****

**APPLICATION/PLANNING FORM**

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**DISCLOSURES OF THE COURSE DIRECTOR, COURSE CONTACT PERSON AND PLANNING COMMITTEE MUST BE COMPLETED, SIGNED AND E-MAILED TO ALAINA WEST (****Alaina.West@ucf.edu****) BEFORE BEGINNING THE PLANNING. ANYONE WHO REFUSES TO COMPLETE A DISCLOSURE FORM CAN NOT PARTICIPATE IN THE PLANNING, EXECUTION OR PRESENTATION OF a CPD EDUCATIONAL ACTIVITY.**

University of Central Florida College of Medicine Continuous Professional Development retains the right to withhold/adjust credit at any time, should it determine that the ACCME Criteria, Policies, ACCME Standards for Commercial Support, The UCF Industry Relations Policy and Guidelines or Continuous Professional Development (CPD) policies and procedures are violated.

In order 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. REMEMBER: 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 Criteria, Policies, and Standards for Commercial Support.

- The American Medical Association (AMA) policies and procedures.

- The UCF Industry Relations Policy and Guidelines (<http://med.ucf.edu/media/2011/08/UCF-COM-Industry-Relations-Policy-and-Guidelines3-4-14.pdf>).

- The CPD policies and procedures URL ADDRESS.

- HIPPA compliance

- CPD maintains oversight and responsibility for the planning, completion of the application and the educational activity.

- **No direct payment from an ACCME-defined commercial interest** 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 place an “X” to show you have read and agree with the following ACCME clinical content validation statements:**

[ ]  All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.

[ ]  All scientific research referred to, reported, or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.

[ ]  Providers are not eligible for ACCME accreditation or reaccreditation if they present activities that promote recommendations, treatment, or manners of practicing medicine that are not within the definition of CME, or known to have risks or dangers that outweigh the benefits or 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.

CPD will develop and provide a Welcome Letter for you 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. The Welcome Letter 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.**

**Course Logistics**

1. School/organization/department making this request Click here to enter school/department.
2. [ ]  Providership (within UCF)

[ ]  Joint Providership (not accredited by the ACCME, outside of UCF)

[ ]  Co-providership (ACCME accredited provider, outside of UCF)

1. Title of course Click here to enter course title.
2. Course date(s) Click here to course date.

1. Course location (include facility name, street address, city, state)
Click here to enter course facility location.
2. Please indicate the delivery method for this activity.

[ ]  **Live Activity**

[ ]  **Internet Live** **Activity** (Webinar)

[ ]  **Regularly Scheduled Series**

[ ]  **Learning from Teaching**

Hardware requirements:

Copyright permission needed?
[ ]  Yes (provide documentation) [ ]  No [ ]  None Needed

[ ]  **Enduring Material** (non-live activity, which endures over time, e.g., videotape, journal supplement, monograph, CD Rom, podcast, online course). The mode of delivery (such as the internet, or a print journal) allows the participant to access the content at any time in any place, rather than only at one time, and one place.

1. 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.
2. Indicate all professional credits being sought for this course.

[ ]  CME

[ ]  Dental (additional fee)

[ ]  AAFP (additional fee)

[ ]  Nursing (additional fee and you must submit speaker Bio sketches, speaker & planner disclosures and speaker abstracts with this application three months prior to your conference)

[ ]  Nurse Practitioner (additional fee and you must submit speaker Bio sketches, speaker & planner disclosures and speaker abstracts with this application three months prior to your conference)

[ ]  Physician Assistant (additional fee and you must submit speaker Bio sketches, speaker & planner disclosures and speaker abstracts with this application three months prior to your conference)

[ ]  Other, please specify Click here to enter text.

1. Number of CME Credits Requested Click here to enter #. (Add only the time spent in the educational activity (exclude breaks, meals, and welcome announcements)?

1. Who is the target audience for this CPD activity? Click here to enter text.

**Course Planners and Faculty**

1. Name of activity director Click here to enter Activity Director.

E-mail: Click here to enter e-mail.

Telephone: Click here to enter telephone number.

Fax: Click here to enter fax number.

1. Name of activity coordinator (contact person) Click here to enter Activity Coordinator.

E-mail: Click here to enter e-mail.

Telephone: Click here to enter telephone number.

Fax: Click here to enter fax number.

