UAMS
COLLEGE OF MEDICINE
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

PLEASE NOTE: **Applications must be submitted electronically. You must complete this form in Internet Explorer. It will not submit properly if you use another browser**. *This form is designed to collect all information necessary to plan and develop the proposed CME activity. Completion of all sections of this form is necessary to meet accreditation requirements. The CME staff is available to help you navigate this process.*

Section 1 of 6: Activity Description

Activity Information

Title of activity:

Institution (list all):	**Dept/Division:**

Date(s):	**Start Time:** **End Time:**	**Location: Select the location from the drop down menu. If your location is not found, you may type in your location.**

Regularly Scheduled Series (RSS) – Daily, weekly, monthly, or quarterly RSS activities that are primarily planned by and presented to the organization's professional staff.

Type:

☐ **M&M Conference**
☐ **Patient Case Conference Please specify type** *(i.e. New Patient Case; Tumor Board, etc.)*:

Frequency:

☐ **Other**

Days of week:

☐ **M** ☐ **Tu** ☐ **W** ☐ **Th** ☐ **F**

If 2/mo, 1/mo, or quarterly please also indicate the week(s) in month activity meets: ☐ **1st** ☐ **2nd** ☐ **3rd** ☐ **4th** ☐ **5th**

Sponsorship/Providership (*Note: a pharmaceutical company or medical device manufacturer cannot be a sponsor/provider.) Joint providers need to complete, sign, and attach the Joint Provider Agreement form. An agreement will be prepared for co-sponsorship.*

☐	Directly sponsored *(UAMS College of Medicine dept. works with UAMS Office of Continuing Medical Education, [OCME])*
☐	Jointly provided *(Any program that is not a UAMS College of Medicine dept. works with UAMS OCME)*
☐	Co-sponsored *(UAMS OCME works with another ACCME accredited provider)*

This application is for *AMA PRA Category 1 Credits™,* however, the College of Pharmacy and the Center for Distance Health are national providers of continuing pharmacy and nursing education, respectively. UAMS is encouraging course directors to incorporate planning by the health care team for the health care team to produce interprofessional education. If you are interested in learning more about obtaining additional credits for your RSS activity, please indicate below which ones you are interested in. There may be additional documentation and fees required. *You do not have to seek additional credits in order to plan and deliver an interprofessional activity.* We will contact you to discuss the opportunity to meet the continuing education needs of the health care team.

☐	Pharmacy
☐	Nursing
☐	Other…Please specify

Section 2 of 6: Leadership and Administrative Support Staff

UAMS COLLEGE OF MEDICINE
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

Case and M&M Conference RSS Application Form

Course Director		
Name:	Degree(s):	
Title:	Affiliation:	
Department:	Phone:	Email:
Address:	City, State:	Zip:

Administrative Coordinator (this is often the person with whom the OCME staff works to care of the administrative tasks for the activity)		
Name:	Degree(s):	
Title:	Affiliation:	
Department:	Phone:	Email:
Address:	City, State:	Zip:

Medical Director (if different from Course Director)		
Name:	Degree(s):	
Title:	Affiliation:	
Department:	Phone:	Email:
Address:	City, State:	Zip:

Departmental/Organizational Approval Signature
Indicate who provided approval for this activity: Title:
Date:
A physical signature is not required. However, the electronic submission of this application for review indicates you have obtained the necessary authorization to produce this educational activity.

Submit your application and supporting documentation by:

Mail: **UAMS COM OCME**
         4301 W. Markham Street, Slot 525
         Little Rock, AR 72205

Email: cme@uams.edu

Questions: 501-661-7962

Please call and arrange a consultation if you are new to CME or are unsure about CME procedures. We are always happy to work with you!

Needs Assessment *C2*   Effective CME activities are planned to address areas of professional practice or behavior(s) that need improvement. In order to identify the problems or issues that are causing gaps in the targeted participants' knowledge, competence or performance, it is important to review available data in order to make evidence-based decisions about the needed content. **To assist you with the needs assessment process**, the Office of CME has conducted a general needs assessment for a case-based conference series to identify the educational gap, to incorporate a literature search, summarize the data cited and develop the learning objectives at the series level. Please review the information and add any additional information that is relevant to your organization's needs.

