

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/CE 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:
Academic Year:	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:

Journal Club/Literature Review Series

Frequency:

Other

Days of week: M Tu W Th F S Su

If 2/mo, 1/mo, or quarterly please also indicate the week(s) in month activity meets:

1st 2nd 3rd 4th 5th

Sponsorship/Providershhip (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

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Section 2 of 6: Leadership and Administrative Support Staff

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		
Indicate who provided approval for this activity:		Title:
Date:		
<p>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.</p>		

Email: cme@uams.edu

Questions: 501-661-7962

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

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Section 3 of 6: Planning

Needs Assessment C2 Effective CME/CE activities are planned to address areas in 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 journal club 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 activity's needs.*

PLEASE NOTE: For each session, information and documentation about the data source(s) used, practice gap(s) identified and educational need is to be submitted **with the session reports**. This information will be collected in a form to be submitted with the session report. **Session reports are due two weeks after the session in order to award participants with credits.**

Needs Assessment for Journal Club series C2, C3

Describe the professional practice gap(s) driving the need for the activity. The gap exists because researchers have identified an educational gap between the generation of new knowledge and the transfer of research-based knowledge into practice. This gap exists because of varying degrees of understanding and knowledge of the research process and experience in critiquing research and evaluating its scientific merit and clinical relevance among the targeted audience.

Educational Need(s) (check all that apply, please select a minimum of one): **PLEASE NOTE: Accredited CME activities must strive to achieve learner competence and this is the lowest level acceptable for a credit award. Learners may need to first build a foundation of knowledge, however, accredited CME should strive to provide the learners with strategies for incorporating their new knowledge into practice.**

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:

- Improve ability to critically review medical literature. (K & C)
- Evaluate medical literature for scientific merit and clinical relevance. (C & P)
- Transfer research into practice. (C & P)
- 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 consultation with or referral to specialty care or services (C & P)
- Improve patient outcomes. (PO) (Describe): _____
- Other (Specify): _____

Evidence base for the series

Data Source: Literature Search of Peer-reviewed Journals

1. Inui TS. Critical reading seminars for medical residents. A report of a teaching technique. Med Care. 1981;19:122-4
2. Kitching AD. Resuscitating the cardiology journal club. Can J Cardiol. 1992;8:520-2.
3. Yelon SL. Powerful Principles of Instruction. White Plains, NY; Longman:1996
4. Bennett KJ, Sacket DL, Haynes RB, Neufeld VR, Tugwell P, Roberts R. A controlled trial of teaching critical appraisal of clinical literature to medical students. JAMA. 1987;257-2451-4.
5. Joorabchi B. A problem-based journal club. J Med Educ. 1984;59:755-7.

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6. The evidence-based Medicine Working Group. Evidence-base medicine. A new approach to teaching the practice of medicine. JAMA. 1992;268:2420-5.
7. Guyatt GH, Sackett DL, Cook DJ. Users' guide to the medical literature, II; how to use an article about therapy or prevention. A: are the results valid? The evidence-based Medicine Working Group. JAMA. 1993;270:2598-601.
8. Richardson WS, Detsky AS. Users' guidelines to the medical literature, VII: how to use a clinical decision analysis. A: are the results of the study valid? The evidence-based Medicine Working Group JAMA 1995;273:1292-5.
9. Richardson WS, Detsky AS. Users' guidelines to the medical literature, VII: how to use a clinical decision analysis. B: what are the results and will they help me in caring for my patient? The evidence-based Medicine Working Group. JAMA. 1995;273:1610-3.

Summary of evidence The journal club addresses issues and questions related to real situations that health care providers deal with daily. Journal clubs provide learners with an update on medical literature, improve the clinical practice of its participants by incorporating research into practice, and teach techniques in the critical appraisal of medical literature.

Learning Objectives identified through the literature search. Please select all that apply to this RSS:

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

- Discuss updates in medical research (C)
- Critically appraise medical literature for scientific and clinical merit. (C & P)
- Determine strategies for transferring the research into practice (C&P)
- Other, please add any additional learning objectives applicable to this journal club:

Individual learning objectives for each session will be submitted with the session report and should be on the flyer for the session.

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 paper(s) 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 whether 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
- 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:	
<input type="checkbox"/> Internal only	<input type="checkbox"/> Primary care physicians	<input type="checkbox"/> All specialties	<input type="checkbox"/> Ophthalmology
<input type="checkbox"/> Primarily internal; non-institution learners welcome	<input type="checkbox"/> Specialty Physicians	<input type="checkbox"/> Anesthesiology	<input type="checkbox"/> Orthopaedics
	<input type="checkbox"/> Pharmacists	<input type="checkbox"/> Dermatology	<input type="checkbox"/> Otolaryngology
	<input type="checkbox"/> Pharmacy Techs	<input type="checkbox"/> Emergency Med	<input type="checkbox"/> Pathology
	<input type="checkbox"/> Psychologists	<input type="checkbox"/> Family Medicine	<input type="checkbox"/> Pediatrics
	<input type="checkbox"/> Physician Assistants	<input type="checkbox"/> Geriatrics	<input type="checkbox"/> Psychiatry
	<input type="checkbox"/> Nurses	<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Radiology
	<input type="checkbox"/> Nurse Practitioners	<input type="checkbox"/> Neurology	<input type="checkbox"/> Radiation Oncology
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> OB/GYN	<input type="checkbox"/> Surgery
	<input type="checkbox"/> 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:

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

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

Identify Barriers to Incorporating Learning into Practice (select 1 at minimum) C18, C19

What potential barriers do you anticipate learners may experience while incorporating new knowledge, competency, and/or performance objectives into practice? Select all that apply by placing an "X" in the appropriate box.

- | | | | |
|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | Lack of time to assess or counsel patients | <input type="checkbox"/> | Lack of consensus on professional guidelines |
| <input type="checkbox"/> | Lack of administrative support/resources | <input type="checkbox"/> | Cost |
| <input type="checkbox"/> | Insurance/reimbursement issues | <input type="checkbox"/> | No perceived barriers |
| <input type="checkbox"/> | Patient compliance issues | <input type="checkbox"/> | Other, specify: |

How will the content presented attempt to address the identified barriers? (mark all that apply)

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Discussion of cost effectiveness and new billing practices |
| <input type="checkbox"/> | Speakers will present strategies for overcoming the identified barrier(s) |
| <input type="checkbox"/> | Will provide a list of available resources |
| <input type="checkbox"/> | Agenda will address improving communication skills |
| <input type="checkbox"/> | Other, please describe: |

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Learning Strategies C17 What learning strategies will you include, or provide for the learners, in order to enhance your learners' change in behavior as an adjunct to this activity?

<input type="checkbox"/>	Patient education materials
<input type="checkbox"/>	Reminders such as pocket reminder cards; emails or newsletters reminding/reinforcing strategies, etc.
<input type="checkbox"/>	Supplemental take-home materials: posters, guidelines, handouts, etc.
<input type="checkbox"/>	No strategies will be used
<input type="checkbox"/>	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 the organization working on this issue? No Unsure 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 Unsure 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.

<input type="checkbox"/>	Patient care or patient-centered care	<input type="checkbox"/>	Systems-based practice
<input type="checkbox"/>	Medical knowledge	<input type="checkbox"/>	Interdisciplinary teams
<input type="checkbox"/>	Practice-based learning and improvement	<input type="checkbox"/>	Quality improvement
<input type="checkbox"/>	Interpersonal and communication skills	<input type="checkbox"/>	Utilize informatics
<input type="checkbox"/>	Professionalism	<input type="checkbox"/>	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.

<input type="checkbox"/>	Values/Ethics for Interprofessional Practice – <i>work with individuals or other professions to maintain a climate of mutual respect and shared values</i>
<input type="checkbox"/>	Roles/Responsibilities – <i>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.</i>
<input type="checkbox"/>	Interprofessional Communication – <i>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.</i>
<input type="checkbox"/>	Teams and Teamwork – <i>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.</i>

Section 4 of 6: Evaluation and Outcomes

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 are required to provide an annual summary AND analysis of both your compiled evaluation data and for the evaluation methods selected. Please use the worksheet on the CME website for this purpose.

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

This area has been left deliberately blank.

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 provided educational activities.

IMPORTANT: 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 accredited activities) 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 activity. 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 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 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 educational activity.**

Written (preferred): Flyer 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 activity. This transcript must accompany the session report.)

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

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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? <i>required for all non-UAMS faculty</i>	Disclosure form attached?	Was there a financial relationship reported?	If yes, have any conflict of interests (COI) been resolved?
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
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				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
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				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
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				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

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

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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
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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 (if applicable)

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)

Budget

You must submit a preliminary budget with the application.

A final budget that line items ALL expenses will be required at the end of the academic year. 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: *Companies that are defined as commercial interests by the ACCME are not allowed to pay any conference expenses directly. Commercial support can only be provided through educational grants with proper documentation in place.* 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
- Participant registration fees
- Commercial Support
- State or Federal Grant
- Other, identify:

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

This area has been left deliberately blank.

Section 6 of 6: Marketing and Administrative

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 sample of the promotional flyer is attached. (REQUIRED)

This area has been left deliberately blank.

Accreditation 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 initiated by your department.**

Please indicate the **exact activity title** (i.e., *Internal Medicine Journal Club*) in the **SAP text fields** (Do not type 'CME ACTIVITY' 'RSS' or 'Journal Club' 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:

For 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.

Journal Club RSS Application Form

Attachment Checklist

PLEASE NOTE: This application must be submitted electronically. Handwritten or saved .pdf files that are not in the form format, will not be accepted for review.

<input type="checkbox"/>	Evaluation Summary and Analysis Form from previous year (if accredited previous year)
<input type="checkbox"/>	Joint Provider Agreement (if applicable)
<input type="checkbox"/>	Needs Assessment Documentation for each source item checked (if using additional sources)
<input type="checkbox"/>	Disclosure forms for All Planners – Do not submit without all of these, the application will not be reviewed!
<input type="checkbox"/>	Disclosure forms for all Speakers, Moderators, Authors (can send with session report if unknown at time of application)
<input type="checkbox"/>	Copy of Speaker letter OR explanation of how you communicate expectations for disclosure of financial relationships and delivering scientifically balanced, evidenced based, non-bias presentations to your speakers
<input type="checkbox"/>	Speaker bios or CVs for non-UAMS COM faculty (can send with session report if unknown at this time)
<input type="checkbox"/>	List of commercial interests from which applying for grants (if applicable)
<input type="checkbox"/>	Commercial Support - Signed Letters of agreement received to date (if applicable)
<input type="checkbox"/>	Preliminary Budget
<input type="checkbox"/>	Proof copy of flyer or announcement
<input type="checkbox"/>	Accreditation fee

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