1. Planning Members – Please list all individuals who have the opportunity to 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 commercial interests as planners and/or faculty is strictly prohibited in CME activities.**

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| **Name, Credentials****& Position on the Committee*****Example:******John Doe, MD, MPH******Activity Director*** | **Business Title, Institutional Affiliation &****Location*****Example:******Title: Professor of Medicine******Place: School of Medicine******University of Central Florida******Address: 511 So. Floyd******Louisville, KY*** | **E-mail Address** | **Telephone Number** | **Honorarium****and/or Travel****Expenses be Provided? *(CPD must have documentation******of payments)*** |
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(Add additional rows as needed)

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

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

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| --- | --- | --- | --- | --- |
| **Name and credentials (MD, PHD, etc.)*****Example:******John Doe, MD, MPH*** | **Business Title, Institutional Affiliation & Address*****Example:******Professor of Medicine******School of Medicine******University of Central Florida Orlando, FL*** | **E-mail Address** | **Telephone Number** | **Honorarium and/or Travel Expenses be Provided? *(CPD must have documentation of payments)*** |
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(Add additional rows as needed)

1. ***If applying for Nursing credits*** please provide a one or two paragraph bio sketch for each speaker (resumes will NOT be accepted)

*INCUDE ALL OF THE FOLLOWING: John Doe, MD, PHD; Associate Professor, Department of Medicine, University of Central Florida, College of Medicine, Orlando, FL; BS degree from University of Central Florida, Orlando, FL; MD from University of Central Florida, Orlando, FL*

*I have been teaching at the University of Central for 20 years and practicing medicine since 2001. I am qualified to speak on this topic because…*Click here to enter text.

**Content Development**

1. 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

[x]  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 (please attach description)

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

1. 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 EDUCATIONAL PRACTICE GAP(S)**(Current practice) | **DESCRIBE THE PROCEDURE(S) USED FOR AND THE CAUSE OF THE PROFESSIONAL PRACTICE GAP(S)** | **DESIRED RESULTS**(best-practice) | **CLASSIFY THE EDUCATIONAL NEEDS IN TERMS OF KNOWLEDGE, COMPETENCE & PERFORMANCE** |
| *EXAMPLE**Physicians are not using the diagnostic criteria to screen pre-school age children for Autism.*  | *EXAMPLE**Literature (procedure) indicates that at least 25% of physicians have not been educated (cause) on the diagnostic criteria used to screen Autism.* | *EXAMPLE**-Utilize the diagnostic criteria for screening pre-school age children for Autism in your practice (competence).**-Create individualized treatment plans to manage pre-school age autistic patients (performance)**-Develop procedures to screen pre-school age children who present with autistic behaviors (performance).* | *X Knowledge**Being aware of what to do**X Competence**Being able to apply knowledge, skills and judgment**(Knowing how to do something)**X Performance**Having the ability to implement the strategy or skill**(What one actually does)* |
|  |  |  | [ ] Knowledge[ ] Competence[ ] Performance |
|  |  |  | [ ] Knowledge[ ] Competence[ ] Performance |
|  |  |  | [ ] Knowledge[ ] Competence[ ] Performance |
|  |  |  | [ ] Knowledge[ ] Competence[ ] Performance |

(Add additional rows to this table as needed)

**Course Development**

1. 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

1. How does this activity support the CPD mission? (see Course Director Manual)
Click here to enter text.
2. 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 [ ]  Audience Response System

[ ]  Audience Response System [ ]  Lab Activity

[ ]  Simulations [ ]  other – Describe Click here to enter text.

1. Explain how the educational format(s) are appropriate for the setting, objectives, and desired results of this activity.
Click here to enter text.
2. Which competencies/physician attributes will you address in this activity? *Please check all that apply in the table below*.
-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).

