

Course # _____

RSS Application Form

PLEASE NOTE: Applications must be typed and submitted electronically. This form is designed to collect all information necessary to plan and develop the proposed CME activity. Completion of all sections of this form is necessary to meet accreditation requirements. All speakers, moderators, authors, and teachers will be referred to as Presenters. The CPD staff is available to help you navigate this process.

Section 1 of 8: Activity Description

Activity Information		
Title of Activity:		
Department/Division Name:		
Department/Society Website:		
Department/Society Mission Statement:		
Start Date:	End Date:	
Facility/Location:		
Facility Address:		
Type of Activity		
<input type="checkbox"/> New (First offering) occurrence)	<input type="checkbox"/> Renewal (Annual occurrence)	Previous Course #:
<input type="checkbox"/> Regularly Scheduled Series (RSS) Select all that apply		
<input type="checkbox"/> Grand Rounds or Lecture Series	<input type="checkbox"/> Journal Club	<input type="checkbox"/> Morbidity & Mortality Conference
<input type="checkbox"/> Morphologic Conference	<input type="checkbox"/> Tumor Board	<input type="checkbox"/> Case-based Conference <input type="checkbox"/> Quality Rounds
What is the scheduled day of the week: <input type="checkbox"/> M, <input type="checkbox"/> T, <input type="checkbox"/> W, <input type="checkbox"/> TH, or <input type="checkbox"/> F.		
Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other: _____		
If 2/month, 1/month or quarterly, please indicate the week(s) in month activity meets: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th Week of Month		
Meeting time: _____ to _____		
Will these sessions be video conference in real time (webcast)? <input type="checkbox"/> Yes, please provide URL: _____ <input type="checkbox"/> No		
Are you interested in archiving your RSS sessions as web-based CME-certified enduring materials (self-study)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of First RSS Session:	Date of Last RSS Session:	# of Sessions Anticipated:
Providership		
<input type="checkbox"/>	Direct Providership (An activity organized by departments within the OU College of Medicine)	
<input type="checkbox"/>	Joint Providership (An activity organized by entities outside the OU College of Medicine. Note: A pharmaceutical company or medical device manufacturer cannot be a provider.)	

Section 1 of 8: Activity Description

Other credit	
Are you applying for other credits such as ACPE, ANCC, AAFP, ACOG, CRNA, etc? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list which types: _____	
If yes, please provide the following contact information for each accrediting group:	
1 -Accrediting Organization:	
Contact Person:	Title
Phone:	Email:
Address:	
City, State and Zip:	
Does this accreditor give permission for the OU CPD office to issue their credit certificates through CloudCME? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what are the names of the contact people who can review and approve the draft copies of those certificates if different than above?	
2 -Accrediting Organization:	
Contact Person:	Title
Phone:	Email:
Address:	
City, State and Zip:	
Does this accreditor give permission for the OU CPD office to issue their credit certificates through CloudCME? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what are the names of the contact people who can review and approve the draft copies of those certificates if different than above?	
<input type="checkbox"/> Additional accrediting organizations are attached	
Please provide required sample evaluations for each accrediting organization.	
Maintenance of Certification (MOC)	
<p>The ACCME has collaborated with ABMS member boards to simplify and align the MOC process to better meet the needs of diplomates and to facilitate the integration of CME and MOC. These collaborations enable CME providers to offer more lifelong learning options with MOC credit to physician specialists and subspecialists. Currently, collaborations are in place with the American Board of Anesthesiology (ABA), the American Board of Internal Medicine (ABIM) and the American Board of Pediatricians (ABP).</p> <p>The CPD office is currently working with CloudCME to be able to provide MOC for our accredited activities. Please select any of the following boards for which you would like to provide credit as soon as it becomes available:</p> <p>___ American Board of Internal Medicine (ABIM) ___ American Board of Pediatricians (ABP) ___ American Board of Anesthesiology (ABA)</p>	

Section 2 of 8: Leadership and Administrative Support Staff

NOTE: All individuals listed will be required to complete and sign a CME disclosure form and submit a curriculum vitae before the application will be reviewed and approved.

Course Director(s) The physician or basic scientist who has overall responsibility of planning, developing, implementing and evaluating the content and logistics of a certified activity.			
First Name:		Middle Initial:	
Last Name:		Degree(s):	
Title:		Affiliation:	
Department:		Email:	
Cell Phone:		Office Phone:	
Address:			
City, State and Zip:			
Receiving Honorarium & Amount:		<input type="checkbox"/> No <input type="checkbox"/> Yes, Amount: _____	
Course Director Acceptance of Responsibilities As course director, I have reviewed this application form and responsibilities for <i>AMA PRA Category 1 Credit™</i> for the period of July 1, 20__ to June 30, 20__. I attest that the information provided is complete and accurate. I agree to abide by the current ACCME and AMA accreditation requirements for planning, activity implementation and evaluation (including the Standards for Commercial Support) and the OU/COM Office of Continuing Professional Development policies and procedures for Regularly Scheduled Series.			
In conjunction with OU/COM/CPD, I agree to (please check each selection to indicate that you have read and agree to the following):			
<input type="checkbox"/> Assist in resolving potential conflicts of interest prior to delivery of the educational series.			
<input type="checkbox"/> Conduct peer review of content and course materials to ensure that content is scientifically valid, evidence-based, balanced, and free from any commercial bias (regardless of whether the series itself receives any commercial support).			
<input type="checkbox"/> Disclose to learners: (1) any relevant financial relationships or the absence of a financial relationship, and (2) the source of all commercial support for the educational series.			
<input type="checkbox"/> Verify that disclosure of financial relationships and commercial support or lack of was made known to all participants prior to beginning of the educational series.			
<input type="checkbox"/> Maintain total separation of all educational and promotional activities.			
<input type="checkbox"/> Maintain records for six years.			
<input type="checkbox"/> I understand that all activities certified by OU/COM/CPD are subject to periodic audit by OU/COM/CPD and/or the ACCME.			
Course Director Signature: _____		Date: _____	

