

**Application for Category 1 CME Credit for a  
ONE-TIME ACTIVITY  
(e.g., conference, workshop, research day, visiting professor lecture, alumni meeting)**

**Use this application for CME activities planned as a one-time activity (i.e. specified date(s)).** For a regularly scheduled series (e.g., grand rounds, clinical case conferences, journal clubs), use the application for a Regularly Scheduled Series available at <http://ocpd.med.umich.edu/cme/apply-cme-credit/regularly-scheduled-series>.

The University of Michigan Medical School (UMMS) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing education for physicians. As an accredited CME provider, the University of Michigan Medical School, through the Office of Continuous Professional Development (OCPD), can designate an activity developed by the Medical School for AMA PRA Category 1 credit.

Each section of this application is designed to meet various ACCME, AMA and UMMS requirements. In completing the application, the applicant (Faculty Planner) is assisting the OCPD in documenting that all of the requirements will be met. ACCME randomly audits Category 1 CME activities to verify compliance (and documentation of compliance) with ACCME requirements.

**Materials to Accompany Applications**

All applications must include the completed the [Faculty Planner Disclosure](#) form(s) (see Section 14, form available at <http://ocpd.med.umich.edu/cme/apply-cme-credit/one-time-activity>). The last page of the application has a checklist of additional items that are or may be required.

**Additional Information, Forms, and Examples** (Available at <http://ocpd.med.umich.edu/cme/apply-cme-credit/one-time-activity>)

**Early Planning Stages of a CME activity:**

- [Educational Planning Linking Problems and Results for a CME Activity](#)
- [Planning CME Presentations that Facilitate the Translation of New Knowledge into Practice](#)

**Application for Credit Designation:** (*In addition to this application*)

- [Faculty Planner Disclosure Form \(required\)](#)
- [Supplemental Documentation Form for Joint Sponsorship with Non-Medical School Groups](#) (if applicable)
- [Budget Example for Jointly Sponsored Activities](#) (required if activity is Jointly Sponsored)

**Prior to the CME activity:**

- [Presenter Disclosure Form \(required\)](#)
- [Printed Disclosure Summary](#) example
- [Written Agreement for In-Kind Commercial Support](#) example (includes donated or loaned equipment and supplies)
- [Printed Acknowledgement of In-Kind Commercial Support](#) example

*Note: UM Medical School policy prohibits receiving commercial funding (gifts, grants, exhibit fees) to support UMMS CME activities, but in-kind commercial support (e.g., supplies, equipment) is allowed.*

**Following the CME activity:**

- [Report on a CME Activity \(required\)](#)

**UMHS & Non- UMHS Fees**

No fee is charged for activities planned for UMHS personnel; the UM Faculty Group Practice funds this cost. For activities planned for non-UMHS personnel, the fees are \$600 for the process of designating credit, plus \$25 per person for whom credit is recorded.

**Expedite Fee**

Effective July 1, 2014, applications for activities for non-UMHS personnel needing full review in ten business days or less will be charged an additional \$200 expedite fee upon approval.

**Other Credits by Specialty or Discipline**

Other types of CME credit may be relevant to specific audiences, e.g., AAFP Prescribed Credit if the audience includes many family physicians, or AOA Category 2-A credit if many osteopathic physicians. See <http://ocpd.med.umich.edu/cme/ama-pra-category-1-credit> for information regarding these other types of CME credit and how to apply for them.

**Submit Applications to:**

Office of Continuous Professional Development  
5109 Medical Science Building 1, SPC 5611  
1301 Catherine Street  
Ann Arbor, Michigan 48109-5611  
juliiw@umich.edu • 734.647.8784 • 734.936.3510 fax

**Application for Category 1 CME Credit for a  
ONE-TIME ACTIVITY  
(e.g., conference, workshop, research day, visiting professor lecture, alumni meeting)**

*Completing this form documents that all planning requirements have been followed.*