Needs Assessment for Case or M&M Conference series C2, C3

Describe the professional practice gap(s) driving the need for the activity. The gap exists because:

☐ M&M Conferences Unexpected morbidity or mortality cases occur in hospitals annually. These cases often occur due to errors which must be identified, trends explored and interventions for prevention of future errors developed.

☐ Case Conferences Clinicians must deliver optimum patient care unique to each patient. There is a need to review diagnostic and treatment issues and options.

Educational Need(s) (check all that apply, please select a minimum of **one)**

Knowledge (K) *being aware of what to do (i.e., Providers don't know…)*
Competence (C) *being able/knowing how to do something (i.e., providers don't know how or don't have appropriate strategies to do)*
Performance (P) *unable to implement the strategy or skill/what one actually does not do (i.e., Providers aren't doing…)*
Patient and/or Systems-Level Outcomes (PO)

There is a need to:
☐ Discuss patient cases and their management to enhance medical knowledge to improve patient care (K, C & PO)
☐ Explore problems with patient care. (C & P)
☐ Demonstrate real-world problem solving and medical management of complex and diverse inpatient and outpatient scenarios to develop new strategies for patient care. (C, P, PO)
☐ Discuss quality assurance/patient safety issues related to practice. (C & PO)
☐ Develop strategies to prevent reoccurring complications to insure performance improvements (C & P)
☐ Analyze errors to identify and improve practice patterns to improve clinical outcomes. (C, P & PO)
☐ Other (Specify):

Educational Outcome(s) **What are the expected outcomes for your learners of this activity in terms of their competence, performance, and/or patient outcomes? (**Check all that apply)	☐ New knowledge (K) ☐ Acquisition of strategies to incorporate new research into practice (K & C) ☐ Acquisition of new protocols, policies, and procedures (K & C) ☐ Critically appraise medical literature (C & P) ☐ Change in diagnostic approach (C) ☐ More appropriate referral to specialties (C & P) ☐ Improve patient outcomes. (PO) (Describe): ☐ Other (Specify):

Evidence base for the series
Data Source: Literature Search of Peer-reviewed Journals

1. Orlander, JD, Barber TW, Fincke BG. The morbidity and mortality conference; the delicate nature of learning from error. *Acad Med.* 2002; 77:1001-106.
2. Gordon LA. Gordon's Guide to the Surgical Morbidly and Mortality Conference. Philadelphia, Pa; Hanley & Belfus; 1994
3. Blumenthal, D. Making medical errors into medical "treasures." JAMA. 1994; 272:1867-1868.
4. Knowles MS, Holton EF, Swanson RA.   The Adult Learner: The Definitive Classic in Adult Education and Human Resource Development. Houston, Tex: Gulf Publishing Co; 1998.
5. Murayama KM, Derossis AM and DaRosa DA. A critical evaluation of the morbidity and mortality conference. Am J Surg 2002; 183: 246-250.

UAMS COLLEGE OF MEDICINE
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

Case and M&M Conference RSS Application Form

Summary of evidence M&M and patient case conferences are designed to discuss quality assurance issues related to practice. Patient care (PO) enhanced by medical knowledge (K) is being taught through discussion of patient cases and their management. Exposing problems with patient care (C); demonstrating real-world problem solving and medical management of complex and diverse inpatient and outpatient scenarios allows physicians to develop new strategies for patient care. M&M conferences are designed to discuss quality assurance issues related to practice.