Section 2 of 8: Planning

Co-Course Director (optional) The individual who shares responsibilities for planning the certified activity. Designating an Activity Co-Director is optional, but strongly encouraged, for a joint-providership activity.			
First Name:		Middle Initial:	
Last Name:		Degree(s):	
Title:	Affiliation:		
Department:		Email:	
Cell Phone:	Office Phone:		
Address:			
City, State and Zip:			
Receiving Honorarium & Amount:	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Amount: _____	
Administrative Coordinator/Course Contact (this is often the person that the CPD staff works with who takes care of the administrative details for the activity)			
First Name:		Middle Initial:	
Last Name:		Degree(s):	
Title:	Affiliation:		
Department:		Email:	
Cell Phone:	Office Phone:		
Address:			
City, State and Zip:			
Receiving Honorarium & Amount:	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Amount: _____	
<input type="checkbox"/>	Check here if the Administrative Coordinator/Course Contact is NOT involved with selecting presenters, topics, influencing content.		
Medical Director (if different from Course Director)			
First Name:		Middle Initial:	
Last Name:		Degree(s):	
Title:	Affiliation:		
Department:		Email:	
Cell Phone:	Office Phone:		
Address:			
City, State and Zip:			
Receiving Honorarium & Amount:	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Amount: _____	
Student/Resident/Fellow (Required: ACCME's new criteria suggest that CME planning committee's contain students of the health care professions to be engaged in the planning & delivery of CME. Please recruit a student who believes in life-long learning. (C25))			
First Name:		Middle Initial:	
Last Name:		Degree(s):	
Title:	Affiliation:		
Department:		Email:	
Cell Phone:	Office Phone:		
Address:			
City, State and Zip:			
Receiving Honorarium & Amount:	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Amount: _____	

Section 3 of 8: Planning

Planning Committee, Reviewers, interprofessional team (C23), and Patient Volunteers (C24)
 In addition to the activity medical director, co-director, student, and/or course contact, list the names, degrees, titles, affiliations and emails of persons chiefly responsible for the design and implementation of this activity. **Also consider interprofessional team members for planning purposes when appropriate.** Use additional sheets if necessary. **NOTE: All individuals listed will be required to complete and sign a CME disclosure form and submit a curriculum vitae before the application will be approved.**

First Name:		Middle Initial:
Last Name:		Degree(s):
Title	Affiliation	Email
Cell Phone:	Receiving Honorarium & Amount:	<input type="checkbox"/> No <input type="checkbox"/> Yes, Amount: _____
First Name:		Middle Initial:
Last Name:		Degree(s):
Title	Affiliation	Email
Cell Phone:	Receiving Honorarium & Amount:	<input type="checkbox"/> No <input type="checkbox"/> Yes, Amount: _____
First Name:		Middle Initial:
Last Name:		Degree(s):
Title	Affiliation	Email
Cell Phone:	Receiving Honorarium & Amount:	<input type="checkbox"/> No <input type="checkbox"/> Yes, Amount: _____
First Name:		Middle Initial:
Last Name:		Degree(s):
Title	Affiliation	Email
Cell Phone:	Receiving Honorarium & Amount:	<input type="checkbox"/> No <input type="checkbox"/> Yes, Amount: _____
First Name:		Middle Initial:
Last Name:		Degree(s):
Title	Affiliation	Email
Cell Phone:	Receiving Honorarium & Amount:	<input type="checkbox"/> No <input type="checkbox"/> Yes, Amount: _____

Additional planning committee members attached

Section 3 of 8: Planning (continued)

Collaborations with Other Organizations to Address Community/Population Health Issues C28

Occasionally there are other internal and/or external stakeholders/organizations working on similar issues with which you can collaborate

Are there others within your organization working on this issue?

Yes:

Identify who:

QI/Patient Safety

Patients

Nurses

Pharmacists

Dentists

Social Workers

Physician Specialists

Primary Care Physicians

Cancer Center

Health Care Authority

American Heart Assoc.

OSBMLS

OUHSC College of Dentistry

Other OUHSC Departments, Please list: _____

No

Are there external stakeholders working on this issue?

Yes, Identify who: _____

No

If yes, could they be included in the development and/or execution of this activity?

Yes, in what ways: _____

No

How will collaboration enhance the activity's intended outcomes: (Sample: Provide relevant knowledge and community resources)

Section 3 of 8: Planning (continued)

Target Audience				
This activity primarily addresses the role of the practicing physician participant/learner as: <input type="checkbox"/> Clinician <input type="checkbox"/> Medical educator <input type="checkbox"/> Researcher <input type="checkbox"/> Administrator <input type="checkbox"/> Other (specify) _____				
Expected audience size _____ Percent of audience expected to be physicians _____ Percent of other allied health professionals _____ Percent of other _____				
Percent OUHSC Faculty _____ Percent Local _____ Percent Oklahoma _____ Percent Regional _____ Percent National _____ Percent International _____				
Select all that apply (at least 1 box from geographic location, provider type, and specialty must be selected).				
Geographic Location:	Provider Type:	Specialty:		
<input type="checkbox"/> Internal	<input type="checkbox"/> Primary Care Physicians	<input type="checkbox"/> All specialties	<input type="checkbox"/> Oncology	
<input type="checkbox"/> Local	<input type="checkbox"/> Specialty Physicians	<input type="checkbox"/> Anesthesiology	<input type="checkbox"/> Orthopedics	
<input type="checkbox"/> Regional	<input type="checkbox"/> Pharmacists	<input type="checkbox"/> Cardiology	<input type="checkbox"/> Pediatrics	
<input type="checkbox"/> National	<input type="checkbox"/> Psychologists	<input type="checkbox"/> Dermatology	<input type="checkbox"/> Psychiatry	
<input type="checkbox"/> International	<input type="checkbox"/> Physician Assistants	<input type="checkbox"/> Emergency Medicine	<input type="checkbox"/> Radiology	
	<input type="checkbox"/> Nurses	<input type="checkbox"/> Family Medicine	<input type="checkbox"/> Radiation Oncology	
	<input type="checkbox"/> Nurse Practitioners	<input type="checkbox"/> General Medicine	<input type="checkbox"/> Surgery	
		<input type="checkbox"/> Neurology	<input type="checkbox"/> Other (specify):	
		<input type="checkbox"/> OB/GYN		
AMA PRA Category 1 CreditTM and Levels for New Procedures and Skills <small>C35</small>				
Will this program teach new procedures and skills which may allow for expanded clinical privileges? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , please note that the AMA has established a system of four levels that reflect the education and training a physician has achieved in the new procedure. <i>(Levels 2-4 require additional instructions and feedback from the course director.)</i> The four levels are: (Select the level appropriate for this activity.) <input type="checkbox"/> Level 1. Verification of attendance; <input type="checkbox"/> Level 2. Verification of satisfactory completion of course objectives; <input type="checkbox"/> Level 3. Verification of proctor readiness; and <input type="checkbox"/> Level 4. Verification of physician competence to perform the procedure.				

