

Continuing Medical Education Activity Application Form

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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 | |
| **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.* | | **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 or collecting data after they have had time to implement changes in practice. Patient outcomes are typically measured by collecting and analyzing patient data before and after the activity. | | **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** and submit **proof of Commercial Support Disclosure to learners** 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 Activity Offerings page and included on CME Passport?**  CME Passport allows physicians to search for CME activities by area and type. Find out more at <https://www.cmepassport.org/> | | 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. If a check is not included, an invoice will be sent to the primary contact and the fee may be paid by credit card. 2. **CVs/Resumes/Bios** 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 and AMA Credit Designation Statement needs to be included on literature    2. **Note**: CME credits *cannot* be included on any materials distributed to learners until the activity has been approved.    3. For Enduring Materials, the landing page where learners will access the material must be submitted 5. **Evaluation Form** to be used that includes the Joint Providership Statement and AMA Credit Designation Statement 6. **Certificate of Completion** to be awarded to learners that includes the MMET Accreditation Statement and AMA Credit Designation Statement 7. **Letters of Agreement** ***if*** Commercial Support was received   **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 within 45 days for live activities and RSS sessions (enduring materials must submit at the end of each calendar year):**   1. **Post-CME Activity Report** 2. **Attendance List** that includes the **names** of **all** attendees (both physicians and non-physicians) 3. **Physicians Claiming CME Spreadsheet** completed with the information for participants who wish to claim CME Credits. 4. **Evaluations** for the activity (either a copy of all evaluations or a summary) 5. **Proof of disclosure of the presence and/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). The disclosure must account for all individuals in control of content (i.e., planners and presenters) and be presented to learners prior to their engagement with the educational content. See the Standards for Integrity and Independence for more information on disclosures. 6. **Commercial Support Materials –** Submit the following if commercial support from an ineligible company was received for this activity.    1. Commercial Support Tracker    2. Proof of Commercial Support Disclosure to learners that contains the name(s) of the ineligible company(ies) that gave the commercial support, and the nature of the support if it was in-kind. The disclosure must be given prior to the learners engaging in the education. The disclosure must not include the ineligible companies’ corporate or product logos, trade names, or product group messages.   **It is the responsibility of the Joint Provider to issue CME Certificates and Certificates of Attendance to participants.**  Please note that failure to submit post-activity materials could be cause for non-approval of future activities. | | | |
| **Materials** **should be sent to:** | | | |
| **Mail:**  Elizabeth Ciccarelli  Director of Continuing Medical Education  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) |