**Community Health Network**

**CME APPLICATION & PLANNING WORKSHEET**

**INSTRUCTIONS:** This Application/Planning Worksheet is to be submitted a **minimum of 3 months prior** to the activity to ensure compliance with ACCME and Community Health Network (CHNw) requirements. This application is an essential step that will guide you through the planning process. ***The application is to be typed and legible, not handwritten****.*

**Except where noted, all sections must be completed.** To fill out the form, double-click on a check box and select “checked,” and/or place your cursor in a gray text box to type your responses. The boxes/pages expand to accommodate your responses. (You may also attach documents.) Once complete, save the document on your desktop and email it to the CME office.

**TO SUBMIT:** Email to Jeff Carter, CME Specialist at [jcarter3@ecommunity.com](mailto:jcarter3@ecommunity.com).

**REQUIRED SUPPORTING DOCUMENTS:**

Initial Planning Committee Meeting minutes  Preliminary Program Agenda  Activity Budget (including projected revenue/expenses)

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| **Contact and Activity Information** | | | | |
| Date Submitted:  *Click here to enter text.* | Primary Contact Name: | Email: | | Phone #: |
| *Click here to enter text.* | *Click here to enter text.* | | *Click here to enter text.* |
| Hospital/Society/Organization: *Click here to enter text.* | | | | |
| Proposed Activity Title: *Click here to enter text.* | | | | |
| Proposed # Hours of Instruction: *Click here to enter text.* Hours  *(Agenda required for approval of activities with multiple presentations)* | | Estimated number of participants:  25 or less  26 – 50  51 – 150  150+ | | |
| Proposed Activity Date(s):  *Click here to enter text.* | | Start/End Time (if live event):  *Click here to enter text.* | Location (if live event):  *Click here to enter text.* | |

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| **Step 1 - Proposed Activity Type** | |
|  | **Live Activity** - Course, Symposium, Workshop, Conference, Live Webcast |
|  | **Enduring Activity** - An enduring material is a certified CME activity that endures over a specified time. These include print, audio, video and Internet materials, such as monographs, podcasts, CD-ROMs, DVDs, archived webinars, as well as other web-based activities |

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| **Step 2 – Activity Format: What educational approaches will you be utilizing?**  *(Select all that apply)* |
| Lecture  Case-Based Presentation/Discussion  Q&A Session(s)  Other (Describe): *Click here to enter text.*  Panel Discussion |

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| **Step 3 - Desirable Physician Attributes/Core Competencies**  *CME activities should be developed in the context of desirable physician attributes. Please select all competencies that will be addressed.* | | |
| **ACGME/ABMS Competencies** | **Institute of Medicine Competencies** | **Interprofessional Education Collaborative Competencies** |
| Patient care and procedural skills  Medical knowledge  Practice-based learning & improvement  System-based practice  Professionalism  Interpersonal & communication skills | Provide patient-centered care  Work in interdisciplinary teams  Employ evidence-based practice  Apply quality improvement  Utilize informatics | Values/ethics for interprofessional practice  Roles/responsibilities  Interprofessional communication  Teams and teamwork |

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| **Step 4 - Target Audience -** *(Select all that apply)* | | |
| **Audience:**  **Primary Care Physicians  Physician Assistants**  **Specialty Physicians  Nurse Practitioners**  **(specify) Click here to enter text.  Social Workers**  **Residents/Medical Students  Other: (specify) Click here to enter text.**  **Pharmacists** | **Location:**  **Local/Regional**  **National** |

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| **Step 5 - Planning Team – Those responsible for planning/development of the activity and have control over the content of the activity.**  **These individuals are required to complete a Disclosure of Financial Relationship Form. (Insert rows as needed)** | |
| Name (Activity Chair): *Click here to enter text.*  Affiliation: *Click here to enter text.*  Title: *Click here to enter text.*  Email: *Click here to enter text.*  Phone: *Click here to enter text.*Fax: *Click here to enter text.*  Role (planner):*Click here to enter text.* | Name: *Click here to enter text.*  Affiliation: *Click here to enter text.*  Title: *Click here to enter text.*  Email: *Click here to enter text.*  Phone: *Click here to enter text.*Fax: *Click here to enter text.*  Role (planner): *Click here to enter text.* |
| Name: *Click here to enter text.*  Affiliation: *Click here to enter text.*  Title: *Click here to enter text.*  Email: *Click here to enter text.*  Phone: *Click here to enter text.*Fax: *Click here to enter text.*  Role (planner):*Click here to enter text.* | Name: *Click here to enter text.*  Affiliation: *Click here to enter text.*  Title: *Click here to enter text.*  Email: *Click here to enter text.*  Phone: *Click here to enter text.*Fax: *Click here to enter text.*  Role (planner): *Click here to enter text.* |

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| **Step 6 – Faculty / Presenter Selection** | | |
| **Please list name/credentials of proposed presenter(s)** (*Insert rows as needed)*  *Note: These individuals are required to complete a Disclosure of Financial Relationship Form.* | | |
| **Name** | **Credentials** | **Affiliation** |
| *Click here to enter text.* | *Click here to enter text.* | *Click here to enter text.* |
| *Click here to enter text.* | *Click here to enter text.* | *Click here to enter text.* |
| *Click here to enter text.* | *Click here to enter text.* | *Click here to enter text.* |

