date and is only available in real time, just as if it were a course held in an auditorium. Once the event has taken place, learners may no longer participate in that activity (example: webcast).
<input type="checkbox"/> Internet Enduring Material – online course available when the physician participant chooses to complete it. It is “enduring,” meaning that there is not just one time, one day to participate in it. Rather, the participant determines when he/she participates (examples: online interactive educational module, recorded presentation, podcast).
<input type="checkbox"/> Enduring Material – a printed, recorded, or computer-presented (non-internet) educational activity which may be used over time at various locations and which, in itself, constitutes the activity.
Proposed Date and Facility: <i>*If this activity is being planned as a series of multi-activities with identical content and faculty for each activity please attach a listing of the dates -- and if applicable locations and proposed facilities. If the activity content and/or faculty will differ from activity to activity then you are required to submit separate applications for each activity.</i>

C. TARGET AUDIENCE

<p>Provider Type - Please select all that apply</p> <p><input type="checkbox"/> Physicians</p> <p><input type="checkbox"/> Pharmacists</p> <p><input type="checkbox"/> Physician Assistants</p> <p><input type="checkbox"/> Nurse Practitioners</p> <p><input type="checkbox"/> Nurses</p> <p><input type="checkbox"/> Other, please specify: _____</p>	<p>This activity is intended for providers in the specialties of : _____</p> <p>_____</p> <p>Total Estimated Attendance: _____</p> <p>% Physicians: _____</p> <p>%Non-Physicians: _____</p>
<p>This activity is intended for providers from the following geographic areas:</p> <p><input type="checkbox"/> Local <input type="checkbox"/> National</p> <p><input type="checkbox"/> State <input type="checkbox"/> Other, please specify: _____</p> <p><input type="checkbox"/> Regional</p>	

D. Core Competencies

CME activities should be developed in the context of addressing core competencies and desirable physician attributes. Please select all American Board of Medical Specialties (ABMS)/Accreditation Council for Graduate Medical Education (ACGME), Institute of Medicine (IOM), or NMA core competencies that will be address in this activity.

<input type="checkbox"/> Patient-centered care	<input type="checkbox"/> Interdisciplinary teams
<input type="checkbox"/> Medical knowledge	<input type="checkbox"/> Quality improvement
<input type="checkbox"/> Practice-based learning and improvement	<input type="checkbox"/> Utilize informatics
<input type="checkbox"/> Interpersonal and communication skills	<input type="checkbox"/> Employ evidence-based practice
<input type="checkbox"/> Professionalism	<input type="checkbox"/> Reduction/elimination of health disparities
<input type="checkbox"/> Systems-based practice	<input type="checkbox"/> Cultural competency

E. Identifying Gaps

What is the problem you want to address? And how are your potential learners involved?

A professional practice gap is defined as the difference between actual (what is) and ideal (what should be). The gap analysis should be expressed in terms of the difference between health care knowledge, competence, performance, or outcomes observed in our learners verses what the best current professional knowledge or evidence says is desirable or ideally achievable.

<p>Knowledge – being aware of something.</p>	<p>Performance – having the ability to implement the strategy or skill (what one actually does).</p>
<p>Competence – being able to apply knowledge, skills, and judgment in practice (knowing how to do something).</p>	<p>Patient outcomes – the condition of a patient at the end of therapy or a disease process, including the degree of wellness and the need for continuing care, medication, support, counseling, or education.</p>

F. Educational Need

Why does the problem exist? The needs assessment should provide a description of the context for the gap identified; and should build a justification that a need exist for education on this specific subject for this specific target audience.