Section 3 of 8: Planning (continued)

Please indicate how this RSS educational series will align with CPD's mission. C3 (Check all that apply)

The mission of the University of Oklahoma College of Medicine, Irwin H. Brown Office of Continuing Professional Development is to provide lifelong learning for physicians and other healthcare providers based on documented needs and professional practice gaps, utilizing evidence-based medicine fundamentals. Activities and educational interventions approved by the Office of Continuing Professional Development support desirable physician attributes including patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and systems-based practice. These educational activities and educational interventions will result in changes in learner competence and performance, and ultimately lead to high quality patient care and improved patient outcomes.

Additionally, as an integral part of OU Medicine, the Office of Continuing Professional Development supports the institutions mission of leading healthcare in education, research and patient care.

- Designed to address gaps in quality.
- Designed to disseminate evidence-based knowledge and skills.
- Designed to improve patient health status/metrics.
- Designed to promote team work among health professions by including an inter-professional audience.
- Designed to assist health care professionals in their pursuit of life-long learning in order to provide high quality health care.
- Designed to improve competence in one or more of the six core competency areas.
- Planned to promote patient-centered care through interprofessional education.
- Promotes the practice of evidence-based medicine.
- Other, please explain:

Feedback C2

List all the suggestions from the past CME evaluation that you have incorporated in this new activity:

Section 4 of 8: Independence

Disclosure of Financial Relationships C7

It is the policy of the University of Oklahoma College of Medicine to ensure balance, independence, objectivity, and scientific rigor in all directly or jointly provided educational activities. Documentation showing that relationships with commercial supporters **are disclosed** to the participants, even if there is no relevant commercial support associated with this program, must be provided electronically to the CPD office.

In addition to presenters, all individuals who are in a position to control the content of the educational activity (course/activity directors, planning committee members, staff, teachers, moderators, reviewers and authors of CME) must disclose all relevant financial relationships they have with any commercial interest(s) as well as the nature of the relationship. Financial relationships of the individual's spouse or partner must also be disclosed, if the nature of the relationship could influence the objectivity of the individual in a position to control the content of the CME. The ACCME describes relevant financial relationships as those in any amount occurring within the past 12 months that create a conflict of interest. ***Individuals who refuse to disclose will be disqualified from participation in the development, management, presentation, or evaluation of the CME activity. Failure to complete an online disclosure form is equal to refusing to disclose.***

The Activity Disclosure and Resolution Form is the mechanism used by the CPD office to gather information about relevant financial relationships with commercial interests

Conflicts of Interest (COI) must be resolved BEFORE the activity occurs, preferably during the early planning stages.

Disclosure Process:

Step 1: During the application process, the CPD office will e-mail all planning committee members a link to the CPD website with instructions for how to complete the required forms;

Step 2: Once the application is approved, the CPD office will work with the course director and course contact to provide the website link and information necessary for them to complete their required forms.

Step 3: Information gathered through the activity disclosure and resolution form must be conveyed to activity participants in the following manner:

- Disclosure must be made to participants of all relevant financial relationships, and/or the lack of relevant financial relationships, prior to the start of the activity
- All presenters must begin their presentation with a disclosure slide that matches their information in the disclosure report and give a verbal disclosure
- All moderators must give a verbal disclosure

Attestation of Having Read the Commercial Support Policies and Procedures

You must attest to the following: I have read the [ACCME's Standards for Commercial Support](#). I understand the standards and my role and responsibilities.

Yes No please explain why?

Section 4 of 8: Independence (Continued)

Commercial and In-Kind Support C7, C8, C9, C10

Will you apply for educational grants to help fund this activity?

- No Commercial Support, go to next section titled Exhibit Space.
- Yes, please list below all grants for which you have applied for or which you plan to apply. Indicate the grant status. A properly executed letter of agreement (LOA) and a copy of the check must be sent to the CPD office. Each grant must be funded BEFORE the educational activity.

Identify the individual(s) who will be responsible for requesting commercial support (either via educational grants or in-kind donations): _____

Check here if this is the Course Director or the administrative contact **OR** provide the full name, title, and contact information (email, phone, fax, and mailing address) for the individual(s) requesting support from outside entities.

Name of company	Grant request funded?
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending

More space is needed, a complete list of grants applied for is attached with the above information indicated.

Section 4 of 8: Independence (Continued)

