THE UNIVERSITY OF OKLAHOMA
College of Medicine
CONTINUING PROFESSIONAL DEVELOPMENT

Course #_____

Traditional Live Activity Application

PLEASE NOTE: Applications must be typed and submitted electronically (email). The application is due with all supporting document a minimum of 60 days prior to the activity. 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, panelists and teachers will be referred to as Presenters. The CPD staff is available to help you navigate this process. Please see application highlights/checklist.

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

☐ New (First offering) ☐ Series — Previous Course #:

☐ **Live Course** (symposium, workshop, conference)
- ☐ A single activity offered only once in one location and not part of a series.
- ☐ A training program
- ☐ One activity delivered at multiple locations on multiple dates over a fiscal year.
  - Number of times offered: (estimate if unknown)_____
  - Date: Location:
  - