

**APPLICATION/PLANNING FORM**

**Getting Started**

Disclosure Information:

* Disclosure forms of the *Couse Director, Course contact person, and planning committee* must be completed, signed, and e-mailed to Alaina West ([Alaina.west@ucf.edu](mailto:Alaina.west@ucf.edu)) with this completed application.
* Anyone who refuses to complete a disclosure form cannot participate in the planning, execution or presentation of a CPD educational activity.
* The University of Central Florida College of Medicine Continuous Professional Development (CPD) Office retains the right to withhold/adjust credit at any time, should it determine that the ACCME Policies and Standards for Integrity and Independence, The UCF Industry Relations Policy and Guidelines or CPD policies and procedures are violated.

CPD Policy Information:

* For CPD to act as a provider, co-provider or joint provider, completion and submission of this application is required three months prior to your activity date.
* You can NOT promote a CPD educational activity until the application is approved.
* Incomplete applications cannot be reviewed or approved by the CPD Advisory Committee, which has the final decision on all applications.
* The content of your application must adhere to the following standards:
  + ACCME Policies and Standards for Integrity and Independence.
  + The American Medical Association (AMA) policies and procedures.
  + The UCF Industry Relations Policy and Guidelines
  + The CPD policies and procedures
  + HIPAA compliance
* CPD maintains oversight and responsibility for the planning, completion of the application and the educational activity.
* **No direct payment from an ACCME-defined ineligible company** will be given to the director of a CPD activity, any planning committee members, teachers or authors, joint provider, or any others involved in a CPD activity. **Violation of this policy will mean immediate termination of the provider, joint provider or co-providership of this CPD educational activity**.

**Please mark the box to show you have read and agree with the following ACCME clinical content validation statements:**

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|  | All recommendations for patient care in accredited continuing education must be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options. |
|  | All scientific research referred to, reported, or used in accredited education in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation. |
|  | Organizations cannot be accredited if they advocate for unscientific approaches to diagnosis or therapy, or if their education promotes recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients. An organization whose program of CME is devoted to advocacy of unscientific modalities of diagnosis or therapy is not eligible to apply for ACCME accreditation. |

**Course Logistics**

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| **School/Organization/department making this request:** |  |
| **Providership:** | Direct Providership (Within UCF)  Joint Providership (Not accredited by the ACCME, outside of UCF)  Co-Providership (ACCME Accredited Provider, outside of UCF) |
| **Title of Course:** |  |
| **Course Date:** |  |
| **Course Location:** (Include facility name and address) |  |
| **Activity Delivery Method:** | Live Activity  Internet Live Activity (Webinar)  Regularly Scheduled Series  Enduring Material |
| **Copyright Permission needed?** | Yes (provide documentation)  No  None Needed |
| **Number of CME Credits Requested?** (add only time spent in the educational activity – exclude meals, breaks, and welcome announcements) |  |

**Please provide a one or two paragraph description of this course.** This statement will be used for promotional materials (brochures, web pages, etc.) a needs assessment, and/or to obtain additional professional credits. The description should give an overview of the course and let potential attendees know why this course is an important one for them to attend.

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**Who is the target audience for this CPD Activity?**

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**Course Planners and Faculty**

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| --- | --- |
| **Name of Activity Director:** |  |
| **E-Mail Address:** |  |
| **Telephone:** |  |

|  |  |
| --- | --- |
| **Name of Activity Contact Person:** |  |
| **E-Mail Address:** |  |
| **Telephone:** |  |

**Planning Members** – Please list all individuals who could affect the content of this CPD activity (course director, planning committee members, course coordinator, content reviewers, CPD Advisory committee, CPD staff, etc.).

The use of owners and/or employees of ACCME-defined ineligible companies as planners and/or faculty is strictly prohibited in CME activities.