**Application Contents**

<b>Section</b>	<b>Page Number</b>
<b>General Information</b>	
1. CME Activity Identifying Information	1
2. Joint Sponsorship with Non-Medical School Groups	1
<b>Educational Planning</b>	
3. Target Audience	1
4. Problem(s) with Current Professional Practice	2
5. Related Educational Needs of Individuals	2
6. Program Content and Format	3
7. Expected Results	4
8. Communicating the Purpose and Expected Results	4
9. Attendance Record	5
10. Evaluation	5
<b>Financial Management</b>	
11. Budget/Finances	5
12. Guest Faculty Honoraria	5
<b>Managing Relationships with Industry</b>	
13. Personal Disclosure and Resolution of Conflicts of Interest	6
14. In-Kind Commercial Support	7
15. Commercial Exhibits	8
<b>Required Statements about Credit</b>	
16. Printed Accreditation / Credit Designation Statements	8
<b>Approvals</b>	
17. Faculty Planner and Departmental Approvals	9
<b>Checklist of Materials to Attach</b>	9

Application for Category 1 CME Credit for a  
One-Time Activity

**General Information**

**1. CME Activity Identifying Information**

a. Title of Activity: \_\_\_\_\_

b. Date(s): \_\_\_\_\_

c. Location: \_\_\_\_\_

d. Medical School unit sponsoring this activity: \_\_\_\_\_

Faculty Planner (faculty member in the Medical School who is responsible for planning and conducting this activity)	Administrative Staff Contact for Faculty Planner
Name _____	Name _____
Address _____	Address _____
(Inc. SPC) _____	(Inc. SPC) _____
Phone _____	Phone _____
Fax _____	Fax _____
Email _____	Email _____

**2. Joint Sponsorship with Non-Medical School Groups**

CME activities are occasionally jointly sponsored with other Schools at the University of Michigan (e.g., School of Pharmacy) and with groups external to the University.

Is this activity jointly sponsored with a non-Medical School unit or organization?

Yes  No (If No, skip to Section 3.)

If yes, in addition to completing this application, go to <http://ocpd.med.umich.edu/cme/apply-cme-credit/one-time-activity> to obtain the *Supplemental Documentation Form for Joint Sponsorship with Non-Medical School Groups* and the *Budget for Jointly Sponsored Activities*, both of which are also required along with the application.

**Educational Planning**

**3. Target Audience**

Indicate the expected number and specialties in each category. (Used to estimate number of certificates/cards needed.)

Number \_\_\_\_\_

\_\_\_\_\_ Non-UM practicing physicians: Specialties \_\_\_\_\_

\_\_\_\_\_ Full or part-time UM faculty: Specialties \_\_\_\_\_

\_\_\_\_\_ House officers: Specialties \_\_\_\_\_

\_\_\_\_\_ Medical students \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

#### 4. Problem(s) with Current Professional Practice [“Practice Gaps”]

Planning begins by identifying practice gaps (i.e. gaps between current practice and ideal practice) found within the target audience (e.g., physician awareness, patient outcomes to improve, new methods of diagnosis and/or treatment to implement, not adequately implementing existing methods of diagnosis and/or treatment).

a. How have you identified the practice gaps this CME activity will address? (Check all applicable statements.)

Direct information about practices of the target audience

- Medical audit or other patient-care reviews
- Problem cases and uncommon cases
- Referrals
- Participant perceptions of problems / needed change (e.g., group discussion, interview, questionnaire, or interviews)
- Observations of CME planner, clinical leader(s), or others
- Other: \_\_\_\_\_

Broad-based information likely to apply to practices of the target audience

- Publications/scientific literature about clinical innovations in practice
- Reports on regional/national performance in practice
- Presentations at national professional meetings about needed change in practice
- Review of Board Exam requirements
- Planned periodic survey of the field
- Other: \_\_\_\_\_

Leaders in the sponsoring unit (e.g., department, division, section) who identified problems

- Inpatient clinical activities (e.g., service chief)
- Outpatient clinical activities (e.g., clinic director, health center medical director)
- Quality improvement leader
- Compliance officer
- Other leader: \_\_\_\_\_

b. What types of practice gaps in care provided by target audience did you identify? (e.g., physicians not aware of new methods for diagnosis and treatment; aspects of care to improve; patients outcomes to improve.) For CME activities addressing many topics, the types of problems will necessarily be phrased in general terms with area of practice noted.  
*Example: Physicians are not aware of new techniques in several aspects of pediatric liver transplant.*

---

---

---

c. Please provide an example of a specific practice gap (i.e., for a specific medical condition) in physician awareness, patient care, or patient status that resulted in planning a specific session:  
*Example: Physicians are not aware of new anesthesia techniques in pediatric liver transplant.*

---

#### 5. Related Educational Needs of Individuals

a. Please provide a specific example of the educational need of participants that this activity will address for the specific practice gap in physician awareness, patient care, or patient status described in Section 4.c immediately above.  
*Example: Physicians need to understand new anesthesia techniques for pediatric liver transplant.*

---

b. What are the general types of educational needs of the target audience that, if met, would help address the overall practice gaps (in 4.b) and bring about desired change(s) in the practice of the target audience? Educational needs typically include both:

- Knowledge/skills – information about new scientific knowledge/skills and review of current knowledge/skills
- Ability to implement changes to apply knowledge/skills in practice – i.e. how to identify and overcome barriers and how to recognize and build on facilitating factors (e.g., quick references, patient education material, reminders, use of health care team members). (Check all that apply.)

