

Continuing Medical Education Activity Application Form

***Additional fees and requirements may apply to more than one activity type***

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| **What is the contact information for the primary planner or the individual submitting the application?** | **Name:**

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**Email:**

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**Organization:**

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| **What is the title of the activity?**  | **Title:**

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| **When will the education take place?** | **Date(s):**

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| **What type of activity is this?**Note: A regularly scheduled series is planned with multiple on-going sessions (e.g., offered weekly, monthly, quarterly) and generally targets the same audience over the whole series. | **Activity Type (check all that apply):**[ ]  Live In-Person Activity[ ]  Live Internet Activity[ ]  Offered multiple times with the **same** content[ ]  Regularly Scheduled Series[ ]  Enduring Material[ ]  MOC Offered |
| **Where will the education take place?** If this is a live, in-person activity, please include the address where it will take place.  | **Location:**

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| **Who are the planners, faculty/presenters, and reviewers for this activity?**Please list all individuals who are in control of content for this activity. Each individual listed should also complete and submit a Faculty Disclosure Form. | **Planners, Faculty/Presenters, Reviewers:**

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| **What practice-based problem (gap) will this education address?** Visit: [Addressing Practice Gaps | ACCME](https://www.accme.org/resources/video-resources/accreditation-requirements/addressing-practice-gaps) for more information. A gap is the difference between current practice and best practice.Examples of gaps: *Physicians lack communication skills to interact with immigrant families; new research or treatments are available* | **Practice Gap(s):**

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| **What are the educational needs of your learners that will be included in this activity that will address the identified gap(s)?** Needs are similar to objectives. Needs should be expressed in terms of knowledge, competence, and/or performance.Examples: *We need strategies to discuss difficult topics with family members; Need better strategies for team collaboration.*  | **Educational Need(s):**

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| **What type of change do you plan on measuring?**Please only indicate the type of change you will **measure**, not the impact you desire the education to have.Note: Performance is typically measured by observing physicians as they perform a skill/procedure. Patient outcomes are typically measured by collecting and analyzing patient data. | **Type of Change to be Measured: (Check all that apply)**[ ]  Learner Competence[ ]  Learner Performance[ ]  Patient Outcomes |
| **How do you plan on measuring this change? Will it be self-reported or observed?***Examples*: Evaluation forms, electronic health records, observations in practice | **Plan for Measurement:**

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| **Which competencies will this activity address?**Select the desirable physician attribute(s) this activity addresses. The list includes the Competencies of: ACGME/ABMS, Institute of Medicine, and Interprofessional Education Collaborative. Check off all that apply.Refer to the **List of Desirable Physician Attributes** for more information. | [ ]  **Provide Patient-Centered Care (IOM)**[ ]  **Work in Interdisciplinary Teams**[ ]  **Employ Evidence-Based Practice** [ ]  **Apply Quality Improvement Professionalism**[ ]  **Utilize Informatics**[ ]  **Patient Care (ABMS/ACGME)**[ ]  **Medical Knowledge**[ ]  **Interpersonal and Communication Skills**[ ]  **Systems-Based Practice**[ ]  **Practice-Based Learning and Improvement**[ ]  **Values/Ethics for Interprofessional Practice**[ ]  **Roles/Responsibilities**[ ]  **Interprofessional Communication**[ ]  **Teams and Teamwork** |
| **What is the format for the activity?****Check all that apply.** | [ ]  **Lecture/Didactic** [ ]  **Panel Discussion** [ ]  **Simulation** [ ]  **Small Group Discussion** [ ]  **Seminar/Workshop** [ ]  **Case-based**[ ]  **Skills Based/Laboratory (hands on)**[ ]  **Other:**  |
| **Does this educational activity address ONLY non-clinical topics?****If you can check “yes”**, you do **not** need to identify, mitigate and disclose relevant financial relationships. **If you check “No”**, you **must** implement processes for ensuring the integrity and independence of this education, including identifying, mitigating, and disclosing relevant financial relationships. | [ ]  Yes, this activity will only address non-clinical skills topics (e.g. leadership or communication skills training).[ ] No, this activity will address clinical skill topics  |
| **How many CME credits will be offered for the activity?** This is the number of CME credit hours requested. Please exclude any time that is not CME. | Education duration: \_\_\_\_\_\_hours \_\_\_\_\_\_ minutes.*Please report time in 15 minutes increments.* |
| **Is this activity CME on opioids, chronic pain, or opioid addiction or prescribing?**Refer to the **CME and** **Joint Provider Statements** document if offering opioid medication education. | [ ]  Yes [ ]  NoIf yes, include the Opioid Medication CME statement on any advertising materials as well as the CME documentation form. |
| **Is there a registration fee for this activity?**The MMET is reponsible for reporting income received from registration fees. Income is reported as a whole and not for individual activities. | [ ]  Yes [ ]  No