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| --- | --- | --- | --- |
| **Name, Credentials, and Position on the Committee.** Example: John Doe, MD Activity Director | **Business Title, Institutional Affiliation, and Location.** Example:  Title: Professor of Medicine Place: UCF COM Address: 6850 Lake Nona Blvd, Orlando, FL | **E-Mail Address** | **Honorarium and/or Travel Expenses to be provided?** (CPD must have documentation of payments) |
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(Add additional rows as needed)

**Who are the proposed faculty for this activity?** List confirmed and non-confirmed faculty.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Credentials** Example: John Doe, MD | **Business Title, Institutional Affiliation, and Location.** Example:  Title: Professor of Medicine Place: UCF COM Address: 6850 Lake Nona Blvd, Orlando, FL | **E-Mail Address** | **Honorarium and/or Travel Expenses to be provided?** (CPD must have documentation of payments) |
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(Add additional rows as needed)

**Content Development**

**What procedures were used to identify the existing professional practice gap(s) between current and best practices of your target audience?** Please check all that apply. Documentation must be summarized and available upon request.

|  |  |
| --- | --- |
|  | Survey of targeted learners |
|  | Research of peer reviewed literature (REQUIRED) |
|  | Requirements of state licensing board, specialty societies |
|  | Required by governmental authority/regulation/law |
|  | New information (diagnostic techniques, treatment plans) |
|  | Faculty and/or planners’ perception of need (attach a statement) |
|  | Summary of previous outcomes data |
|  | Societal trends |
|  | Other (attach description) |

**Please provide citations of peer-reviewed articles (scientific/medical journals, etc.) that were used as the determining factor for identifying the professional practice gaps**.

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**Identify the professional practice gaps(s), procedures, causes, desired results and classify the need for this educational intervention in terms of knowledge, competence and/or performance** (see chart below).

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| --- | --- | --- | --- |
| **Identify the professional practice gap**  (Current practice) | **Describe the procedure used for and the cause of the professional practice gap** | **Desired results**  (Best-practice) | **Classify the educational needs in terms of knowledge, competence & performance** |
|  |  |  | **Knowledge:** |
| **Competence:** |
| **Performance:** |

(Add additional rows as needed for multiple practice gaps)

**Course Development**

**Select what this activity was designed to change based on your analysis of the professional practice gap(s), outcomes and educational needs?**

|  |  |
| --- | --- |
|  | Competence |
|  | Performance |
|  | Patient Outcomes |

**What are the educational format(s) for this activity?** (Check all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Didactic Lecture |  | Question and Answer Session |
|  | Skilled Demonstration |  | Panel Discussion |
|  | Case Studies |  | Lab Activity |
|  | Audience Response System |  | Simulations |
|  | Other – Describe: | | |

**Explain how the educational format(s) are appropriate for the setting, objectives, and desired results of this activity.**

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**Which competencies/physician attributes will you address in this activity?** *Please check all that apply in the table below*.

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| --- | --- |
| **Check** | **COMPETENCIES/PHYSICIANS ATTRIBUTES** |
|  | **Patient Care** (provide care that is compassionate, appropriate and effective treatment for health problems and to promote health). |
|  | **Medical Knowledge** (demonstrate knowledge about established and evolving biomedical, clinical and cognate sciences and their application in patient care). |
|  | **Practice-based Learning and Improvement** (investigate and evaluate patient care practices, appraise and assimilate scientific evidence and improve practice of medicine). |
|  | **Systems-based Practice** (demonstrate awareness of and responsibility for larger context and systems of healthcare; call on system resources to provide optimal care, e.g., coordinating care across sites or serving as the primary case manager when care involves multiple specialties, professions, or sites). |
|  | **Professionalism** (demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to diverse patient populations). |
|  | **Interpersonal and Communication Skills** (demonstrate skills that result in effective communication and teaming with patients, their families and professional associates, such as fostering a therapeutic relationship that is ethically sound; using effective listening skills with non-verbal and verbal communications; working as both a team member and at times as a leader). |
|  | **Provide patient-centered care** (identify, respect, and care about patients’ differences, values, preferences and expressed needs; relieve pain and suffering; coordinate continuous care; listen to, clearly inform, communicate with, and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health). |
|  | **Work in Interdisciplinary Teams** (cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable). |
|  | **Employ Evidence-based Practice** (integrate best research with clinical expertise and patient values for optimum care; participant in learning and research activities to the extent feasible). |
|  | **Apply Quality Improvement** (identify errors and hazards in care; understand and implement basic safety design principles; continually understand and measure quality of care in terms of structure, process and outcomes in relation to patient and community needs; design and test interventions to change processes and systems of care with the objective of improving quality). |
|  | **Utilize Informatics** (communicate, manage knowledge, mitigate error, and support decision making using information technology). |
|  | **Utilize Effective Teaching Methods** (communicate, demonstrate, coordinate and outline the skills and competencies related to effective teaching practices in the field of medical education, including teaching/learning strategies, methods and educational objectives). |
|  | **Values/Ethics for Interprofessional Practice** (Work with individuals of other professions to maintain a climate of mutual respect and shared values). |
|  | **Roles/Responsibilities** (Use the knowledge of one’s own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served). |
|  | **Interprofessional Communication** (Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease). |
|  | **Teams and Teamwork** (Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective, and equitable). |