Learning Objectives identified through the literature search, select those that apply to this RSS *(choose a minimum of 3)*:

At the conclusion of this series, participants will be able to:

☐ Apply the lessons learned from the review of patient morbidity and mortality. (C & P)
☐ Evaluate when things do go wrong, to improve standards of care. (C & P)
☐ Perform a succinct overview of their patient's condition and/or complications. (C & P)
☐ Analyze the literature that addresses the patient's condition and/or complications. (C & P)
☐ Recognize treatment errors and how to avoid those errors in their practice. (C & P)
☐ Other, please add any additional learning objectives applicable to this case or M&M conference:

Identify the teaching strategy or educational methodology that will be used (check all that apply):

☐ Each session is devoted to the review of one or two cases chosen; the topic is driven by encounters by faculty, residents or staff within the institution.
☐ A clinical study is presented, excerpts from the study are prepared and open-ended questions are asked by the faculty.
☐ A case with an unresolved clinical problem is discussed; the problem selected coincides with the literature presented. Open ended discussion regarding the validity and applicability of the study's conclusion and the study has solved the original clinical problem.
☐ Questions from the audience following each presentation
☐ Formal question and answer segment(s)
☐ Formal panel discussion session(s) with presentation of questions and cases from the audience
☐ Formal follow-up discussion in the next session to discuss how the lessons from week before were applied.
☐ Other:

Target Audience *C4* **Interprofessional collaborative practice is key to safe, high quality, patient-centered care. Please consider how you can plan this as an interprofessional activity. Who will be your learners?** *Select all that apply*

Geographic Location:	Provider Type:	Specialty:	
☐ Internal only	☐ Primary care physicians	☐ All specialties	☐ Ophthalmology
☐ Internal, others welcome	☐ Specialty Physicians	☐ Anesthesiology	☐ Orthopaedics
	☐ Pharmacists	☐ Dermatology	☐ Otolaryngology
	☐ Pharmacy Techs	☐ Emergency Med	☐ Pathology
	☐ Psychologists	☐ Family Medicine	☐ Pediatrics
	☐ Physician Assistants	☐ Geriatrics	☐ Psychiatry
	☐ Nurses	☐ Internal Medicine	☐ Radiology
	☐ Nurse Practitioners	☐ Neurology	☐ Radiation Oncology
	☐ Other (specify):	☐ OB/GYN	☐ Surgery
		☐ Other (specify):	

Planning Process *C7*

1. Who identified the speakers and topics? (select all that apply)

☐ Program Director ☐ CME Associate ☐ Planning Committee ☐ Other (provide names):

2. What criteria were used in the selection of speakers (select all that apply)?

☐ Subject Matter expert ☐ Excellent teaching skills/effective communicator ☐ Experienced in CME
☐ Other, please specify:

3. Were any employees of a pharmaceutical company and/or medical device manufacturer involved with the identification of speakers and/or topics? ☐ No ☐ Yes, please explain:

UAMS
COLLEGE OF MEDICINE
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

Alignment with UAMS CME Mission Statement C3 RSS activities should be designed to change competence, performance, or patient outcomes as described in the mission statement.

The mission of the UAMS College of Medicine Continuing Medical Education (CME) Program is to assist health care professionals in their pursuit of life-long learning for providing high quality health care. This is accomplished by offering educational opportunities that support improvement in their competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

How does this RSS activity align with the mission? Check all that apply

☐	Designed to assist health care professionals in their pursuit of life-long learning in order to provide high quality health care.
☐	Designed to improve competence in one or more of the six core competency areas.
☐	Planned to promote patient-centered care.
☐	Promotes the practice of evidence-based medicine.
☐	Planned to promote interprofessional education and thereby improve healthcare delivery.
☐	Other (please explain):

Identify Barriers to Incorporating the Learning into Practice (select 1 at minimum)*C18, C19*
What potential barriers do you anticipate attendees may have incorporating new knowledge, competency, and/or performance objectives into practice? Select all that apply by placing an "X" in the appropriate box.

☐	Lack of time to assess or counsel patients	☐	Lack of consensus on professional guidelines
☐	Lack of administrative support/resources	☐	Cost
☐	Insurance/reimbursement issues	☐	No perceived barriers
☐	Patient compliance issues	☐	Other, specify:

How you will attempt to address these identified barriers in the educational activity. (mark all that apply)

☐	Discussion of cost effectiveness and new billing practices
☐	Speakers will present strategies for overcoming the identified barrier(s)
☐	Will provide a list of available resources
☐	Agenda will address improving communication skills
☐	Other, please describe:

Learning Strategies *C17* What non-educational strategies will you include or provide in order to enhance your learners' change as an adjunct to this activity?

☐	Patient education materials
☐	Reminders such as pocket reminder cards; emails or newsletters reminding/reinforcing strategies, etc.
☐	Supplemental take-home materials: posters, guidelines, handouts, etc.
☐	Other:

Building Bridges with Other Stakeholders C20 *Occasionally there are other internal and/or external stakeholders working on similar issues with which you can collaborate.*
Are there others within your organization working on this issue? ☐ No ☐ Yes, identify who: _____
If yes, will they be included in the development and/or execution of this activity? ☐ No ☐ Yes, in what ways? _____
Are there external stakeholders working on this issue? ☐ No ☐ Yes, identify who: _____
If yes, will they be included in the development and/or execution of this activity? ☐ No ☐ Yes, in what ways? _____

Desirable Attributes/Core Competencies (select one at minimum)C6 Place an "X" next to all American Board of Medical Specialties (ABMS)/Accreditation Council for Graduate Medical Education (ACGME) or Institute of Medicine (IOM) core competencies that will be addressed in this activity.	
☐ Patient care or patient-centered care	☐ Systems-based practice
☐ Medical knowledge	☐ Interdisciplinary teams
☐ Practice-based learning and improvement	☐ Quality improvement
☐ Interpersonal and communication skills	☐ Utilize informatics
☐ Professionalism	☐ Employ evidence-based practice

Core Competencies for Interprofessional Collaborative Practice *Place an "X" next to all the Core Competencies for Interprofessional Collaborative Practice sponsored by the* [Interprofessional Education Collaborative](#) *that will be addressed by the activity.*
☐ Values/Ethics for Interprofessional Practice – *work with individuals or other professions to maintain a climate of mutual respect and shared values*
☐ Roles/Responsibilities – *use the knowledge of one's own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served.*
☐ Interprofessional Communication – *communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease.*
☐ Teams and Teamwork – *Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective, and equitable.*

Evaluation and Outcomes *C3*	

How will you measure for changes in competence, performance or patient outcomes after the activity? Select all that apply.

*Note: you will be required to provide an annual summary of both your compiled evaluation data and the **analysis** of the data for the evaluation methods selected.*

The OCME has an evaluation form template for you to use. If you prefer to use your own, it must be approved in advance by the OCME staff for required elements.

Knowledge/Competence			
☒	Evaluation form for participants **(required)** ☐ Using UAMS OCME template ☐ Using our own template (requires approval by CME staff, prior to use)	☐	Physician and/or patient surveys
☐	Audience response system (ARS)	☐	Customized pre- and post-test
☐	Other, please specify:		
Performance			
☐	Adherence to guidelines	☐	Chart audits
☐	Case-based studies	☐	Direct observations
☐	Customized follow-up survey/interview/focus group about actual change in practice at specified intervals	☐	Other, please specify:
Patient/Population Health			
☐	Observe changes in health status measures	☐	Obtain patient feedback and surveys
☐	Observe changes in quality/cost of care	☐	Measure morbidity mortality rates
☐	Other, please specify:		

This area has been left deliberately blank.

UAMS
COLLEGE OF MEDICINE
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

Section 5 of 6: Independence

DISCLOSURE OF FINANCIAL RELATIONSHIPS *C7*

It is the policy of the University of Arkansas for Medical Sciences (UAMS) College of Medicine to ensure balance, independence, objectivity, and scientific rigor in all sponsored or jointly sponsored educational activities.

All individuals who are in a position to control the content of the educational activity (course/activity directors, planning committee members, staff, teachers, or authors of CME) must disclose all relevant financial relationships they have with any commercial interest(s) as well as the nature of the relationship. Financial relationships of the individual's spouse or partner must also be disclosed, if the nature of the relationship could influence the objectivity of the individual in a position to control the content of the CME. The ACCME describes relevant financial relationships as those in any amount occurring within the past 12 months that create a conflict of interest. *Individuals who refuse to disclose will be disqualified from participation in the development, management, presentation, or evaluation of the CME activity*.

- The "Disclosure and Attestation Statement" (disclosure form) is the mechanism used by the Office of Continuing Medical Education (OCME) to gather information about relevant financial relationships with commercial interests.

- *Failure to return a disclosure form is equal to refusing to disclose.*

- Conflicts of Interest (COI) must be resolved **BEFORE the activity occurs**, preferably during the early planning stages.

- It is the responsibility of the Course Director to make certain that **1) all of the disclosure forms are collected, 2) reviewed for relevant financial relationships with commercial interests, 3) all conflicts of interest resolved, 4) disclosure forms sent to the OCME, and 5) disclosure information is provided for the participants prior to the content delivery.**

- Disclosure forms and documentation of how relevant financial relationships were explored and how any conflicts of interest were resolved must be submitted to the OCME well before the activity begins. The disclosure to the participants should be conveyed in a written form and the text must be approved by the OCME prior to the event.

- Disclosure must be made to participants of all relevant financial relationships, and/or the lack of relevant financial relationships, prior to the start of the activity. **The text for the disclosure to participants must be approved by the OCME prior to the activity**.

I have read the UAMS OCME Policy for Disclosure of Financial Relationships and Resolution of Conflicts of Interest in order to understand the policies and procedures for disclosure of financial relationships and I understand my responsibilities for collecting disclosure information, resolving all conflicts of interest and reporting the disclosed information to the participants.

☐ Yes ☐ No If no, please explain why.

Disclosure Plans

1. *How were planners and faculty informed about the need to ensure balance, independence, objectivity and scientific rigor and the need to disclose all financial relationships with commercial interests?*

☐ Letter or email (preferred, template available)   ☐ Verbal (must provide transcript of what was communicated)
☐ Documentation attached **(Required)**

2. *How will the participants be provided disclosure of financial relationships, or lack thereof, information gathered from the above planners, faculty, speakers, etc.?* **The text for disclosure to the participants must be approved by the OCME prior to the CME activity.**

Written (preferred): ☐ Handouts ☐ Slides ☐ Sign ☐ Other,

Verbal disclosure is discouraged and the OCME must approve using verbal disclosure as the sole method of disclosing financial relationships to participants. When approved by the OCME, the text that will be read verbatim to the participants must be submitted and approved prior to the CME activity by the OCME staff.

Verbal by: ☐ Speaker   ☐ Moderator (Verbal disclosure requires providing a written transcript of what was communicated to the participants and a signed attestation by a participant of the CME activity. This transcript must accompany the closing report.)

Case and M&M Conference RSS Application Form

All individuals who are in a position to control the content of the educational activity (course/activity directors, planning committee members, staff, teachers, or authors) must disclose all relevant financial relationships they have with any commercial interest(s). Employees of commercial interests cannot control the content of an accredited CME/CE activity and therefore cannot be course/activity directors, planning committee members, staff, teachers, or authors (per Standard 1 of the Standards for Commercial Support).

Interprofessional education (IPE) is a **UAMS priority for education at all levels**, including CME, with the activities planned BY the health care team FOR the health care team. Therefore, please be thoughtful about who plans this activity. At least two healthcare professions should be represented. Ideally, each member of the health care team that is indicated as the target audience should be represented on the planning committee. Unsure about how to plan your RSS activity as IPE, please feel free to contact either the OCME or the Office of Interprofessional Education to discuss how you can plan your CME activity to include IPE.

PLEASE NOTE: **The course director, medical director, administrative coordinator (if applicable*) and all planning committee members will be required to complete the disclosure form before this application will be reviewed**. *IF you are also seeking nursing and/or pharmacy credit, please contact the OCME before gathering disclosures. There is a joint disclosure form that must be used that meets the criteria for all three types of credit.*

Planners and Staff - Disclosure Information *Provide a **complete** list of all the planners and **attach their disclosure forms.***							
Last Name	**First Name**	**Professional Designation (MD, APRN, RN, PharmD, PhD, etc.)**	**Affiliation** *i.e. UAMS COM; ABC Hospital, etc.*	**CV/Bio attached?** *required for all non-UAMS faculty*	**Disclosure form is required upon application submission**	**Was there a financial relationship reported?**	**If yes, have any conflict of interests (COI) been resolved?**
				☐	☐	☐ Y ☐ N	☐ Y ☐ N
				☐	☐	☐ Y ☐ N	☐ Y ☐ N
				☐	☐	☐ Y ☐ N	☐ Y ☐ N
				☐	☐	☐ Y ☐ N	☐ Y ☐ N
				☐	☐	☐ Y ☐ N	☐ Y ☐ N
				☐	☐	☐ Y ☐ N	☐ Y ☐ N
				☐	☐	☐ Y ☐ N	☐ Y ☐ N
				☐	☐	☐ Y ☐ N	☐ Y ☐ N

☐ *Check here if the Administrative Coordinator is NOT involved with selecting speakers, topics, influencing content. If they are not involved in the selection of speakers/content, disclosure is not necessary for this individual.

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

UAMS
COLLEGE OF MEDICINE
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

Case and M&M Conference RSS Application Form

Speakers, Teachers, Moderators or Authors - Disclosure Information

Provide a list of all the speakers, teachers, moderators, or authors that are known at this time. A disclosure form is required for all. A CV or bio is required for all non-UAMS faculty.

This information must be submitted with the session report in order to award credits.

Last Name	First Name	Professional Designation (MD, APN, RN, PharmD, PhD)	Affiliation	CV/Bio attached? *required for all non-UAMS faculty*	Disclosure form attached?	Was there a financial relationship reported?	If yes, have any conflict of interests (COI) been resolved?
				☐	☐	☐ Y ☐ N	☐ Y ☐ N
				☐	☐	☐ Y ☐ N	☐ Y ☐ N
				☐	☐	☐ Y ☐ N	☐ Y ☐ N
				☐	☐	☐ Y ☐ N	☐ Y ☐ N
				☐	☐	☐ Y ☐ N	☐ Y ☐ N
				☐	☐	☐ Y ☐ N	☐ Y ☐ N
				☐	☐	☐ Y ☐ N	☐ Y ☐ N
				☐	☐	☐ Y ☐ N	☐ Y ☐ N
				☐	☐	☐ Y ☐ N	☐ Y ☐ N
				☐	☐	☐ Y ☐ N	☐ Y ☐ N
				☐	☐	☐ Y ☐ N	☐ Y ☐ N
				☐	☐	☐ Y ☐ N	☐ Y ☐ N
				☐	☐	☐ Y ☐ N	☐ Y ☐ N

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

Case and M&M Conference RSS Application Form

UAMS
COLLEGE OF MEDICINE
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

Commercial Support

Will you apply for educational grants to help fund this activity?

☐ Yes, please list below all grants for which you have applied or for which you plan to apply. Indicate the grant status. *A properly executed letter of agreement (LOA) and a copy of the check must be sent to the OCME for each grant that is funded **BEFORE** the educational activity.*

☐ No

Name of company	Grant request funded?	Signed LOA attached	Copy of check attached
	☐Yes ☐No ☐Pending	☐Yes ☐No	☐Yes ☐No
	☐Yes ☐No ☐Pending	☐Yes ☐No	☐Yes ☐No
	☐Yes ☐No ☐Pending	☐Yes ☐No	☐Yes ☐No
	☐Yes ☐No ☐Pending	☐Yes ☐No	☐Yes ☐No
	☐Yes ☐No ☐Pending	☐Yes ☐No	☐Yes ☐No
	☐Yes ☐No ☐Pending	☐Yes ☐No	☐Yes ☐No

☐ More space is needed, a complete list of grants applied for is attached with the above information indicated.

Attestation of Having Read the Commercial Support Policies and Procedures

If you answered yes to grants or exhibits above, you must attest to the following: I have read both the Standards for Commercial Support and the UAMS Policy on Commercial Support in order to understand the policies and procedures for receiving commercial support and my role and responsibilities.

☐ Yes ☐ No If no, please explain why?