Attendees																														
<p>Will you be providing food/meals for the attendees/learners?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please check all that apply:</p> <p> <input type="checkbox"/> Breakfast <input type="checkbox"/> Buffet <input type="checkbox"/> Boxed lunch <input type="checkbox"/> Plated meal <input type="checkbox"/> Dinner </p> <p> <input type="checkbox"/> Breaks <input type="checkbox"/> Snacks <input type="checkbox"/> Other: _____ </p> <p>How will this be funded? _____</p>																														
<p>Will you be providing items of value to the attendees/learners?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please check all that apply:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Tote Bags</td> <td><input type="checkbox"/> Lanyards</td> <td><input type="checkbox"/> Pens</td> <td><input type="checkbox"/> T-Shirts</td> <td><input type="checkbox"/> USB Flash Drive</td> </tr> <tr> <td><input type="checkbox"/> Can Cooler</td> <td><input type="checkbox"/> Lip Balm</td> <td><input type="checkbox"/> Key Light</td> <td><input type="checkbox"/> Cap</td> <td><input type="checkbox"/> Coffee Mugs</td> </tr> <tr> <td><input type="checkbox"/> USB Flash Drive</td> <td><input type="checkbox"/> Sunglasses</td> <td><input type="checkbox"/> Flashlight</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Magnetic Clips</td> <td colspan="4"><input type="checkbox"/> Power Bank Cell Phone Charger</td> </tr> <tr> <td><input type="checkbox"/> Bottle Opener</td> <td colspan="4"><input type="checkbox"/> Tumbler with Straw</td> </tr> <tr> <td colspan="5"><input type="checkbox"/> Other: _____</td> </tr> </table> <p>How will this be funded? _____</p>	<input type="checkbox"/> Tote Bags	<input type="checkbox"/> Lanyards	<input type="checkbox"/> Pens	<input type="checkbox"/> T-Shirts	<input type="checkbox"/> USB Flash Drive	<input type="checkbox"/> Can Cooler	<input type="checkbox"/> Lip Balm	<input type="checkbox"/> Key Light	<input type="checkbox"/> Cap	<input type="checkbox"/> Coffee Mugs	<input type="checkbox"/> USB Flash Drive	<input type="checkbox"/> Sunglasses	<input type="checkbox"/> Flashlight			<input type="checkbox"/> Magnetic Clips	<input type="checkbox"/> Power Bank Cell Phone Charger				<input type="checkbox"/> Bottle Opener	<input type="checkbox"/> Tumbler with Straw				<input type="checkbox"/> Other: _____				
<input type="checkbox"/> Tote Bags	<input type="checkbox"/> Lanyards	<input type="checkbox"/> Pens	<input type="checkbox"/> T-Shirts	<input type="checkbox"/> USB Flash Drive																										
<input type="checkbox"/> Can Cooler	<input type="checkbox"/> Lip Balm	<input type="checkbox"/> Key Light	<input type="checkbox"/> Cap	<input type="checkbox"/> Coffee Mugs																										
<input type="checkbox"/> USB Flash Drive	<input type="checkbox"/> Sunglasses	<input type="checkbox"/> Flashlight																												
<input type="checkbox"/> Magnetic Clips	<input type="checkbox"/> Power Bank Cell Phone Charger																													
<input type="checkbox"/> Bottle Opener	<input type="checkbox"/> Tumbler with Straw																													
<input type="checkbox"/> Other: _____																														

This area has been deliberately left blank.

Section 6 of 8: Promotion

Promotion Materials

Please note: All promotional materials must be approved by the CPD office prior to distribution to potential participants. There are required elements and statements that must be used in all promotional materials. If you fail to get prior approval for the materials and elements are missing or are incorrect you will be required to make the necessary corrections and redistribute the materials to potential participants (even if this requires reprinting.)

See: Brochure/Promotional Material Requirements and Statement Guide

How will notification of this educational activity be distributed to the participants prior to the activity? (Select all that apply)

- Department Website
- Web Advertisements
- Flyer/Announcement
- E-blast with Announcement/Flyer
- Facebook
- Instagram
- Twitter
- Other: (please specify)

Session Announcement (RSS Only)

A sample announcement must accompany this application before it will be reviewed for approval of a credit award. The announcement must have the following items: Title, Date, Time, Location (include city, state and zip), Title of Talk, Presenter Name, Learning Objectives, Planning Committee List, Accreditation Statement, Conflict Resolution Statement, Accommodation Statement, Nondiscrimination Statement, Commercial & In-Kind Support Statement, Policy on Faculty and Presenter Disclosure, Disclaimer Statement, and Disclosure & Resolution Report.

All announcements must be submitted at least one week in advance to the CPD Office for review and approval.

See Attachment A for a sample announcement.

Section 7 of 8: Financial Information

Budget	
<p>You must complete the preliminary budget. A final budget that lists ALL expense items will be required at the end of the activity/academic year. Commercial support is also to be a line item on the budget. You will need to submit documentation for payment of all presenter expenses. Please note: Companies that are defined as commercial interests by the ACCME are not allowed to pay any conference expenses directly. Commercial support can only be provided as educational grants with proper documentation in place. You must demonstrate through the budget and the accompanying documentation that the conference organizers paid all expenses directly.</p>	
Sources of Revenue	
<p>Institutional/Organizational Funds (Internal department): Funding provided by university or by the CPD office recognized joint provider of the activity, or % costs absorbed by the department/division/organization.</p>	_____ %
<p>Commercial Support (Educational Grants): Funding or “in-kind” services provided by commercial support (pharmaceutical company, device manufacturer, etc.) Requires compliance with the Standards for Commercial Support.</p>	_____ %
<p>Exhibits: Fees paid by a vendor to display information about their company outside of the session room. Requires Compliance with the Standards for Commercial Support.</p>	_____ %
<p>State or Federal Grant:</p>	_____ %
<p>Participant Registration Fees: Fee paid to attend/participate in proposed activity.</p>	_____ %
<p>Other, identify:</p>	_____ %
<p>TOTAL: (must equal 100%)</p>	100%

This area has been deliberately left blank.

Section 7 of 8: Financial Information (Continued)