These competencies/physicians’ attributes are comprised of:

* Maintenance of Certification (MOC) competencies designed by the American Board of Medical Specialties (ABMS)
* Competencies established by the Accreditation Council for Graduate Medical Education (ACGME)
* General competencies established by the Interprofessional Education Collaborative (IPEC)
* Desirable physician attributes established by the Institutes of Medicine (IOM).

**Based on the professional practice Gap(s) of your target audience, provide a timed agenda along with the topics and the faculty names for each topic.** (CPD approves to the quarter hour and only for the actual time spent in the educational session).

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| **Time** | **Topic Title** | **Faculty Name** |
|  |  |  |

(Use additional rows as needed)

**List the topic title, faculty name, abstract and objectives *(use action verbs that are measurable)* for each session of this activity.** List at least one objective for each session.   
Example of action verbs: Discuss, describe, Evaluate, List, Cite, Define, Identify, Record, Examine, Assess, Design, Arrange, Appraise, Analyze, State, Write, Recommend, Summarize, Utilize, Illustrate, Classify, Define, Differentiate

|  |  |  |  |
| --- | --- | --- | --- |
| **Topic Title** | **Faculty Name** | **Abstract** | **Objectives** |
|  |  |  |  |

(Use additional rows as needed)

**Barriers, Non-Educational Strategies**

**Please identify factors outside your control that have an impact on patient outcomes.** (Examples: Insurance, patient not following recommended dosage, etc.)

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**Please identify barriers and the educational strategies to remove or diminish barriers to physician change.** Recommend educational strategies that you will use during this activity. Barriers may include: insufficient time for implementation of new skills or behaviors, participants beliefs and assumptions, lack of organizational support, lack of resources, policy issues within the organization.

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| **Anticipated Barrier(s) for this activity** | **Plans to address the barrier(s)** |
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(Use additional rows as needed)

**Please list any non-educational strategies that you will use and the purpose of the strategy.**Planners of this activity are encouraged to employ non-educational strategies for participants to reinforce the intended results of this activity (Examples: handouts, CD’s, videos, websites, etc.)

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| **Non-Educational Strategy** | **Purpose of the Strategy** |
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**Course Financials**

The ACCME definition for an ineligible company**: An ineligible company are those whose primary business is producing, marketing, selling, re-selling, or distributing health care goods or services consumed by, or used on patients.**

Providers of clinical services directly to patients, such as hospitals, health systems, medical group practices, blood banks, and diagnostic laboratories, are an integral component of accredited CME and they represent the provision of CME by the profession for the profession and are not ineligible companies.

CPD does not accept commercial support, therefore NO direct payment from an ACCME-defined ineligible company will be given to the director of this educational activity, any planning committee member, teacher or author, joint provider, or any others involved in this CPD educational activity.

