THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER.

The University of Tennessee College of Medicine
Office of Continuing Medical Education
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CME Credit Application & Activity Summary

Date Submitted: _____ **Host Organization or Department:** _____

This document collects information necessary to plan and have your educational activity certified for *AMA PRA Category 1 Credit(s)*^{TM}. Completion of the entire form is necessary to meet accreditation requirements and be approved for providing continuing medical education (CME) to physicians in a way that is compliant with requirements established by the Accreditation Council for Continuing Medical Education (ACCME).

Submit your application at least 60 days prior to your planned live activity (meeting, conference, symposium, DVP lecture) to ensure proper planning and coordination as well as ample time to promote your activity once approved. Submit your application at least 30 days prior to your planned regularly scheduled series (grand rounds, journal club, tumor board, M&M conference).

I.   Proposed Activity Information

Activity Title: _____
             ☐ Is this an annual event? _____ # of prior events

Activity Type: What educational design will be used in this activity?

☐ Live Course	☐ Regularly Scheduled Series (RSS)	☐ On-Demand Course
☐ In-Person	☐ In-Person	☐ Internet Enduring
☐ Internet Live	☐ Internet Live	☐ Printed Book

Activity Overview:

Activity Date(s): Begin: _____   End: _____

Location *(facility name and address)*: _____

Days:	☐ Monday	☐ Tuesday		**Times:** _____
	☐ Wednesday	☐ Thursday	☐ Friday	(ie. 12 – 1 pm)

Frequency of Meeting:	☐ One Time	☐ Weekly	☐ Twice Monthly	☐ Monthly
	☐ Quarterly	☐ Other: _____		

_____	X	_____	=	_____
Hours of Instruction		Number of Meetings (if RSS)		Hours of AMA PRA Category 1^{TM} credits

Rev. 1/1/24-2

Medical Activity/Course Director (MD or DO): The physician with overall responsibility for ensuring this activity is educational for the target audience and that the planning, developing, and implementation are in accordance with CME policies.

Name: _____ ☐ MD ☐ DO

Address, City, State, Zip Code: _____

Phone: _____ **Email**: _____

Activity Coordinator: The Activity Coordinator is the individual responsible for the operational, logistical, and administrative coordination of the certified CME activity.

Name: _____

Address, City, State, Zip Code: _____

Phone: _____ **Email**: _____

II.   Content and Educational Design

CME activities should be designed to address shortcomings or gaps in the professional practice of your specific target audience. A professional practice gap is the difference between the current professional medical practice and the ideal professional medical practice, and the professional practice gap statement describes how the current practice is less than ideal or could be better in terms of its knowledge, skills & abilities (competence), medical practice & care provided (performance), and/or patient outcomes.

According to the ACCME, CME must be: 1) Designed specifically for physicians or medical professionals, 2) Unbiased by commercial interests, 3) Educational, 4) Evidence-based, and 5) Free from promotion

Target Audience. CME activities must be designed and directed to serve the clinical and professional performance of practicing physicians. What is the target audience for this activity? (Please check all that apply)

☐ Physicians   ☐ Allied Health Professionals (PhDs, Physician Assistants, etc.)   ☐ Residents/Fellows
☐ Pharmacists   ☐ Nurses (Nurse Practitioners and/or Registered Nurses)   ☐ Medical Students
☐ Other_____

Does the target audience need the education that this activity will provide?   ☐ Yes ☐ No

Fit with UTHSC CME Mission. Please explain how this CME activity will align with UTHSC CME Mission Statement. (Please check all that apply)

☐ Aligns with UTHSC goals and/or mission
☐ Designed to assist physicians and healthcare professionals gain competency & improve performance
☐ Evaluations
☐ Promotes the practice of evidence-based medicine and healthcare
☐ Designed to assist in the dissemination of new medical health care knowledge and evolving topics
☐ Other (please explain) _____

Professional Practice Gaps. A professional practice gap is the difference between current practice and optimal practice. It can also be described as the difference between what occurs and what should occur to give the best possible care to patients. CME is intended to be designed to address gaps in knowledge, competence, performance, and patient outcomes.

State the professional practice gap(s) of your learners on which the activity was based. *(Maximum 100 words)*

Educational Needs:
State the educational need(s) in the areas of knowledge, competence, performance, and patient outcomes that you determined to be the cause of the professional practice gap(s) that you identified. *(Maximum 50 words each)*

Knowledge Areas:
Competence (Skills and Abilities):
Medical Practice (Performance):
Patient Outcomes:

Desirable Physician Attributes:
Indicate the desired results/attribute(s) (i.e., competencies) this activity addresses. The ACCME requires us to report how the CME activity is designed in context of desirable physician attributes. Which desired physician attributes from the below list of education authorities will your activity meet? (Please check all that apply)

ACGME/ABMS Competencies
☐ Patient Care and Procedural Skills
☐ Medical Knowledge
☐ Practice-Based Learning and Improvement
☐ Interpersonal and Communication Skills
☐ Professionalism
☐ Systems-Based Practice

Institute of Medicine (IOM) Competencies

☐ Provide patient-centered care
☐ Work in interdisciplinary teams
☐ Employ evidence-based practice
☐ Apply quality improvement
☐ Utilizing Informatics

Interprofessional Education Collaborative Competencies

☐ Values/Ethics for Interprofessional Practice
☐ Roles/responsibilities
☐ Interprofessional Communications
☐ Teams and Teamwork

What teaching format(s) will be used in this activity? How will the CME activity be designed to facilitate a change in the learners? Adult learning principles and the physician learning and change process should be considered when selecting the appropriate method. (Please check all that apply)

☐ Lecture   ☐ Case Study   ☐ Small Group Discussions
☐ Panel Discussion ☐ Enduring Materials   ☐ Internet
☐ Simulations   ☐ Observing a procedure   ☐ Hands-on Workshop
☐ Take away messages (summaries, best practices)   ☐ Other (please specify) _____

Why did you choose this combination of educational design and teaching format(s) for your activity?

Learning Objectives. Based on your identified educational needs, what are the objectives and/or the purpose of this activity? Your objectives should be measurable and state specific improvements or tasks your learners should be able to do because of what they learn from this activity (specific outcomes). **Learning objectives should be provided to learners at your activity.**

The number of objectives is not as important as the accuracy of intended outcomes. Below, list objectives and describe each in the space provided. Please use verbs such as identify, explain, describe, compare, differentiate, examine, formulate, propose, assess, measure, select, or choose for writing operational/behavioral objectives

Objective 1:

Objective 2:

Objective 3:

Other supplementary strategies. Are there strategies that could be used to enhance change in your learners as an adjunct to this activity? Examples include patient surveys, patient information packets, email reminders to the learners (i.e., summary points from the lecture, new information, posters throughout the hospital, pocket guides).

III. Activity Evaluation

You are required to measure the outcomes of this educational activity. Evaluations are a tool used to determine if the desired educational results were achieved and objectives met for the learners. Only one form of evaluation is required. Evaluation tool should clearly list the name of the activity, speaker(s), and objectives. Please check the methods of outcome measurement that will be used to measure change in the learners' knowledge, competence, performance, or patient outcomes. (Template available) Evaluations are commonly used at CME activities to measure learning and determine if the desired changes were achieved among the learners. Your evaluation needs to ask learners: 1) to measure/score the activity's success in accomplishing its stated learning objectives, 2) to describe improvements to their knowledge, skills & abilities (competence), medical practice & performance, and patient outcomes that resulted from this activity, and 3) if they perceived commercial bias in the activity (allowing them to describe any commercial bias). In choosing the evaluation method for this activity, consider the goal of the activity, the method of education, applicability of the evaluation tool, and your available resources. Vehicles for evaluating your activity include handouts, online surveys, and an audience response system.

☐ Post-Activity Evaluation   ☐ Online Evaluation Survey   ☐ Pre-test and Exit-test
☐ Post-test (4-6 weeks)   ☐ Other (please explain) _____

IV. Activity Planners and Speakers

Planners List - Enter the names and roles/affiliations of all individuals (planners) for this activity. This will include the activity medical director, planning committee members, and anyone in a position of control or influence over the planning, speaker selection, topic selection, content, agenda, evaluation, etc. for this educational activity.

List the names for all planners for this activity:

Activity Planner Names:	Role/Contribution for this Activity: Activity Medical Director Activity Coordinator

Speakers List – Assuming that you have identified all presenters/speakers for this CME activity, list their names below in alphabetical order (by last name) and put each name on its own row. If you have not yet identified or finalized the speakers for this activity, put "see final agenda" in the space below and prior to closing out of the activity provide the list of speakers to the Office of CME.

List the names for all speakers, presenters, moderators, authors, and anyone else with an educational role in this activity:

Presenter/Speaker Names:

Honorarium - If any speaker is receiving an honorarium for their participation, include proposed amount in the space provided on the **Planners and Speakers Roster.** All honorariums must comply with UTHSC Policy on CME Honorarium.
Are proposed honoraria within policy requirements established by UTHSC? ☐ Yes ☐ No ☐ N/A

V.   Activity Financials

Will a registration fee be charged?   ☐ Yes ☐ No   If yes, please specify amount: _____

Do you plan to seek educational grant(s) for this activity?   ☐ Yes   ☐ No

If **yes,** please specify companies you will be applying for and the amount of each request.

VI.   Disclosing Commercial Support

Commercial support is monetary or in-kind contributions from a commercial interest that is used to fund all or part of the costs of your CME activity. (Commercial interest is an entity that produces, markets, re-sells, or distributes health care goods or services consumed by or used on patients) (see ACCME's **Standards for Commercial Support)**

Management of Commercial Support: Is there any possibility that this activity will receive support from any commercial interest(s) during this approval period?   ☐ Yes   ☐ No   ☐ Not Certain

Commercial Support Letters of Agreement (LOA): The ACCME requires a LOA for Commercial Support for all educational grants received from a commercial interest to support CME. LOA's must be signed by the company's representative and the CME Provider and/or, in some cases, the joint sponsor/educational partner, if applicable. Signed copies of all LOA's must be maintained in the CME Department.

Management of Commercial Support: The ACCME requires that all commercial support be appropriately managed by the CME Provider. A financial budget statement is required for each activity when commercial support is received. The budget information must be submitted at the conclusion of the activity.

Acknowledgement of Commercial Support: The ACCME requires that all commercial support be acknowledged to the CME audience prior to the activity.

Disclosure Forms: The ACCME requires that anyone who has an opportunity to influence the content of the CME activity disclose all financial relationships (or the lack thereof) they have with a commercial interest; and that any potential conflicts of interest be resolved before the activity occurs. The name and type of commercial interest should be identified on the Planners and Speakers Roster. The course director, planning committee members, staff, speakers, authors, moderators, etc., must complete a Disclosure Form. Disclosure forms for speakers not yet identified and/or confirmed must be submitted at least 1 week prior to activity start date. Conflict of Interest Resolution (COI): If a conflict of commercial interest is identified, please submit a COI and Resolution Form. If applicable, UTHSC CME staff will reach out to discuss and complete the COI form and any needed actions (i.e., presentation slide review, etc.)

Disclosure to Learners Statement: The ACCME requires that disclosure of all financial relationships (or the lack thereof) for anyone who has control over CME content is communicated to the CME audience prior to or during the activity. UTHSC will provide the Disclosure to Learners document once all speaker and planner disclosures are reviewed.

VII. Marketing and Promotion

Promotion Methods - How will you market or promote this activity to potential participants? Indicate what methods will be used.