**Planning Process**

The CME planning process is based on a foundation of needs assessment which serves to identify professional practice gaps of the intended audience, articulate the needs, and outline the objectives and expectations necessary to design learning activities that will change competence, performance, and/or patient outcomes. This process can be visually depicted as follows:



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| **Step 7** – **State the professional practice gap(s) of your learners on which the activity is based and how this problem was discovered/identified.** *Describe the professional, practice or system-based problem(s) for your learners that will be addressed through this educational intervention.* |
| *Click here to enter text.* |
| **Step 8** – **State the educational need(s) that you’ve determined to be the cause of the professional practice gap.**  **What will help solve the problem?** |
| **Knowledge need** (i.e., is there new technology or new information that physicians need to know more about)  *Click here to enter text.* |
| **Competence need** (i.e., are there tools or strategies available that might help learners apply what they should already know)  *Click here to enter text.* |
| **Performance need** (i.e. is there new technology or clinical information that necessitate learners assimilating new skills)  *Click here to enter text.* |

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| **Step 9** – **State what the CME activity is designed to change in terms of learners’ competence, performance or patient outcomes. What are the objectives?** *Objectives are the take-home messages following the activity and describe what the learner should be able to do after completing the CME activity. They must be specific, measurable and bridge gaps between identified problem and desired outcomes. (Insert rows as needed)* | |
| **Learning Objectives – Finish the statement:**  *At the completion of this activity participants should be able to:* | **How will you know if your learner’s competence, or performance, or patient outcomes were impacted by these objectives?** |
| **1.** *Click here to enter text.* | Subjective data - *participants will self-report changes*  Objective data - *chart pulls, QI data* |
| **2.** *Click here to enter text.* | Subjective data - *participants will self-report changes*  Objective data - *chart pulls, QI data* |
| **3.** *Click here to enter text.* | Subjective data - *participants will self-report changes*  Objective data - *chart pulls, QI data* |

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| **Step 10 - Activity Budget and Financial Support**  *Commercial support is financial or in-kind (i.e. products) contributions given by an “ineligible company” (those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients) which is used to pay all or part of the costs of a CME activity. This does not include fees paid by vendors for an exhibit booth or companies which pay corporate sponsorships in exchange for ads, booth space or other tangible benefits. All financial support must be given with the full knowledge and approval of the CHNW CME office.* |
| Are there expenses related to this activity?  **Yes  No**  Will presenters be paid an honorarium?  **Yes  No**  Will a registration fee be charged?  **Yes  No** If yes, how much? *Click here to enter text.*  Will this activity receive “in-kind” support (goods/services instead of cash as part of a support agreement)  **Yes  No**  Will this activity receive commercial support from a pharmaceutical or medical device manufacturer?  **Yes  No**  Will you invite vendors/exhibitors to set up displays onsite?  **Yes  No**  **If yes**  **Attach** a copy of the Exhibitor Application Form and fee structure  Please indicate other sources of funding being applied toward this activity (Check all that apply)  Internal dept. funds  Professional society fees  State or Federal Government grant/contract  Foundation/Private monetary donations  Other grants or funding sources: *Click here to enter text.* |

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| **STEP 11 - Evaluation Methods and CME Activity Outcomes Report**  *CHNw/ACCME guidelines require that educational activities are evaluated for change. The CHNw CME Office will require the activity planning team to provide a summary of the program evaluation data. Please indicate the tools that will be used to measure the impact of this activity.* | |
| **Knowledge and Competence**  *Do learners have a strategy to apply what was learned?* | Post-activity questionnaire asking learners what strategy they will apply at the end of the CME activity, including  Commitment to Change Statement (measures intent to change) |
| Customized pre & post-test |
| Focus Group Discussion immediately following the CME event |
| Delayed Physician Survey / post-activity follow-up (4 – 6 weeks post activity) |
| Other: *Click here to enter text.* |

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| **Step 12 – Program Advertisement and Handouts** |
| Please indicate the method(s) you will use to publicize this activity to prospective participants. (Check all that apply)  Brochure/flyer  Letter Invitation  Announcement (print)  Announcement (email)  Monthly or weekly newsletter  Fax  Website  Save-the-Date  Will participants be asked to register for this activity? Yes  No  If yes, will participants be asked to register via an online registration page?  Yes  No  List the handouts that will be available for participants at the time of the activity (e.g., syllabus, slides) *Click here to enter text.* |

**Attestation:**

I will ensure the announcement(s) to learners include proper CHNw accreditation statement (direct or joint sponsorship)

I will submit a draft of the proposed brochure/advertisement/handouts for review by the CME office prior to printing or distribution

I will ensure that all learners receive disclosure information for all planners and presenters associated with the activity

*By signing, I agree to develop this activity in line with ACCME criteria as outlined by Community Health Network. I further agree that the required documentation for this activity will be completed and submitted in a timely manner.*

*Click here to enter text.* *Click here to enter text.*

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**CME Activity Chair Date**