Estimated Income		
Enter all sources of income.		
Category includes		Enter Your Estimated ANNUAL/Program Amount
Institutional/Organizational Funds (Internal Department)		\$
Commercial Support (Educational Grants)		\$
Exhibit Space		\$
State or Federal Grants		\$
Participant Registration Fees		\$
Other income		\$
Total Estimated Income:		\$
Estimated Expenses		
Enter expenses ONLY in the lines that you incur costs of either direct/out of pocket costs, or time/effort costs.		
Category	Category includes	Enter Your Estimated ANNUAL/Program Amount
Activity Marketing		
Posters, Flyers, Invitations, etc.	Graphic designer, print preparation for marketing, education pieces, and signage	\$
Mailing/Postage	Self-explanatory	\$
Faculty Related Expenses		
Honoraria	Honoraria for external faculty; Honoraria and fringe benefit rate for internal faculty (if applicable)	\$
Faculty Expenses	Travel, hotel, per diem, misc expenses relating to activity	\$
Meeting Room Related Expenses		
Media & AV costs	AV Equipment, Labor, Audience Response System Equipment	\$
Facilities Cost	Room rental fees for offsite activities	\$
Participant Related Expenses		
Catering/Food	Food/Catering for either planning committee meetings and/or conferences	\$
Syllabus/Handouts	Direct cost for copying and binding of educational materials	\$
Accreditation/Certification Expenses		
CME Application Fees	CME application fees including per participant fee, late/rush fees, fees for other credit	\$
Activity Content Development	Time spent planning the content of the series	\$
Administrative Related Costs		
	Pre-conference staff time, on-site staff time, post-conference staff time	\$
	Miscellaneous office supplies and equipment used in conjunction with this activity	\$
Refunds	Registration refunds for overpayment and cancellations	\$
Miscellaneous Expenses		
	Total Estimated Expenses	\$

Section 8 of 8: Fees

Regularly Scheduled Series (RSS) Application Fees		
<input type="checkbox"/>	Direct Providership with no commercial support	\$1,000 - Payment Due with Application (An activity organized by departments within the OU College of Medicine)
<input type="checkbox"/>	Direct Providership with commercial support	\$2,500 - Payment Due with Application (An activity organized by departments within the OU College of Medicine)
<input type="checkbox"/>	Joint Providership with no commercial support	\$3,000 - Payment Due with Application (An activity organized by entities outside the OU College of Medicine)
<input type="checkbox"/>	Joint Providership with commercial support	\$4,500 - Payment Due with Application (An activity organized by entities outside the OU College of Medicine)
Additional Fees (These will be applied at the end of the year if applicable)		
Additional Credits - Direct		\$10 (each additional credit over 21 credits)
Additional Credits - Joint		\$125 (each additional credit over 12 credits)
Travel Expenses (audits/site visits, 2 per year)		Will invoice for mileage and toll charges if applicable
Peer Review/Content Validation (Invoiced after activity)		\$375 per hour
Letters of Agreement (Invoiced after activity)		\$100 (no charge if using OU/COM/CPD Letter of Agreement)
Commercial Support Fee (grants) (Invoiced after activity)		5%

A Planning Process to Incorporate ACCME's Updated Accreditation Criteria

Using the information on your activity, develop and record your CME activity plan using the guidelines below.

Note about ACCME's Standards for Commercial Support (SCS): integrate the SCS into the planning processes at every step. When initiating a planning process, take steps to ensure that:

1. All steps should be taken independent of commercial interests.
2. Everyone who is in a position to control content must disclose all relevant financial relationships with a commercial interest to the provider.
3. OU/CPD has implemented mechanisms to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.

Planning Process C7

1. Who identified the presenters and topics:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Course Director | <input type="checkbox"/> Co-Course Director | <input type="checkbox"/> Course Contact | <input type="checkbox"/> Medical Director |
| <input type="checkbox"/> Planning Committee | <input type="checkbox"/> Other (provide names): _____ | | |

2. What criteria were used in the selection of presenters? (select all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Subject matter experts | <input type="checkbox"/> Excellent teaching skills/effective communicator | |
| <input type="checkbox"/> Experienced in CME | <input type="checkbox"/> Academic qualifications | <input type="checkbox"/> Experienced in field |
| <input type="checkbox"/> Recognized content | <input type="checkbox"/> Other: _____ | |

3. Were any employees of a pharmaceutical company and/or medical device manufacturer involved with the identification of presenters and/or topics?

- No Yes, please explain: _____

4. Is there an external conference manager or other business involved with the program?

- No Yes, this requires a copy of any other contract which should be attached to this application.

5. Do you use pre and post-test assessment of knowledge and skills in practice-based learning and improvement? (Required for MOC designation)

- No Yes, please provide a sample.

6. What methods were used to determine the need for this CME lecture activity? (select all that apply)(Must submit supporting documents)

- | | |
|---|--|
| <input type="checkbox"/> Survey results of potential learners | <input type="checkbox"/> Identified new skills |
| <input type="checkbox"/> Evaluations from previous CME activities | <input type="checkbox"/> Literature review |
| <input type="checkbox"/> Needed health outcomes | <input type="checkbox"/> Quality improvement (QI) data |
| <input type="checkbox"/> Federal or state government mandate | <input type="checkbox"/> Other: _____ |

<p>Overall Program Professional Practice Gap <small>c2, c3</small> (difference between the actual (what is) and ideal (what should be) practice behaviors with regard to professional and/or patient outcomes.) The gap should explain what the practice-based problem or issue is you identified for the targeted audience.</p> <p>Write the gap in terms of what these practitioners do not know and/or are unable or fail to do according to the latest evidence.</p>	<p>This is a gap/need of: (Select all that apply) Please note: Accredited CME is required to take participants beyond the knowledge-level. In order to meet the competence requirement, the participant should leave the activity with strategies that can be applied in practice. Knowledge is a necessary basis of competence and the instruction may need to build this base if the needs assessment indicates a lack of knowledge.</p>
<p>1.</p>	<p> <input type="checkbox"/> Knowledge <input type="checkbox"/> Competence <input type="checkbox"/> Performance <input type="checkbox"/> Patient Outcomes </p>
<p>2.</p>	<p> <input type="checkbox"/> Knowledge <input type="checkbox"/> Competence <input type="checkbox"/> Performance <input type="checkbox"/> Patient Outcomes </p>
<p><input type="checkbox"/> Additional needs/gaps and objectives attached.</p>	
<p>Describe your CME RSS: (Sample: Pediatrics is a diverse specialty area encompassing all the systems of the body, and includes generalists and subspecialists. Grand rounds is a weekly one hour presentation incorporating active learning techniques including: case studies, the audience responds to questions with audience response systems, small group discussions, panel discussions, and question and answer opportunities. Because of the diversity of Pediatrics and the wide range of diverse clinical cases seen, a wide variety of topics are presented which are relevant to both generalists and subspecialists.)</p>	

