

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:**   |  | | --- | |  |   **Email:**   |  | | --- | |  |   **Organization:**   |  | | --- | |  | | |
| **What is the title of the activity?** | | **Title:**   |  | | --- | |  | | |
| **When will the education take place?** | | **Date(s):**   |  | | --- | |  | | |
| **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:**   |  | | --- | |  | | |
| **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:**   |  | | --- | |  | | |
| **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):**   |  | | --- | |  | | |
| **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):**   |  | | --- | |  | | |
| **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:**   |  | | --- | |  | | |
| **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  No  If 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   |  |  | | --- | --- | | 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  No  If 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  No  If 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  No  If yes, please provide a website where learners can find more information about this activity:   |  | | --- | |  | | |
| **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 Ciccarelli  CME Coordinator  Maine Medical Education Trust  PO Box 190  Manchester, ME 04351 | **Fax:**  207-622-3332  Attention: Elizabeth Ciccarelli | | **Email:**  [eciccarelli@mainemed.com](mailto:eciccarelli@mainemed.com) |

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