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| If yes, what is the registration fee? |  |

If yes, please provide the total income amount from registration fees on the Post-CME Activity Report form following the activity. |
| **Will this activity receive commercial support in the form of grants or donations from ineligible companies?**Commercial support is defined as monetary or in-kind contributions that is used to pay all or part of the costs of a CME activity. Refer to the **Definition of Ineligible and Eligible Companies**. Advertising and exhibit income is not considered to be commercial support. | [ ]  Yes [ ]  NoIf yes, please include **commercial support letter(s) of agreement** with this application.If yes, please complete and submit the **Commercial Support Tracker** following the activity. |
| **Will this activity receive advertising or exhibit income?**The MMET is reponsible for reporting income received from exhibitor fees. Income is reported as a whole and not for individual activities. | [ ]  Yes [ ]  NoIf yes, please provide the total income amount from advertising/exhibits on the Post-CME Activity Report form following the activity. |
| **Is this activity open or closed to outside attendees?**  | [ ]  Open[ ]  Closed to our group |
| **Can this activity be advertised on our website under the MMET CME Section?** | [ ]  Yes [ ]  NoIf yes, please provide a website where learners can find more information about this activity:

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| **CME Approval Materials***Along with this application,* please submit the following:1. **Fee** made payable to Maine Medical Education Trust
2. **CVs/Resumes** of speakers
3. **Faculty Disclosure** for each person involved in planning, presenting, or reviewing
	1. Mitigation Form **if** there are relevant financial relationships
4. **Brochure/Announcement/Agenda** for the activity
	1. A joint providership statement needs to be included on literature
	2. **Note**: CME activity *cannot* be mentioned on any materials until the activity has been approved.
5. **Evaluation Form** to be used
6. **Certificate of Completion** to be awarded to learners

**This application will not be considered complete and cannot be approved until all of the above materials are received.**Additional materials and documents can be found on the MMA website at <https://www.mainemed.com/mmet-activity-downloads>.Upon review of materials, you will either receive a Letter of Activity Approval, a notification that additional materials are required, or a Letter of Notification that the activity requested may not be approved for CME. |
| **Post-Activity Materials***After the activity,*pleasesubmit **the following:**1. **Post-CME Activity Report**
	1. Commercial Support Tracker, **if** there were monetary or in-kind grantsreceived.
2. **Attendance** that includes the **names** of the attendees.
3. **Learner change information** for the activity (e.g., evaluation summary)
4. **Proof of disclosure of the presence or absence of relevant financial relationships to learners.** (e.g., a slide that presented the disclosure, disclosure on a sign in sheet, for verbal disclosures provide a verbatim record). See the Standards for Integrity and Independence for more information on disclosures.
5. **MMET Activity Monitoring Form** filled out by a planner or peer during each session of the activity.

Please note that failure to submit post-activity materials could be cause for non-approval of future activities. |
| **Materials** **should be sent to:** (paper copies preferred) |
| **Mail:**Elizabeth CiccarelliCME CoordinatorMaine Medical Education TrustPO Box 190Manchester, ME 04351 | **Fax:**207-622-3332Attention: Elizabeth Ciccarelli | **Email:**eciccarelli@mainemed.com |

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| **CME Department only:** | **Approved by:**CME Coordinator Signature |  | **Date:** |  |