☐ Save-the-Date Announcement   ☐ Brochure/Flyer or Handout   ☐ Invitation
☐ Online or Print Newsletter   ☐ Webpage   ☐ Email
☐ Online or Print Advertisement   ☐ Poster or Sign   ☐ Other _____

Approval of Promotional Materials - UTHSC CME Office **must review** and approve all materials associated with the activity **prior** to having them produced and distributed. ACCME/AMA will allow simple save-the-date announcements to be mailed prior to CME designation provided CME is not mentioned. The phrases "CME has been applied for" or "CME is pending" are not allowed. Any other promotion (website, press release, newsletter, etc.) **cannot mention CME until UTHSC has approved this activity for CME/AMA credits.**

The AMA Credit statement, Accreditation statement and the UTHSC logo must be included on all promotional materials except for simple save-the-date announcements, as mentioned previously. When we approve this activity for CME credit, we will email the ACCME logo to you in case you want to include it next to the Accreditation statement, but this is not required.

Materials Content - Marketing materials must identify the target audience, learning objectives, program faculty and presenters, agenda, UTHSC identified as the sponsor, sources of financial support, accreditation, and designation statements.

VIII. Enduring Materials, Agenda, and Credit Declaration Form

Enduring Materials - Enduring materials have additional requirements. Access to bibliographic resources for further study must be made available. The course review date, original release date, and termination date must be included on the enduring material. Enduring materials must be reviewed at least every three years. For enduring activities, UTHSC CME staff will contact you regarding additional guidelines and requirements. Please let the UTHSC Office of CME know if you plan to use this material as enduring programing.

Detailed Activity Agenda: Please submit an activity schedule/agenda showing all sessions (CME and non-CME) with exact start and end times provided for each topic/ presentation or activity including method of instruction and name of speaker(s) for each. Include any planned break times during or between sessions, and any related social events.

Attestation of Attendance: If your activity has 2 hours or more of CME at each session, you must use a credit declaration form to allow attendees to confirm which sessions they attend and for what length of time.

IX. CME Certificates and Activity Closeout

The Office of CME is required to report to the ACCME by March of the following calendar year and reserves the right to withhold CME credit for an activity whose CME documentation has not been completed by then. After this CME activity is over, the CME closeout form must be completed and provided to the Office of CME. The Office of CME does not issue CME credit certificates until all documentation is complete for this application and the closeout form.

An Activity Closeout Report must be completed at the completion of this activity. **CME certificates will not be issued until all documentation is complete for both this application and the close out report.** The closeout report includes total hours of CME provided through the activity, participation data, content confirmation, information regarding prescribing education (if applicable), disclosure forms, documentation of disclosure statements, summary of evaluations, financial data (including information related to commercial support, if applicable), and options for distribution of certificates.

X.   Attestation and Signatures

I understand and agree to the terms set by the requirements in this agreement for *AMA PRA Category 1*^{TM} credit.

Printed name: _____**Signature:** _____
                                                                      Activity Medical Director

Date: _____

I understand that within 30 days after completion of the activity, all post-activity paperwork must be submitted to the Office of CME, and that certificates for CME and attendance will not be distributed until after the closeout report is submitted and documentation is complete.

Printed name: _____**Signature:** _____
                                                                      Activity Coordinator

Date: _____

Save as PDF with file name "UTHSC_CME Application [DATE]_[INSTITUTION].pdf **" and send completed form to vcarrozz@uthsc.edu**

Continuing Education Office USE ONLY

☐ Approved for _____ *AMA PRA Category 1*^{TM} credits x _____ meetings (if live activity)
      Providership Type: ☐ Direct   ☐ Joint

☐ Not Approved
        ☐ Insufficient planning
        ☐ Needs assessment insufficient
        ☐ Proposed program incomplete
        ☐ Not in keeping with institutional / CME mission

Signature: _____   **Date**: _____
            Director, UTHSC CME

Supporting Documentation Checklist:
        ☐ Agenda   ☐ Planner Forms   ☐ Speaker Forms   ☐ Letter of Agreement (if receiving Commercial Support)

                                                                      PARS Activity ID:_____