(continues on next page)

Knowledge/ Skills	Ability to Implement Changes	<u>ACGME/ABMS Core Competencies (summary)</u>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Medical Knowledge</b>
<input type="checkbox"/>	<input type="checkbox"/>	Know and apply basic and clinically supported sciences
<input type="checkbox"/>	<input type="checkbox"/>	Investigatory and analytic thinking approach to clinical situations
		Know how to perform medically-related research
		<b>Patient Care</b>
<input type="checkbox"/>	<input type="checkbox"/>	Informed decisions about diagnosis, treatment, and management
<input type="checkbox"/>	<input type="checkbox"/>	Perform medical and invasive procedures
<input type="checkbox"/>	<input type="checkbox"/>	Preventive health care services and maintaining health
		<b>Practice Based Learning and Improvement</b>
<input type="checkbox"/>	<input type="checkbox"/>	Analyze practice experience and improve practice
<input type="checkbox"/>	<input type="checkbox"/>	Use information technology, locate and assess evidence
		<b>Interpersonal and Communication Skills</b>
<input type="checkbox"/>	<input type="checkbox"/>	Patient relationship; effective listening and effective information provision
<input type="checkbox"/>	<input type="checkbox"/>	Work effectively with others in health care team and professional group
		<b>Professionalism</b>
<input type="checkbox"/>	<input type="checkbox"/>	Respect, compassion, integrity; medical ethics; medico-legal issues
<input type="checkbox"/>	<input type="checkbox"/>	Sensitivity to diverse patient population (culture, age, gender, etc.)
		<b>Systems-Based Practice</b>
<input type="checkbox"/>	<input type="checkbox"/>	Cost-effective health care that does not compromise care quality
<input type="checkbox"/>	<input type="checkbox"/>	Multispecialty/multidisciplinary coordination of care
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

## 6. Program Content and Format

- a. Schedule of times, topic(s), and presenter(s). Attach this information as part of the draft of complete promotional material to be communicated to prospective participants.
- b. Which of the following areas of institutional priority does the content address? *(Check all that apply.)*
- Medical discovery
  - Patient quality/safety
  - Health promotion
  - Professional development
  - Health equity
- c. Does the content match the target audience's current or potential scope of professional activity?
- Yes       No
- d. Content validation. Accredited providers are responsible for validating the clinical content of their CME activities Specifically:
- All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
  - All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.
- Will the faculty planner assure the validity of the clinical content in planning the activity and overseeing its presentation?
- Yes       No
- e. Balance in content. Faculty presenters for the CME activity should be aware that:
- Presentations, individually or in combination during the activity, must give a balanced view of the therapeutic options.
  - Generic names of products contribute to impartiality. If trade names are used, those of several companies should be used.
  - For FDA regulated products, unapproved uses (i.e. "off-label" uses) must be identified as such.
  - If information is to be presented that is not established medical practice, the information must be identified as such.
- How will the faculty presenters be informed of these requirements concerning presentation content? *(Check all that apply.)*
- Verbally by the Faculty Planner
  - Written communication by the Faculty Planner
  - Other: \_\_\_\_\_

- f. In what format will this activity be presented? *(Check all that apply.)*
- Lectures
  - Panel discussions
  - Case-based discussions
  - Small group discussions
  - Skill-based training
  - Simulation
  - Other: \_\_\_\_\_
- g. Why is the format appropriate for the setting and expected results of this activity? *(Check all that apply.)*
- New information can be communicated to participants efficiently
  - Participants can check whether their understanding is correct
  - Participants can practice using new knowledge and skills
  - Other: \_\_\_\_\_

## 7. Expected Results

While all CME activities expect to change or confirm knowledge/skills, ACCME now requires that a CME activity will expect to change the individual's ability to implement recommended practices. Additionally, an activity may expect to change subsequent performance of participants and outcomes of their patients.

