



CONTINUING MEDICAL EDUCATION

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CME ACTIVITY PLANNING AND APPROVAL FORM

This form is designed to facilitate the planning, implementation, and evaluation of a continuing medical education activity that will comply with the Essential Areas and Standards of the Accreditation Council for Continuing Medical Education. After an initial meeting with OCME staff, please submit this completed form with required signatures and documentation to the CME Program Manager.

A. Activity Information

1. Type of Activity:

<input type="checkbox"/> Course (conference, symposium, etc.)	<input type="checkbox"/> Regularly Scheduled Conferences (RSCs)
<input type="checkbox"/> Enduring Material	<input type="checkbox"/> Other _____
2. Program Title: _____
3. Date(s): _____ Location: _____
4. Sponsorship:
 - a. Department: _____ Division: _____
 - b. Course Director: _____
 - c. Interoffice Address: _____
 - d. Phone: _____ Fax: _____ Email: _____
 - e. Account Number to be Debited and Credited: 2-_____
5. Anticipated Registration Fee(s):\$ _____ /\$ _____ Number of Participants: _____

APPROVAL AND RECOMMENDATION

I approve and recommend the implementation of this continuing medical education activity. I attest that this activity will comply with the Essential Areas and Standards of the ACCME regarding balance of scientific integrity and objectivity of content.

Department Chair

Date

Course Director

Date

Executive Director, Continuing Medical Education

Date

For OCME Use Only	Credit Hours Awarded: _____	Date Received: _____
Administrative Fee: _____	Course Code: _____	
<input type="checkbox"/> Joint Sponsor: _____		
Contact Person: _____	Phone: _____	Fax: _____ Email _____

B. Target Audience (Check the physician audience for which this activity is primarily intended)

• **Specialty/Profession:**

Primary Care Physicians (FPs, GPs, IMs)

Emory Faculty

Specialists (please list): _____

Other health professions (please list): _____

• **Demographics:**

Local, Regional audience

National and/or International audience

C. Educational Design

• **Needs Assessment**

What methods were used to identify the need for/or interest in this activity? (Check all that apply and *attach documentation*)

Survey of target audience (attach summary)

Medical literature review (attach results)

Discussion in department meetings (attach minutes)

Faculty perception

Institutional/Organizational mandate (attach policy)

Consensus of experts

Previous CME activity evaluation data (attach results)

Other _____

Patient care audits/QI data (attach data summary)

• **Identified Need(s)**

After needs assessment analysis, list the **specific** need(s) addressed by this educational activity.

• **Purpose/Objectives**

Based on the identified need(s) above, list the objectives of this activity. Please be specific about the benefits or expected learning outcomes to result from participation in this activity.

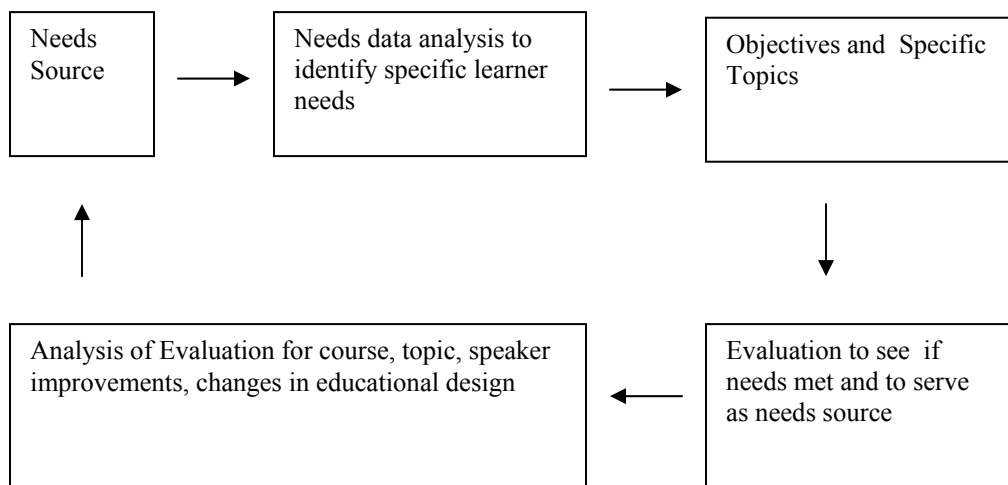
1. _____
2. _____
3. _____
4. _____

• **Evaluation**

Check the method to be used to evaluate the effectiveness of this activity

Standard evaluation form (furnished by OCME)

Other _____



D. Educational Grants

The basic guiding principles of a CME certified activity are that the activity be 1) independent from the interests of commercial entities; 2) transparent; and 3) a separate activity from product promotion. Decisions regarding the need, educational objectives, selection and presentation of content, speakers, educational design and evaluation must be made free of control from a commercial interest. **Any and all funds and in-kind support given by a commercial supporter for this activity must be made known to the Emory CME Office.** The terms, conditions, and purposes of the support must be documented in a written agreement between Emory School of Medicine (through its CME Office), its educational partner, if applicable, and the commercial supporter. The course director must agree to adhere to the ACCME's *Standards for Commercial Support*. The *Standards*, in their entirety, are available on our website at www.emory.edu/CME.

Do you plan to solicit educational grants? No Yes
(if yes, **all Letter(s) of Agreement must be submitted prior to the program**).

E. Conflict of Interest

All individuals in a position to control the content of this CME activity must **disclose** any relationship with a commercial interest that 1) benefits the individual in any financial amount and 2) has occurred within the past 12 months. A **conflict of interest** is present when the individual has both a financial relationship with a commercial entity **and** has the opportunity to affect content relevant to the products/services of that commercial entity. If a conflict of interest is determined to exist, the conflict must be **resolved** prior to participation in this CME activity by:

- Altering the financial relationship with the commercial entity; **and/or**
- Altering the individual's control over CME content about the products/services of the commercial entity.

In order to preserve the independence of this continuing medical education activity, an individual with an unresolved conflict of interest must not have responsibility for, or control of, the content or planning related to the unresolved conflict.

F. Attachments (Please attach the following to this form):

- Tentative Program Agenda (including session times so that credit hours can be calculated)
- List of proposed Faculty (including name, title, affiliation, address, phone, fax and email address with honorarium amounts, if applicable)
- Conflict of Interest Disclosure Form (from each speaker)
- Needs Assessment documentation
- Evaluation instrument (if different from standard form)

F. Additional Comments

Full compliance with the ACCME Essential Areas and Policies is required for all Emory University School of Medicine continuing medical education activities. Failure to comply may result in the withdrawal of CME credit approval.

After this application and supporting documentation are reviewed and approved by the Office of Continuing Medical Education, a signed copy of Page 1 will be returned to the Course Director.

Incomplete applications will be returned.