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| **Will this activity have commercial support?**  (CPD does NOT accept commercial support) | Yes  No |
| **Will this activity have commercial exhibits?** (CPD DOES allow commercial exhibits) | Yes  No |
| Commercial exhibits and advertisements are promotional activities and not continuing medical education. Therefore, monies paid by commercial interests to providers for these promotional activities are not considered to be commercial support. However, accredited providers are expected to fulfill the requirements of SII4 and to use sound fiscal and business practices with respect to promotional activities (see the Course Director Manual for the Standards for Integrity and Independence). | |
| **Will this activity have non-commercial exhibits?** | Yes  No |

**If yes, please provide a list of exhibitors and mark whether they are commercial or non-commercial.**

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| --- | --- | --- | --- |
| **Name of Organization** | **E-Mail** | **Commercial** | **Non-Commercial** |
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(Add additional rows if needed)

* A final list of confirmed exhibitors MUST be submitted 30 days prior to the activity so that required follow-up can be done by the CPD staff.

**If this activity will have exhibitors, where will they be located in respect to the CPD educational activity?**Marketing, exhibits, and nonaccredited education developed by or with influence from an ineligible company or with planners or faculty with unmitigated financial *relationships must not occur in the educational space within 30 minutes before or after an accredited education activity*. Activities that are part of the event but are not accredited for continuing education must be clearly labeled and communicated as such.

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**Is there a registration fee for participants?**

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| Yes  No |

**If yes, please provide the cost of registration:**

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| Physicians | $ |
| Physician Assistants | $ |
| Residents | $ |
| Nurse Practitioners | $ |
| Nurses | $ |
| Students | $ |
| Other (please specify) | $ |

**Activity Fees:**

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| --- | --- |
| **Application Fee (non-refundable) $100)** | $100 |
| **Direct Providership Fee ($2,000)** | $ |
| **Co or Joint Providership Fee ($2,500)** | $ |
| **Regularly Scheduled Series ($800)** | $ |
| **Enduring Material ($2,000)** | $ |
| **TOTAL:** | $ |

**Financial wrap-up of all income and expenses MUST BE SUBMITTED TO THE CPD OFFICE NO LATER THAN THREE MONTHS AFTER THE ACTIVITY.**

*CPD does not share in the profit or loss for this activity.*

**Application Wrap-Up**

* Welcome Letter
  + CPD will develop and provide a Welcome Letter to give to the participants of this educational activity.
  + The Welcome Letter must be given to each participant prior to the start of the educational activity.
  + It will contain accreditation statements, disclosures and other relevant participant information.
  + If your organization plans to develop flyers, brochures, webpages or any other form of advertisement for participants, you may not use the UCF logo or reference credits provided by CPD unless these advertisements have been reviewed and approved by CPD staff.
* Evaluation
  + CPD will develop an online evaluation to assess and analyze changes in the learners’ professional practice gaps (i.e., changes in knowledge, competence and performance).
  + Three to six months after the completion of the activity, CPD will send a follow-up outcomes survey to measure changes in competence, performance or patient outcomes as a result of this activity. The outcomes survey is sent to all participants who submitted the initial evaluation.
* Course/activity logistics that must be provided to the CPD office:
  + Application for Credits (must be approved by the CPD Committee)
  + Draft brochure for review and approval
  + 3 original brochures
  + Sign-in sheets/attendance verification document (typed)
  + Copies of faculty/course director reimbursement checks for travel and lodging etc.
  + Copies of faculty/course director honoraria checks
  + List of exhibitors (If applicable)
  + Budget reconciliation - accounting of income and expenses
  + Copies of letters of agreement (if applicable)
* CPD educational activities are reviewed and approved by the CPD Advisory Committee for scientific content, relevance to CPD participants, congruence with the CPD mission, and credentials of speakers.

**Signature Activity Director**  
(Electronic signature or typed name is acceptable)

**Signature:** Click or tap here to enter text.

**Date:** Click or tap here to enter text.

E-mail completed signature and completed planning committee disclosure forms to Alaina West ([Alaina.west@ucf.edu](mailto:Alaina.west@ucf.edu))