Please select all needs assessment sources that were utilized in determining the topic(s) and planning:

<input type="checkbox"/> Past activity evaluation data	<input type="checkbox"/> Peer-reviewed literature	<input type="checkbox"/> Focus groups
<input type="checkbox"/> Practice guidelines	<input type="checkbox"/> Lay press/media coverage	<input type="checkbox"/> Clinical guidelines
<input type="checkbox"/> Survey data	<input type="checkbox"/> Consensus reports	<input type="checkbox"/> Licensing requirements
<input type="checkbox"/> Clinical research	<input type="checkbox"/> Expert committees	<input type="checkbox"/> Examination preparation
<input type="checkbox"/> Mortality & morbidity reports	<input type="checkbox"/> Local medical problem manifestation	<input type="checkbox"/> Other, please specify:

G. Learning Objectives

What should the learners be able to know, do, or change as a result of participating in this activity?

Well written objectives not only communicate the purpose of an activity they also enable your faculty to take the participant from the identified area of need to the desired result. Desired results are what you expect the learner to do in his/her practice setting. How will the information presented impact the clinical practice and /or behavior of the learner? Is the activity designed to (select all that apply):

<input type="checkbox"/> Increase participant knowledge	<input type="checkbox"/> Help participants modify their practice (change performance)
<input type="checkbox"/> Give participants new abilities/strategies (change competence)	<input type="checkbox"/> Help improve patient outcomes

Learning objectives must also be measurable. It is important to remember to keep each objective specific to one measurable outcome; you should not attempt to identify multiple outcomes within a single objective. A well written objective has three parts to its structure: verb, object, and condition.

To satisfy application sections E – G, please attach a written summary detailing the Identified Gaps, Educational Needs, and Learning Objectives for your proposed activity. Please include any references. Applications will not be accepted without this attachment.

*Note for multi-day activities addressing multiple topics - Written descriptions of the identified gaps, needs and objectives are not required for each any every presentation; however, they should be provided for each new major subject area.

H. Perceived Barriers

What potential barriers do you anticipate learners may have incorporating these new knowledge, competency, and/or performance objectives into practice? Please select all that apply.

<input type="checkbox"/> Cost of care	<input type="checkbox"/> Provider resistance to change
<input type="checkbox"/> Patient compliance	<input type="checkbox"/> Provider misconceptions
<input type="checkbox"/> Insurance/reimbursement issues	<input type="checkbox"/> Patient misconceptions
<input type="checkbox"/> Lack of consensus on professional guidelines	<input type="checkbox"/> No perceived barriers
<input type="checkbox"/> Lack of time	<input type="checkbox"/> Other, please specify: _____
<input type="checkbox"/> Lack of administrative support/resources	

Please briefly describe how you will attempt to address these identified barriers in the educational activity.

I. Evaluation and Outcomes

How will you measure if changes in competence, performance, or patient outcomes have occurred? Please select all that apply.

<p>Knowledge/Competence</p> <input type="checkbox"/> Evaluation form from participants <input type="checkbox"/> Audience Response System <input type="checkbox"/> Pre & Post Tests <input type="checkbox"/> Physician or Patient Surveys <input type="checkbox"/> Other, please specify: _____	<p>Performance</p> <input type="checkbox"/> Adherence to guidelines <input type="checkbox"/> Case-based studies <input type="checkbox"/> Interviews/focus group about actual change in practice <input type="checkbox"/> Follow-up survey of actual changes in practice at specified intervals <input type="checkbox"/> Chart audits <input type="checkbox"/> Direct observations <input type="checkbox"/> Other, please specify:
<p>Patient Outcomes / Population Health</p> <input type="checkbox"/> Observed changes in health status measures <input type="checkbox"/> Measure morbidity & mortality rates <input type="checkbox"/> Obtain patient feedback and surveys <input type="checkbox"/> Observe changes in quality /cost of care <input type="checkbox"/> Other, please specify:	<p>*Note: The NMA CME Department has a template for standard evaluations and pre & post tests. If you prefer to use your own to measure other levels of outcome, it must be submitted for approval with your completed application.</p>

J. Planners and Staff

All individuals who are in a position to control the content of the educational activity must disclose all relevant financial relationships they have with any commercial interests. Employees of a commercial interest cannot be involved in the planning of this activity. Please provide a complete list of all the planners. A completed NMA CME disclosure form is required for all planners. A bio is required for all non-staff faculty.

