CME APPLICATION

Please answer ALL questions. Boxes expand (click enter) to accommodate longer responses. When complete, please save the document in Word and email it as an attachment, *not* as pdf. Some sections require supporting documents. Please be sure to submit *all* requested documents to avoid delays in the certification process.

ACTIVITY INFORMATION

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| Title |       |
| Date | Start date:       End date:       |
| Format | [ ]  Live Course: learner participates in real time at a specific date/time[ ]  Regularly Scheduled Series: activity is series of multiple, ongoing sessions, primarily planned by and presented to the organization’s professional staff[ ]  Enduring Material: activity where content is available for the learner to complete at a time and place of the learner’s choosing |  | [ ] Cases[ ] Journal Club[ ] Other, specify:       |
| Held | [ ]  In-person only [ ]  Combination in-person and live-streamed[ ]  Live-streamed only [ ]  Other:       |
| Providership | **[ ]  Direct (SUNY only) [ ]  Joint (non-accredited provider collaborating with SUNY)** |
| Location |       |
| Day Held | [ ]  Mon [ ]  Tues [ ]  Wed [ ]  Thu [ ]  Fri [ ]  Sat [ ] Sun |
| Frequency | [ ]  Weekly [ ]  Monthly [ ]  Quarterly [ ]  Other, specify:        |
| Estimated participants | [ ]  <10 [ ]  11-25 [ ]  26-50 [ ]  >50 (per session) |

PLANNERS & FACULTY

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|  | **Name** | Email |
| Program **Director** |  |       |
| **Co-Director**…*must name only* ***IF*** *the Program Director has financial relationships* |  |       |
| **Planners**…*others who will have input into planning content, choice of speaker, delivery, and evaluation of activity* |  |        |
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| **Faculty**, speakers |  |        |
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| Administrative contact  |  |        |

EDUCATIONAL DEVELOPMENT

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| Describe your program in100-250 words |  |
| **Intended Audience** |  |

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| **Format** | [ ]  Lecture[ ]  Case-based[ ]  Work group/workshop | **[ ]  Simulation****[ ]  Panel discussion****[ ]  Other, describe:**  |
| **Rationale for why this method is most appropriate: (max 25 words)** |

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| **List the problems/issues in practice of the intended audience that this activity will address** | 1.
2.
3.
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| **What change(s) in strategy, performance, or patient care would you like this education to help learners accomplish?*****Example: Eliminate stigmatizing language from communication with patients; improve management skills*** |  |
| **What is/are the need(s) that will be addressed by this activity** | **[ ]  *Knowledge -learner needs new information*  Explain:** **[ ]  *Competence -learner needs new strategy* Explain:** **[ ]  *Performance -learner needs to adopt identified strategy* Explain:**  |

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| **How was the problem discovered?** |
| [ ]  survey of target audience | [ ]  quality assurance/audit data |
| [ ]  relevant data from previous evaluations  | [ ]  core measures |
| [ ]  new methods of diagnosis or treatment | [ ]  consensus of experts |
| [ ]  development of new technology | [ ]  increased prevalence/epidemic |
| [ ]  data from outside sources (gov. legislation, public health statistics) | [ ]  database analyses |
| [ ]  medical school/hospital requirements | [ ]  other, describe:       |

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| **LEARNING OBJECTIVES –** ***Objectives are directly driven by the gaps listed above. They describe, in broad terms, what the learner should be able to do after completing the CME activity*** |
| **Complete this sentence: At the conclusion of this activity participants should be able to:*****Example: 1) increase the number of smoking cessation referrals for patients with PAD who smoke.*** |
| **1)**  |
| **2)**  |
| **3)**  |
| CORE COMPETENCIES / PHYSICIAN DESIRABLE ATTRIBUTES |
| **ABMS/ACGME**[ ] Patient Care and Procedural Skills[ ] Medical Knowledge[ ] Practice-based Learning and Improvement[ ] Interpersonal and Communication Skills[ ] Professionalism[ ] Systems-based Practice | **Institute of Medicine**[ ] Provide patient-centered care[ ] Work in interdisciplinary teams[ ] Employ evidence-based practice[ ] Apply quality improvement[ ] Utilize informatics | **Interprofessional Education Collaborative**[ ] Values/Ethics for Interprofessional Practice[ ] Roles/responsibilities[ ] Interprofessional communication[ ] Teams and teamwork |

DESIRED OUTCOMES & EVALUATION

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| Which of the following outcomes will be measured? Select all that apply and choose what type of measurement will be used and documented. |
| [ ]  Learner Competence ***(minimum required)*** – “learner shows how to” …do learners now have strategy to apply what they learned | Measurement is → | [ ]  Objective (e.g. observed, tested, measured)[ ]  Subjective (e.g. self-reported, e.g. standard paper evaluation) |
| [ ]  Learner performance - “learner demonstrates in practice” …have learners implemented what they learned? | Measurement is → | [ ]  Objective (e.g. observed, tested, measures)[ ]  Subjective (e.g. self-reported e.g. survey) |
| [ ]  Patient health – “effects of what learner has done for a few” …have patient outcomes improved because of the activity? | Measurement is → | [ ]  Objective (e.g. observed, tested, measured)[ ]  Subjective (e.g. self-reported) |
| [ ]  Community/population health – “effects of what learner has done form many” … are there improvements in the community/region in health care as a result of this education? | Measurement is → | [ ]  Objective (e.g. observed, tested, measured)[ ]  Subjective (e.g. self-reported) |

BUDGET & FINANCIAL INFORMATION

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| **COMMERCIAL SUPPORT:** * Commercial and in-kind support is allowed but cannot not influence education in any way
* All financial support must be managed through the CME Office from the start
 |
| **Will you seek commercial support for this activity?** | **[ ]  Yes** **[ ]  No** |
| **Will you seek in-kinds support?** |  **[ ]  Yes [ ]  No** |
| **Will you have vendor exhibits?** |  **[ ]  Yes [ ]  No** |
| **If you answered yes to any of the above questions you must review the ACCME’s Standards for Integrity & Independence in Accredited Continuing Education:** <https://www.accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce> AND contact the CME office for further instructions |

**COMMENDATION CRITERIA**

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| **PROMOTES TEAM-BASED EDUCATION** |
| Engages Teams | [ ] Includes planners from more than one profession, representative of the target audience[ ] Includes faculty from more than one profession, representative of the target audience[ ] Designed to change competence and/or performance of the healthcare team |
| Engages Patient/Public | [ ] Includes planners who are also patients and/or public representatives[ ] Includes faculty who are patients and/or public representatives |
| EngagesStudents | [ ] Include planners who are students of the health professions[ ] Include faculty who are students of the health professions |
| **ADDRESSES PUBLIC HEALTH PRIORITIES** |
| AdvancesData Use | [ ] Teaches about collection, analysis, or synthesis of health/practice data[ ] Uses health/practice data to teach about healthcare improvement |
| AddressesPopulationHealth | [ ] Teaches strategies that learners can use to achieve improvements in population health |
| CollaboratesEffectively | [ ] Creates or continues collaborations with one or more healthcare community organizations[ ] Demonstrates that the collaborations augment the provider’s ability to address population  health issues |
| **ENHANCE SKILLS** |
| OptimizesCommunication Skills | [ ] Provides CME to improve communication[ ] Includes an evaluation of observed (e.g. in-person or video) communication skills[ ] Provides formative feedback to the learner about communication skills |
| Optimizes Technical/ProceduralSkills | [ ] Provides CME addressing psychomotor technical and/or procedural skills[ ] Includes an evaluation of observed (e.g. in person or video) psychomotor technical and/or  procedural skills[ ] Provides formative feedback to the learner about psychomotor technical and/or procedural skills |
|  |  |
| CreatesIndividualized Learning Plans | [ ] Tracks learner’s repeated engagement with a longitudinal curriculum over weeks or months[ ] Provides individualized feedback to the learner to close practice gaps |
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| Utilizes Support Strategies | [ ] Utilizes support strategies to enhance changes as an adjunct to CME activities[ ] Conducts a periodic analysis to determine the effectiveness of the support strategies, and plans improvements |
| **DEMONSTRATES EDUCATIONAL LEADERSHIP** |
| Engages in CME research and scholarship | [ ] Conducts scholarly pursuit relevant to CME[ ] Submits, presents, or publishes a poster, abstract, or manuscript to or in a peer-reviewed forum |
| Supports CPDFor CME Team | [ ] Creates a CME-related continuous professional development plan for all members of its team[ ] Learning plan is based on needs assessment of the team[ ] Learning plan includes some activities external to the provider[ ] Dedicates time and resources for the CME team to engage in the plan |
| DemonstratesCreativity/Innovation | [ ] Implement an innovation that is new for the CME program[ ] The innovation contributes to the provider’s ability to meet its mission |
| **ACHIEVES OUTCOMES** |
| ImprovesPerformance | [ ] Measures performance changes of learners[ ] Demonstrates improvements in the performance of learners |
| ImprovesHealthcare Quality | [ ] Collaborates in the process of healthcare quality improvements[ ] Demonstrates improvement in healthcare quality |
| ImprovesPatient/Community Health | [ ] Collaborates in the process of improving patient or community health[ ] Demonstrates improvement in patient or community outcomes |

MAINTENANCE OF CERTIFICATION (CME that counts for MOC)

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| * Select ABMS boards are collaborating with ACCME to enable certified CME to count for MOC.
* *Participation REQUIRES ADDITIONAL DOCUMENTATION AND INDIVIDUAL EVALUATION in order to receive credit.* It is board specific.
* In general, you will need to
* Attest to compliance with certifying board requirements
* Agree to collect required individual learner completion data
* Agree to abide by certifying board and ACCME use of data
* Agree to allow ACCME to publish data about the activity on ACCME’s website ([www.cmepassport.org](http://www.cmepassport.org)), if applicable
* Agree to comply with requests for information about the activity if selected for audit by the ACCME

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| [ ]  | American Board of Anesthesiology | ABA |
| [ ]  | American Board of Internal Medicine | ABIM |
| [ ]  | American Board of Otolaryngology – Head and Neck Surgery | ABOHNS |
| [ ]  | American Board of Pathology | ABPath |
| [ ]  | American Board of Pediatrics | ABP |
| [ ]  | American Board of Surgery | ABS |
| [ ]  | American Board of Orthopedic Surgery | ABOS |

[ ]  Please send additional information for the Board ch above.[ ]  This activity is already enrolled in the MOC program. We *wish to* ***continue*** with the same evaluation method and reporting to the ACCME.[ ]  This activity is already enrolled in the MOC program. We *wish to* ***discontinue*** the required evaluations and reporting to the ACCME. |