Identified Barriers/Factors Beyond Clinical Care that Effect Population Health^{C27}

What potential barriers/factors do you anticipate attendees may have incorporating new knowledge, competency, and/or performance objectives into practice? Select all that apply. (Select one at minimum)

Physician Cognitive/Behavioral Barriers

- Knowledge
 Awareness
 Skill/expertise
 Critical appraisal skills

Physician Attitudinal Rational-Emotive Barriers

- Efficacy/perceived competence
 Perceived/outcome expectancy
 Confidence in abilities
 Authority
 Accurate self-assessment

Patient Barriers

- Patient characteristics
 Adherence
 Economic
 Access to care
 Payer system
 Health behavior
 Environmental
 Social

Support/Resource Barriers

- Time
 Support
 Costs/funding issues
 Resources
 System/process barriers

Organizational Barriers

- System
 Referral process
 Team structure/work
 Organizational supplies/tools
 HR/workload/overload
 None
 Lack of opportunity
 Other, please describe:

Please describe how you/planning committee will attempt to address these identified barriers/factors in the educational activity. Example: If the identified barrier is cost, you might attempt to address the barrier by stating, “the agenda/topics will allow for the discussion of cost effectiveness and new billing practices.” Consider the CPD office & Medical Library for providing scholarly information.

Educational Reinforcement Tools C32

What learning strategies will you include, or provide for the learners, in order to enhance your learners' change in behavior as an adjunct to this activity? (Select one at minimum)

- | | |
|--|--|
| <input type="checkbox"/> Chart Reminders | <input type="checkbox"/> Evidence-based Order Sets |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Information Posted on Website |
| <input type="checkbox"/> Instagram | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Patient Education Material | <input type="checkbox"/> Patient Reminders |
| <input type="checkbox"/> Patient Satisfaction Questionnaires | <input type="checkbox"/> Peer to Peer Feedback |
| <input type="checkbox"/> Pocket Guidelines for Physicians | <input type="checkbox"/> Posters and Signs |
| <input type="checkbox"/> Reference Guide | <input type="checkbox"/> Quantitative Surveys |
| <input type="checkbox"/> Screensavers | <input type="checkbox"/> Screening Tools |
| <input type="checkbox"/> Stickers | <input type="checkbox"/> Twitter |
| <input type="checkbox"/> Other, please describe: | |

Desirable Attributes/Core Competencies C6

American Board of Medical Specialties (ABMS)/Accreditation Council for Graduate Medical Education (ACGME) or Institute of Medicine (IOM) core competencies that will be addressed in this activity. Select all that apply. (Select one at minimum)

Institute of Medicine Core Competencies

- | | |
|---|--|
| <input type="checkbox"/> Provide patient-centered care | <input type="checkbox"/> Work in interdisciplinary teams |
| <input type="checkbox"/> Employ evidence-based practice | <input type="checkbox"/> Apply quality improvement |
| <input type="checkbox"/> Utilize informatics | |

Accreditation Council for Graduate Medical Education (ACGME)

American Board of Medical Specialties (ABMS) Competencies

- | | |
|--|---|
| <input type="checkbox"/> Patient care | <input type="checkbox"/> Medical knowledge |
| <input type="checkbox"/> Practice-based learning/improvement | <input type="checkbox"/> Interpersonal and communication skills |
| <input type="checkbox"/> Professionalism | <input type="checkbox"/> Systems-based practice |

ACCME

Please identify any areas that your Regularly Scheduled Series (RSS) may or will address during the next two years:

- Criterion 26 – Advances the use of health and practice data for healthcare improvement.
- Criterion 29 – Sessions will optimize communication skills of learners.
- Criterion 30 – Sessions will optimize technical and procedural skills of learners.

Core Competencies for Interprofessional Collaborative Practice C6

Note: This section only needs to be completed if other types of continuing education credits are provided.

Please select all of the Core Competencies for Interprofessional Collaborative Practice sponsored by the [Interprofessional Education Collaborative](#) that will be addressed by this activity.

- Values/Ethics for Interprofessional Practice** – work with individuals or 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.
- Other Competencies** – Other than those listed will be addressed. Please describe: _____

Educational Outcome(s)

What are the expected outcomes for your learners of this activity in terms of their competence, performance, and/or patient outcomes?

Check all that apply)

- New knowledge (K)
- Acquisition of strategies to incorporate new research into practice (K&C)
- Acquisition of new protocols, policies, and procedures (K&C)
- Critically appraise medical literature (C&P)
- Change in diagnostic approach (C)
- More appropriate referral to specialties (C&P)
- Improve patient outcomes. (PO)(Describe): _____
- Other: (Specify): _____

Evaluation and Outcomes C3, C11, C36

We have required evaluation questions! The CPD Office will provide the online evaluation tool.

(The CPD office will issue a mid-year follow-up survey and a year-end follow-up survey)

The department with the highest number of completions at the end of the year will get a \$10 Starbucks card

1. Additional Evaluation Questions: If you have additional questions that you want included on the evaluation, please include them here. Questions must be received no later than 1 week before the activity. The CPD Office will send the evaluation results to the Course Director and Contact.

List additional questions:

2. How will the evaluations be used? *(Select as many as apply)*

Evaluations will be used in planning future CME activities *(e.g. topics, presenters, format)* (Only check if additional questions regarding presenters are requested on the evaluation.)

Other, please describe:

Please identify additional evaluation tools which you will utilize. Reports from additional evaluation tools must be submitted to the CPD office.

(Select all that apply) (Minimum of one required)

Knowledge/Competence

<input type="checkbox"/> Audience response system (ARS)	<input type="checkbox"/> Customized pre- and post-test
---	--

<input type="checkbox"/> Other, please specify:	
---	--

Performance

<input type="checkbox"/> Adherence to guidelines	<input type="checkbox"/> Chart audits
--	---------------------------------------

<input type="checkbox"/> Case-based studies	<input type="checkbox"/> Direct observations
---	--

<input type="checkbox"/> Customized interview/focus group about actual change in practice at specified intervals	<input type="checkbox"/> Other, please specify:
--	---

Patient/Population Health

<input type="checkbox"/> Observe changes in health status measures	<input type="checkbox"/> Obtain patient feedback and surveys
--	--

<input type="checkbox"/> Observe changes in quality/cost of care	<input type="checkbox"/> Measure morbidity mortality rates
--	--

<input type="checkbox"/> Other, please specify:	
---	--

Quality Improvement (QI) C37, 23

Each RSS is required to complete at least two QI sessions throughout the year. Select what type of QI data you will be addressing: Please check the appropriate box(s) and describe.