What are this CME activity's expected results? *(Check all that apply and briefly describe. Attach information separately if more space is needed.)*

Results expected by the end of the activity:

- Participant will intellectually know: \_\_\_\_\_
- Participant will be able to implement **[Required]**: \_\_\_\_\_

Results expected following the activity

- Participant will routinely perform: \_\_\_\_\_
- Improved patient outcomes: \_\_\_\_\_

## 8. Communicating the Purpose and Expected Results

- a. The purpose and expected results of the CME activity must be conveyed to the target audience in advance so that individuals can determine whether the CME activity is likely to meet their personal learning needs. This information should also be conveyed to faculty presenters to guide presentations. The Faculty Planner responsible for CME activities prepares a statement of this information (paragraph or outline) for the target audience in language relevant to the audience. To maximize flexibility for specific CME activities, no specific organization of these statements is required. The content typically includes:

- Identifying the target audience for whom the activity has been planned **[required]** (see Section 3)
- Problem(s) ("performance gaps") this target audience faces (see Section 4)
- Educational needs of the target audience relevant to addressing these problems (see Section 5)
- An overview of the content of the activity, which addresses the educational needs (see Section 6)
- Expected results of participating in this CME activity **[required]** (see Section 7)
- Any other important aspects and benefits of the activity that are of interest to the target audience

Attach this information as part of the draft of complete promotional material to be communicated to prospective participants.

NOTE: Examples of an [Invitation Letter](http://ocpd.med.umich.edu/cme/apply-cme-credit/one-time-activity) and [Brochure](http://ocpd.med.umich.edu/cme/apply-cme-credit/one-time-activity) are available at <http://ocpd.med.umich.edu/cme/apply-cme-credit/one-time-activity>.

- b. Information about the target audience, purpose, and expected results of the activity should also be conveyed to faculty presenters to guide presentations. How will this information be communicated to the faculty presenter(s) responsible for conducting the educational activity? *(Check as many as apply.)*
- Written communication by the Faculty Planner
  - Verbally by the Faculty Planner
  - Other: \_\_\_\_\_

## 9. Attendance Record

In order to designate *AMA PRA Category 1 Credit™*, we are required to maintain attendance records for six years for each activity. The usual record of attendance is the attendance/credit certificate supplied by OCPD, or an equivalent provided by the sponsoring department.

Do you wish to use the attendance record provided by OCPD for this activity?

Yes  No

If no, what documentation of attendance will you provide the OCPD to keep in the activity file?

---

## 10. Evaluation

To designate *AMA PRA Category 1 Credit™*, we are required to demonstrate a formal process to evaluate the educational effectiveness of the activity. The usual evaluation mechanism is the CME Activity Attendance/Evaluation card supplied by OCPD, or an equivalent provided by the sponsoring department and approved by OCPD.

a. Do you wish to use the evaluation mechanism provided by OCPD for this activity? (Recommended only for short activities)

Yes  No

If no, how will the educational effectiveness of this CME activity be evaluated? (*Check as many as apply.*)

- Informal judgment of Faculty Planner
- Informal judgment of head of Medical School unit sponsoring the activity
- Evaluation form developed for this activity. (Recommended for longer activities with multiple speakers.) ***If an evaluation form is developed, a draft copy of the form must be attached to this application.***
- Written evaluation by learners in format other than Program Attendance/Evaluation card
- Informal reaction of learners as perceived by Faculty Planner
- Other or additional explanation: \_\_\_\_\_

b. How will the evaluation(s) be used? (*Check as many as apply.*)

- The Faculty Planner will review the evaluation(s) to determine whether objectives were met
- Feedback will be provided to the presenter(s)
- The evaluations will be used in planning future CME activities (e.g., topics, presenters, format)
- Other: \_\_\_\_\_

**NOTE:** A measure of the participant's intention to change practice is routinely included on the standard evaluation form. Additionally, on the *Report on a CME Activity*, the Faculty Planner will be asked whether the activity changed physician performance and/or patient outcomes, and if so, to provide an example.

# Financial Management

## 11. Budget/Finances

a. What funds will pay for the expenses of this CME activity? (*Check all that apply.*)

- Internal funds of a UM Medical School Unit
- Participant registration fees of \$\_\_\_\_\_ (fee per person)
- Financial or "in-kind" (e.g., equipment loan) support from a commercial company
- Other support (e.g., federal grant): \_\_\_\_\_

b. The Faculty Planner for this activity will assure that the management of all of the funds for the CME activity adhere to University policies and procedures.