Name	Affiliation	Disclosure form attached?	Bio attached?
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Additional space is needed, attached is a complete list of planners with the above information indicated.

K. Speakers, Teachers, Moderators, or Authors

Please provide a complete list of all the speakers, teachers, moderators or authors. A completed NMA CME disclosure form and bio is required for all faculty.

Name	Affiliation	Disclosure form attached?	Bio attached?
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Additional space is needed, attached is a complete list of speakers with the above information indicated.

L. Agenda

Please attach the proposed activity agenda. Please include time, topic, presenter, breaks (if any), and time allotted for discussion.

M. Credit Designations

Please indicate all accreditations for which applications will be submitted.

American Medical Association *AMA PRA Category 1 Credits™* (standard)

Proposed National Medical Association Physicians' Achievement Award

American Academy of Family Practice (AAFP)*

American College of Obstetrics & Gynecology (ACOG)*

American Academy of Dermatology (AAD)*

American College of Pharmacy Education (ACPE)*

American Academy of Physician Assistants (AAPA)*

American Association of Nurse Practitioners (AANP)*

Other, please specify:

**Separate application and fee are required.*

N. Other Cooperating Groups/Organizations

Are there other departments, sections, societies, groups, or organizations that you will be working with in the development and/or execution of this activity? If yes please indicate name and role:

Group/Organization/Society/Etc.	Role

Additional space is needed, attached is a complete list with the above information indicated.

O. Marketing/Promotional Materials

How will notification of this educational activity be distributed to the participants prior to the activity? Please select all that apply:

Brochure

Email

Journal

Flyer

Save the date card

Website - please provide URL to site:

Other, please specify:

**Please note that all promotional materials must be approved by the NMA CME Department prior to distribution to potential participants. If you fail to get prior approval for the materials and elements are missing or are incorrect, you may be required to make the necessary corrections and redistribute the materials (even if this requires reprinting).*

P. Potential Funding Sources

How will activity expenses be paid? Please select all that apply.

<input type="checkbox"/> Internal funds	<input type="checkbox"/> State or federal grant
<input type="checkbox"/> Participant registration fees	<input type="checkbox"/> Other, please specify:
<input type="checkbox"/> Commercial support	

If you indicated commercial support, will you be applying for educational grants from industry?
 No Yes, please list below all grants for which you have applied or plan to apply for.

Name of Company	Grant Request Funded	Amount
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	

Additional space is needed, attached is a complete list of commercial supporters with the above information indicated.

Will there be exhibits? (*Please note this question should not apply to NMA Sections)
 Yes No

Attestation of Having Read the ACCME Standards of Commercial Support

Commercial exhibits and advertisements are promotional activities and not continuing medical education. Exhibits must be located separate from where the content presentations take place. Commercial support in the form of educational grants must be accompanied by a properly executed letter of agreement (LOA) and a copy must be sent to the NMA CME Department for each grant that is received. If you answered yes to grants or exhibits above you must attest the following:

I have read the ACCME Standards for Commercial Support and the NMA CME Policies in order to understand the rules for receiving commercial support and agree to abide by them.

Signed: _____ Date: _____

Q. Budget

Please attach a preliminary budget for this activity.

R. Attachment Checklist

<input type="checkbox"/> Gaps	<input type="checkbox"/> Speaker Disclosures
<input type="checkbox"/> Educational Needs	<input type="checkbox"/> Speaker Bios
<input type="checkbox"/> Learning Objectives	<input type="checkbox"/> Agenda
<input type="checkbox"/> Planner Disclosures	<input type="checkbox"/> Budget
<input type="checkbox"/> Planner Bios	<input type="checkbox"/> Other, please specify:

For Staff Use Only

Name of Staff Reviewer:	Date:
Application Complete? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments (Please be certain to list below any additional information needed if the application is not complete)	
Forwarded to CME Director for Review on (date):	
Comments:	
Requires Additional Review by Educational Affairs Council/Committee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Approved for Credit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	
CME Director's Signature:	
Date:	