Members of interprofessional teams are engaged in the planning and delivery of interprofessional continuing education (IPCE). Interprofessional team members are invited to participate in sessions.

Each QI must have a follow-up after six months.

What quality improvement initiatives is your department addressing this year thru this series?

Select what type of QI data you will be addressing: Please check the appropriate box(s) and describe.

<input type="checkbox"/> CAHPS Initiative of AHRQ	<input type="checkbox"/> Improving medical records systems
<input type="checkbox"/> CMS Quality Initiative	<input type="checkbox"/> Medication safety
<input type="checkbox"/> Department Goals/Audit Report	<input type="checkbox"/> Preventative medicine education
<input type="checkbox"/> HEDIS Measures	<input type="checkbox"/> Theory of error reduction
<input type="checkbox"/> Institutional Quality Goals	<input type="checkbox"/> Morbidity and Mortality conferences
<input type="checkbox"/> Joint Commission Patient Safety Goals/Competency	<input type="checkbox"/> Medical team building
<input type="checkbox"/> Performance/Quality Improvement Measures	<input type="checkbox"/> Medical error identification/avoidance strategies
<input type="checkbox"/> Sentinel Events	<input type="checkbox"/> Patient health monitoring methodologies
<input type="checkbox"/> Specialty Society Quality Goals	<input type="checkbox"/> Improving communication among physicians and with other health care personnel
<input type="checkbox"/> Communication between physicians & patients	<input type="checkbox"/> Human error factors
<input type="checkbox"/> Health care quality improvement	<input type="checkbox"/> Evidence-based care (includes programs such as teaching techniques of documented medical efficacy or avoiding commonly used interventions that are not beneficial as documented by outcome studies)

Please describe:

Overall goals/objectives/purpose for the Regularly Scheduled Series (RSS) (Select all that apply)

(Lecture)

- Apply the most current evidence-based medicine and literature to their practice
- Apply specific use of diagnostic procedures and medications
- Apply current best practice in education to the teaching and assessment of trainees
- Identify appropriate resources for current information on a variety of topics
- Other, please describe:

(M&M)

- Reinforce accountability for providing high-quality care
- Identify events resulting in adverse patient outcomes
- Foster discussion of adverse events
- Identify and disseminate information and insights about patient care that are drawn from experience
- Create a forum in which physicians acknowledge and address reasons for mistakes
- Other, please describe:

(Journal Club)

- Improve clinical appraisal & assimilate evidence skills
- Read a journal article critically
- Apply knowledge of study design & statistical methods
- Keep up with the current evidence based literature
- Other, please describe:

(Morphologic)

- Importance of morphologic and historical clues as they relate to diagnoses
- Building a sound differential diagnosis
- Associated histopathological cues to diagnosis
- Treatment options
- Other, please describe:

(Tumor Board)

- Assess and continually improve the quality of care to patients with cancers
- Utilize the National Comprehensive Cancer Network (NCCN) and other clinical practice guidelines for treatment
- Promote research in oncology that will continually improve the quality of care for cancer patients
- Apply the lessons learned from the review of patient cases
- Evaluate when things do go wrong, to improve standards of care

- Insert additional goals/objectives here:

Overall goals/objectives/purpose for the Regularly Scheduled Series (RSS) (Select all that apply) Continued

(Case-Based)

- Apply the most current evidence-based medicine and literature to their practice
- Apply specific use of diagnostic procedures and medications
- Reinforce accountability for providing high-quality care
- Identify and disseminate information and insights about patient care that are drawn from experience
- Read a journal article critically
- Importance of morphologic and historical clues as they relate to diagnoses
- Building a sound differential diagnosis
- Treatment options
- Other, please describe:

Journal Club

1. Identify the type of journal articles to be assigned: (select all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Original research | <input type="checkbox"/> Clinical study | <input type="checkbox"/> Meta analyses & systematic review |
| <input type="checkbox"/> Screening | <input type="checkbox"/> New guidelines | <input type="checkbox"/> Health disparities |
| <input type="checkbox"/> Diagnosis & treatment | <input type="checkbox"/> Patient safety | <input type="checkbox"/> Quality improvement |
| <input type="checkbox"/> Physician barriers | <input type="checkbox"/> Patient barriers | <input type="checkbox"/> System/process barriers |
| <input type="checkbox"/> Other: _____ | | |

2. Does the Course Director select and assign the journal articles?

- Yes No, **please identify who selects the presenters and articles:**
 Journal Club Committee (with residents and a faculty mentor)
 Residents
 Other (describe): _____

3. How are the articles selected: _____

4. How many articles are presented during each session?

- One Two Three Four More than four

5. Critical reading is taught through the use of a checklist which guides in the prescreening of articles. Do you require the use of a checklist?