Yes  No

## 12. Guest Faculty Honoraria

a. Will this activity involve honoraria paid to non-Medical School personnel?

Yes  No (*If No, skip to Section 13.*)

b. The Medical School has established general guidelines for guest faculty honoraria and should approve, in advance, any proposed honorarium over \$1,500. Will any honorarium payment for guest faculty associated with this activity exceed \$1,500?

Yes  No (*If No, skip to Section 13.*)

If yes, approval for an exception to the honoraria guidelines (any honorarium over \$1,500) must be obtained **in advance** of the activity. Call the Assistant Dean of Faculty Affairs at 763-0253 to discuss your specific situation. Without prior approval, amounts outside the guidelines may not be paid. *A copy of the approval must be included with the application.*

## Managing Relationships with Industry

### 13. Personal Disclosure and Resolution of Conflicts of Interest

ACCME requires a sequence of the following related actions, each addressed operationally below:

- a. **Disclosure to the CME provider**, by the CME planner(s) and presenter(s), of any financial relationships for themselves and/or their spouse/domestic partner that *are relevant to the CME activity in question*.
  - b. **Resolution of conflicts of interest**, i.e., if a planner or presenter has a financial relationship to disclose, the Resolution section of the Disclosure Form must be completed.
  - c. **Disclosure to the participants** of the activity of the contents of all planner and presenter disclosure forms.  
*Note: disclosure must occur even for those individuals who have nothing to disclose.*
  - d. **Documentation that disclosures to participants occurred** routinely submitted to OCPD
- a. **Disclosure to the CME provider:**

**Planners:** As part of the application, completed *Faculty Planner Disclosure* forms are required for the Faculty Planner (i.e., main planner) and any other individuals (e.g., co-planners) who have a role in planning the content of the activity. The *Faculty Planner Disclosure* form is available at <http://ocpd.med.umich.edu/cme/apply-cme-credit/one-time-activity>.

- (1) Faculty Planner. Attach the completed *Faculty Planner's Disclosure form*.

Does the Faculty Planner have a current relevant personal financial relationship (see completed *Faculty Planner Disclosure* form)?

- Yes (See b., below)       No       Completed *Faculty Planner Disclosure Form* is attached

- (2) Others planning educational content. Do other individuals (e.g., co-planners) have a role in planning the content of the activity?

- Yes       No (if "No," go to "Presenters" below)

If yes, please list other individuals (e.g., co-planners) who have a role in planning educational content of the activity and indicate if he/she has a current relevant personal financial relationship:

Co-Planner Name: \_\_\_\_\_ Financial Relationship:  Yes  No

Co-Planner Name: \_\_\_\_\_ Financial Relationship:  Yes  No

(If more, continue on appended sheet.)

- Completed *Faculty Planner Disclosure forms* for all others planning educational content are attached.

**Presenters:** Completed *Presenter Disclosure Forms* for all presenters must eventually be submitted to OCPD. The Faculty Planner should have presenters complete and submit their form to the Faculty Planner with sufficient lead time for any conflicts of interest to be identified and addressed prior to the presentation at the CME activity. The *Presenter Disclosure* form is available at <http://ocpd.med.umich.edu/cme/apply-cme-credit/one-time-activity>.

#### b. Resolution of conflicts of interest (COI):

**Individual resolving COI.** Who will resolve conflicts of interest identified on disclosure forms of planners and presenters? If the Faculty Planner has no current relevant financial relationships (i.e. no current COI; see 13.a(1) above), he/she usually assumes this responsibility. However, if the Faculty Planner has a current relevant financial relationship (i.e. current COI), he/she should have the leadership of the content unit (e.g., department, division, section) designate an appropriate faculty member with no relevant financial relationship to assure the independence and balance of content by resolving the COI of planners and presenters.

The individual *without a financial relationship* who will be resolving COI for this activity is:

- the Faculty Planner  
 Other designated individual (name & title): \_\_\_\_\_  
 If "other," *Faculty Planner Disclosure Form* is attached for the designated individual

**Resolution process.** Usual mechanisms for resolving a COI are noted in the Resolution section at the bottom of both the *Faculty Planner Disclosure* and *Presenter Disclosure* forms. In this bottom section the individual resolving COI describes the process used and signs and dates in that section, documenting that resolution occurred before the activity.