Acknowledgement of Commercial Support

How will the audience be provided acknowledgement of receipt of commercial support? *Commercial support must be acknowledged to the participants prior to the content presentation. The text for the acknowledgement to the participants must be approved by the OCME prior to the CME activity.*

Written (preferred): ☐ Brochure ☐ Syllabus/Handouts ☐ Slides ☐ Sign ☐ Other

Verbal acknowledgement must be approved in advance by the OCME.
Verbal by: ☐ Speaker   ☐ Moderator (Verbal requires a transcript of what was communicated and attestation signed)

UAMS COLLEGE OF MEDICINE
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

Case and M&M Conference RSS Application Form

Budget

You must submit a preliminary budget with the application.

A final budget that line items ALL expenses will be required post-activity with the closing report. Commercial support is also to be line itemed on the budget. You will need to submit documentation for payment of all speaker expenses. **Please note**: *Commercial supporters are not to pay any conference expenses. Commercial entities are only allowed to provide educational grants.* You must demonstrate through the budget and the accompanying documentation that the conference organizers paid all expenses directly.

How will activity expenses be paid? (check all that apply)

☐ Internal department funds
☐ Commercial Support
☐ State or Federal Grant
☐ Other, identify:

☐ A preliminary budget is attached **(required)** If not, why:

This area has been left deliberately blank.

Case and M&M Conference RSS Application Form

Promotional Materials

Please note: *All promotional materials must be approved by the OCME prior to distribution to potential participants. There are required elements and statements that must be used in all promotional materials. If you fail to get prior approval for the materials and elements are missing or are incorrect, you will be required to make the necessary corrections and redistribute the materials to potential participants (even if this requires reprinting.)*

See: Brochure/Promotional Material Requirements and Statements Guide

How will notification of this educational activity be distributed to the participants prior to the activity?

☐ Flyer
☐ Other, identify:
☐ A proof of the promotional material is attached.

This area has been left deliberately blank.

Case and M&M Conference RSS Application Form

CME Administrative Fees - Please include payment with the application.

Method of payment:

☐ **Check** (attached) Made payable to UAMS Office of Continuing Medical Education. Be sure to include the Slot # in the address. Our address is: UAMS COM OCME, 4301 W. Markham Street, Slot 525, Little Rock, AR 72205.

☐ UAMS **Inter Department Transfer (IDT)** … Please ask your business manager, or person who can initiate IDTs in SAP, to start the payment process in SAP. This transaction must be started within your department. Please do not send a form for us to enter the transaction into SAP. Please indicate the **exact activity title** (*i.e., Ortho New Patient Case Conference*) **in the SAP text fields** (Do not type 'CME ACTIVITY' 'RSS' or 'Case Conference' without identifying the department". It is important to use the **actual title** of the CME activity **which includes the department name**) *to assure proper posting*.

       OCME SAP Account numbers:
          F**or RSS activities only:**
              Credit to: 118-600001-1006877
              Debit to: xxx-631600-xxxxxxx

       After you have initiated the IDT please provide the following information:

          ☐ IDT document #   from department of   (include a copy of the IDT).

☐ Credit Card ☐ Visa ☐ MasterCard ☐Discover ☐AmExpress

    Card #   Exp. Date   Sec Code

☐ Payment is not included, please explain.

Case and M&M Conference RSS Application Form

	Attachment Checklist
☐	Evaluation Summary AND Analysis of summary data from previous year (if accredited previous year)
☐	Joint Sponsorship Agreement (if applicable)
☐	Needs Assessment Documentation for each source item checked (if using additional sources)
☐	Disclosure forms for All Planners – **Do not submit without all of these!**
☐	Disclosure forms for all Speakers, Moderators, Authors (can send with closing session report if unknown)
☐	Copy of Speaker letter OR explanation of how you communicate expectations for disclosure financial relationships and for delivering scientifically balanced, evidenced based, non-bias presentations to your speakers
☐	Speaker bios or CVs for non-UAMS COM faculty (can send with closing session report if unknown)
☐	List of commercial interests from which applying for grants (if applicable)
☐	Signed Letters of agreement received to date (if applicable)
☐	Preliminary Budget
☐	Proof copy of flyer
☐	CME fee

Revised 03/29/2014