- Yes (Please provide a sample) No

6. Are journal articles emailed or made available prior to the session/meeting? (Select all that apply)

- Yes the articles are emailed
 Yes the articles are printed and placed in mailbox
 Yes the articles are distributed at _____
 No

7. Are copies of the articles available at each session?

- Yes No

8. Are subspecialty faculty and biostatisticians invited to attend?

- Yes No

9. Do subspecialty faculty and biostatisticians regularly attend and participate?

- Yes No

10. Are both recent and older articles assigned to promote discussion on comparison and contrast?

- Yes No

11. Do you use pre and post-test assessment of knowledge and skills in practice-based learning and improvement?

- Yes (Please provide a sample) No

Journal Club Questions Continued

12. Does the article presentation/review include a PowerPoint?

- Yes: Does the PowerPoint follow a journal club format?
 Yes (Please provide a sample) No
 No

13. Please describe the format of the journal club activity:

M&M; Case-based; Morphologic; Tumor Board

1. What criteria do you use in order to choose each case discussion?

2. How do you choose your case presenters?

3. How do you choose your case moderator?

4. Identify the components of the case/patient presentation: (check all that apply)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Situation | <input type="checkbox"/> Background | <input type="checkbox"/> Assessment & Analysis | <input type="checkbox"/> Review of literature |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Imaging | <input type="checkbox"/> Laboratory | <input type="checkbox"/> Pathology |
| <input type="checkbox"/> Past Medical History | <input type="checkbox"/> Family History | <input type="checkbox"/> History of Present Illness | <input type="checkbox"/> Social History |
| <input type="checkbox"/> Recommendations | <input type="checkbox"/> Question & Answer | <input type="checkbox"/> Other: _____ | |

5. How many cases are presented during each session?

6. Are subspecialty faculty and biostatisticians invited to attend and participate?

7. Is an analysis of literature used and presented as part of the case presentation?

8. Does the case presentation include a PowerPoint?

- Yes: Does the PowerPoint follow a case format?
 Yes (Please provide a sample) No

M&M; Case-based; Morphologic; Tumor Board *Continued*

Identify the teaching strategy or educational methodology that will be used: (check all that apply)

- Each session is devoted to the review of one or two cases chosen: the topic is driven by encounters by faculty, residents or staff within the institution.
- A clinical study is presented, excerpts from the study are prepared and open-ended questions are asked by the faculty.
- A case with an unresolved clinical problem is discussed: the problem selected coincides with the literature presented. Open ended discussion regarding the validity and applicability of the study's conclusion and the study has solved the original clinical problem.
- Questions from the audience following each presentation.
- Formal question and answer segment(s).
- Formal panel discussion session(s) with presentation of questions and cases from the audience.
- Formal follow-up discussion in the next session to discuss how the lessons from the week before were applied.
- Other:

Needs assessment for Case or M&M conference activity. C2, C3

Describe the professional practice gap(s) driving the need for the activity. The gap exists because:

- M&M Conferences, unexpected morbidity or mortality cases occur in the hospitals annually. These cases often occur due to errors which must be identified, trends explored and interventions for prevention of future errors developed.
- Case Conferences, clinicians must deliver optimum patient care unique to each patient. There is a need to review diagnostic and treatment issues and options.

Regularly Scheduled Series Name
Course No. 17CPD017
Friday, June 16, 2017
11:30am - 12:00pm

***** Location *****

“Title of Talk”

Presented by:

**First Name Last Name, Degree
(Title if applicable)**

Gaps:

1. Accreditation Council for Continuing Medical Education (ACCME) has implemented a new menu of criteria for Accreditation with Commendation and course directors are unaware of the changes.
2. Provide training to the Regularly Scheduled Series (RSS) course directors and course contacts in order to fully implement the processes required with the new online learning management system.
3. Course directors need a refresher on conflict of interest and the ACCME standards for commercial support.

Learning Objectives - Upon completion of this session, participants will improve their competence and performance by being able to:

1. Describe and demonstrate the shared evolution that is driving quality in post-graduate medical education and support clinicians in their quest for lifelong learning and improve care for the patients we all serve.
2. Overview of the new ACCME criteria, review conflict of interest and standards for commercial support, utilization of online learning management system, and new two year regularly scheduled series application.

Accreditation Statement: The University of Oklahoma College of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The University of Oklahoma College of Medicine designates this live activity for a maximum of 1.0 *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Conflict Resolution Statement: The University of Oklahoma College of Medicine, Office of Continuing Professional Development has reviewed this activity’s speaker and planner disclosures and resolved all identified conflicts of interest, if applicable.

Nondiscrimination Statement: The University of Oklahoma, in compliance with all applicable federal and state laws and regulations does not discriminate on the basis of race, color, national origin, sex, sexual orientation, genetic information, gender identity, gender expression, age, religion, disability, political beliefs, or status as a veteran in any of its policies, practices, or procedures. This includes, but is not limited to: admissions, employment, financial aid, and educational services.

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Accommodation Statement: Is available by contacting (Name) at (phone number and/or email).

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Policy on Faculty and Presenter Disclosure: It is the policy of the University of Oklahoma College of Medicine that the faculty and presenters disclose real or apparent conflicts of interest relating to the topics of this educational activity, and also discloses discussions of unlabeled/ unapproved uses of drugs or devices during their presentation(s).

Acknowledgement of Commercial and In-Kind Support: This activity is made possible by unrestricted educational grant(s) from (name(s) of commercial sponsors). “or” This activity received no commercial or in-kind support.

Disclosure & Resolution Report

The University of Oklahoma College of Medicine and the Irwin H. Brown Office of Continuing Professional Development must ensure balance, independence, objectivity and scientific rigor in all its activities. We have implemented a process where everyone who is in a position to control the content of an educational activity has disclosed to us all relevant financial relationships with any commercial interest. In addition, should it be determined that a conflict of interest exists as a result of a financial relationship one may have, this will be resolved prior to the activity. This policy is designed to provide the target audience with an opportunity to review any affiliations between the CME organizers and presenters and supporting organizations for the purpose of determining the potential presence of bias or influence over educational content. The following is a summary of this activities disclosure information.

			Nature of Relevant Financial Relationship		
Role	First Name	Last Name	Commercial Interest	What was received?	For what role?
Course Director/Speaker	C.A.	Sivaram, MD	Medtronic	Honorarium	Consultant
Planner: Dr. Sivaram has recused himself from planning content in the conflicted area. Speaker: The conflict was resolved by Dr. Sivaram agreeing to not include discussion of products or services or make clinical recommendations on which the conflict exists.					
Course Contact	Jan	Quayle, BS	I have no relevant financial relationships or affiliations with commercial interests to disclose.		
Planning Member	Margie	Miller, MS, CPP	I have no relevant financial relationships or affiliations with commercial interests to disclose.		
Planning Member/Moderator	Myrna	Page, MPH, CHES	I have no relevant financial relationships or affiliations with commercial interests to disclose.		