**c. & d. Disclosure to participants & Documentation that disclosure to participants occurred:**

ACCME requires that disclosures (including disclosures of no relevant financial relationships) be communicated to participants before substantive educational content begins.

Additionally, ACCME requires the OCPD to maintain documentation that all disclosure steps (13.a-c, above) occurred. Accompanying each disclosure method below are instructions for submitting the relevant documentation to the OCPD. Documentation is monitored by the OCPD on a routine basis.

**Methods for disclosure and submitting the relevant disclosure documentation to the OCPD: (please choose one)**

- (1)  Disclosures in advance email or mailed notice sent to potential participants
  - Used for activities email or mail invitations to potential participants.
  - An example of an *Advance Email or Mailed Notice* is available at <http://ocpd.med.umich.edu/cme/apply-cme-credit/one-time-activity>.
  - See below for required documentation to be submitted to OCPD.
  
- (2)  Disclosure in individual handout to participants
  - Used for activities that distribute educational materials to participants.
  - Disclosure information must be placed toward the beginning of handout material, so participants can view the disclosure prior to the beginning of a presentation or reading substantive content related to the presentation.
  - An example of a *Printed Disclosure Summary* is available at <http://ocpd.med.umich.edu/cme/apply-cme-credit/one-time-activity>.
  - See below for required documentation to be submitted to OCPD.
  
- (3)  Printed disclosure sign at the session Disclosure information must be placed at the session entrance or by attendance cards, so participants can view the disclosure prior to the beginning of a presentation or reading substantive content related to the presentation.
  - Used for activities that post information for participants to view
  - Disclosure must be placed at the entrance or by attendance certificates, so participants can view the disclosure prior to the beginning of a presentation or reading substantive content related to the presentation.
  - An example of a *Printed Disclosure Sign* is available at <http://ocpd.med.umich.edu/cme/apply-cme-credit/one-time-activity>.
  - See below for required documentation to be submitted to OCPD.

**Required documentation to be submitted to OCPD:**

- A copy of the email, mailed piece, handout, or printed sign containing the Planner and Presenter disclosure statements (including disclosure of no relevant financial relationships).
- For every presenter who has a relevant financial relationship, a copy of the original *Presenter Disclosure Form*, with the Resolution section completed in advance of the presentation by the Faculty Planner (or the individual designated in 13.b above). *Note: Copies of the Presenter Disclosure Forms are not required to be submitted to OCPD when no relevant financial relationship is identified. Adequate documentation is provided by the copy of the disclosure to participants of no relevant financial relationships.*
- Submit documentation to [juliwils@umich.edu](mailto:juliwils@umich.edu) (OCPD, 5111 Med Sci I/SPC 5611).

**14. In-Kind Commercial Support (For exhibits, please see #15.)**

*UMMS policy* prohibits receiving commercial funding (gifts, grants, exhibit fees) to support UMMS CME activities, but allows in-kind commercial support (e.g., supplies, equipment). The commercial companies addressed in the policy are those that “produce, market, re-sell, or distribute health care goods or services consumed by, or used on patients or biomedical research subjects.”

a. Will this CME activity involve contributions from a commercial company (such as a pharmaceutical or medical device manufacturer) in the form of:

Direct financial support (money)?

Yes  No

“In-kind” support (e.g., materials, equipment gift or loan, time of company personnel)?

Yes  No

If “No” is answered for both kinds of support, skip to Section 15.

- b. The CME activity and the commercial support must follow the ACCME Standards for Commercial Support as well as University of Michigan and Medical School policies. The ACCME Standards address: (1) independence, (2) resolution of conflicts of interest, (3) appropriate use of commercial support, (4) appropriate management of associated commercial promotion, (5) content and format without commercial bias, and (6) disclosures relevant to commercial bias. These Standards, in their entirety, are available for review at [www.accme.org](http://www.accme.org).

Is this CME activity and the commercial support (both financial and in-kind) clearly within these Standards and policies?

Yes  No

- c. All in-kind commercial support must be documented with a [written agreement](#) signed by both parties. The agreement must be signed **before** the CME activity occurs. Documentation of all in-kind commercial support is to be maintained in the central file for the CME activity. A copy of every written agreement must be submitted to the OCPD. Written agreements completed before the application is submitted should be attached to this application. Agreements completed later may be submitted as they are made. Copies of all agreements must be submitted before or with the [Report on a CME Activity](#).