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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). |

1. 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** |
| *Example:**7:30 am* | *Registration*  |  |
| *7:45 am* | *Introduction* | *Jane Doe, MD* |
| *8 - 9 am (1 HR Requested)* | *Overview of Autism* | *John Doe, MD, PhD* |
| *9:00 am* | *Break* | *N/A* |
| *9:15 – 10 am (.75 HR Requested)* | *Criteria for diagnosing Autism* | *Jane Doe, MD* |
| *10:00 AM* | *Adjourn* | ***Total Credits = 1.75*** |
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1. List the topic title, faculty name, abstract and objectives (**use action verbs that are measureable**) 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.*

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| **TOPIC TITLE** | **FACULTY NAME** | **ABSTRACT** | **OBJECTIVES** |
| *Example:**Diagnosing Autism* | *Jane Doe, MD* | *In this session, Dr. Doe will discuss the current status of autism, diagnostic procedures, medications and available agencies to support families. Participants will practice using a diagnostic survey.* | *Participants will be able to:**-Describe the symptoms of Autism.**-Prescribe medication for patients**-List agencies that assistant families dealing with Autism.**-Evaluate patients using a diagnostic survey.*  |
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**** **Evaluation, Barriers, Non-educational Strategies**

1. 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 four 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.
2. Please identify factors outside your control that have an impact on patient outcomes
*(Examples: insurance, patient not following recommended dosage, patient’s support system, etc.)*.

Click here to enter text.

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

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| **Non-educational Strategy** | **Purpose of the Strategy** |
| *Example: handouts, CD’s, practice forms, etc.**CPD will E-mail a follow-up outcomes survey to participants of this activity.* | *The outcomes survey will remind participants of the changes they will implement as well as focus on changes in professional practice.*  |
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**Course Financials**

The ACCME definition for a commercial interest: *A commercial interest is any entity producing, marketing, 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 commercial entities.

CPD does not accept commercial support, therefor*e NO direct payment from an ACCME-defined commercial interest 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.*

1. Will this activity have commercial support? [ ]  YES [ ]  NO

**(CPD does not accept commercial support)**

1. Will this activity have Commercial exhibits? [ ]  YES [ ]  NO

**(CPD does allow commercial exhibits)**

*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 SCS 4 and to use sound fiscal and business practices with respect to promotional activities* (see the Course Director Manual for the Standards for Commercial Support).

1. Will this activity have non-commercial exhibits? [ ]  YES [ ]  NO

If **yes**, for commercial or non-commercial exhibitors, please provide a list of exhibitors and indicate with an “X” whether they are commercial or non-commercial.

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| **NAME OF ORGANIZATION** | **E-MAIL ADDRESS** | **COMMERCIAL** | **NON-COMMERCIAL** |
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(Add additional rows to this table as needed)

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

33) If this activity will have commercial or non-commercial exhibitors, where will they be located with respect to the CPD educational activity?
Click here to enter text.

1. Is there a registration fee for participants? [ ] Yes [ ]  No

If yes, how much?

Physicians $ Click here to enter *physicians* amount.

 Physician’s Assistant $ Click here to enter *physician’s assistant* amount.

 Residents $ Click here to enter *residents* amount.

 Nurse Practitioners $ Click here to *nurse practitioners* amount.

Nurses $ Click here to enter *nurses* amount.

 Students $ Click here to enter *students* amount.

 Others (please specify) $ Click here to enter *other* amount.

**Signature Activity Director**
(*electronic signature or typed name is acceptable if sending electronically*)

X Signature Click here to enter electronic signature.

X Date: Click here to enter today’s date.

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

*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.*

FEE FOR PROVIDER OR JOINT-PROVIDERSHIP

**ACTIVITY FEE**

Application fee $100.00 (non-refundable) $ Click here to enter amount.
CPD fee for direct providership ($2,000.00) $ Click here to enter amount.

CPD fee for co-provider or joint provider ($2,500.00) $ Click here to enter amount.
CPD fee for Regularly Scheduled Series ($800) $ Click here to enter amount.
Fees for additional credits (see below) $ Click here to enter amount.
Total activity fee $ Click here to enter amount.

**DUE AFTER COMPLETION OF THE ACTIVITY**

Certificate fee $25.00 per person

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

**FEE FOR ADDITIONAL CREDITS**

$500.00 AAFP Credits

$500.00 Nursing (in order for CPD to apply for nursing credit, you must submit speaker Bio, speaker & planner disclosures, abstract and objectives for each speaker presentation two months prior to activity date.

$300.00 Nurse Practitioner (in order for CPD to apply for nurse practitioner credit, you must submit speaker Bio, speaker & planner disclosures, abstract and objectives for each speaker presentation two months prior to activity date.

$300.00 Physician Assistant (in order for CPD to apply for nurse practitioner credit, you must submit speaker Bio, speaker & planner disclosures, abstract and objectives for each speaker presentation two months prior to activity date.

**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)