Will the Faculty Planner for this activity see that copies of agreements for all in-kind commercial support are submitted as they occur, *attaching to this application copies of agreements completed to date*?

Yes  No

- d. All in-kind commercial support must be acknowledged to the participants and documentation that the acknowledgement occurred is required for the activity file in the OCPD. (Typically this information accompanies disclosures regarding the planner(s) and presenters.)

Will the Faculty Planner for this activity see that documentation of acknowledgement of support is submitted as they occur?

Yes  No

## 15. Commercial Exhibits

[UMMS policy](#) prohibits receiving commercial funding (including exhibit fees) to support UMMS CME activities. The commercial companies addressed in the policy are those that “produce, market, re-sell, or distribute health care goods or services consumed by, or used on patients or biomedical research subjects.” These companies are permitted to have commercial exhibits, but no fee can be charged. Other companies may be charged exhibit fees.

- a. Will commercial companies have promotional exhibits or presentations in conjunction with this CME activity?  
 Yes  No *(If No, skip to Section 16.)*
- b. The following restrictions apply to placement of promotional activities of commercial companies.
- No promotional activities will be in the same room as the educational activity including immediately before, during and after an activity.
  - Promotional activities will occur within a designated area.
- c. Will the Faculty Planner see that the placement of promotional activities of commercial companies meets these requirements?  
 Yes  No

## Required Statements about Credit

### 16. Printed Accreditation/Credit Designation Statements

As the accredited sponsor, The University of Michigan Medical School, must be prominently displayed as the accredited provider on the program announcement and/or promotional material (i.e., letter of invitation, email notice, promotional brochure or flyer).

**In addition, the following statements must be included on printed materials associated with the activity:**

The University of Michigan Medical School is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The University of Michigan Medical School designates this live activity for a maximum of \_\_\_\_ *AMA PRA Category 1 Credit(s)*<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

#### NOTES:

1. The AMA requires that the learning format be included in the credit designation statement. Please note that the word “live” is now included.
2. If the activity is Jointly Sponsored, the Printed Accreditation/Credit Designation Statements to use are slightly different and are included in the [Supplemental Documentation Form for Joint Sponsorship with Non-Medical School Groups](#). (See Section 2)

## Approvals

### 17. Faculty Planner and Departmental Approval

This application accurately describes the CME activity. I accept responsibility for all requirements described in the application.

\_\_\_\_\_  
Signature of Faculty Planner

\_\_\_\_\_  
Date

Our UM Medical School department is sponsoring this activity. The above Faculty Planner represents the department and the UM Medical School in overseeing the activity.

\_\_\_\_\_  
Signature of Department Chair

\_\_\_\_\_  
Date

## Checklist of Materials to Attach

### Required

- This completed Application** for Category 1 CME Credit
- Draft of complete promotional material to be distributed to prospective participants.** The promotional material must include:
  - An overview of the purpose and expected results of the activity including:
    - the target audience (See Section 3) **[required]**
    - current problem(s) in practice (See Section 4) [recommended but not required]
    - related educational needs (See Section 5) [recommended but not required]
    - overview of relevant content (See Section 6) [recommended but not required]
    - expected results (See Section 7) **[required]**
  - The schedule of times, topics, and presenters (see Section 6).
  - The appropriate institutional accreditation and credit designation statements (see Section 16)
- Section 13.a. Faculty Planner Disclosure form(s)**, with the Resolution section completed, if applicable
  - If "Other designated individual" is checked in Section 13.b, additional Faculty Planner Disclosure form is attached

### May Be Required

- If Section 2 (Joint Sponsorship) is checked "Yes"**, attach both:
  - [Supplemental Documentation Form for Joint Sponsorship with Non-Medical School Groups](#)
  - [Budget for Jointly Sponsored Activities](#)
- If Section 10.a (evaluation cards) is checked "No"**, attach a draft of the special evaluation form developed for the activity.
- If Section 12.b (honorarium over \$1,500) is checked "Yes"**, attach a copy of the approval for the honoraria exception from the Assistant Dean for Faculty Affairs.
- If Section 14.a (in-kind commercial support) is checked "Yes"**, attach a copy of the [written agreement](#) regarding the support received to date. (Subsequent agreements may be submitted as they are made. Copies of all agreements must be submitted before or with the [Report on a CME Activity](#).)

*All Forms and Examples available at: <http://ocpd.med.umich.edu/cme/apply-cme-credit/one-time-activity>*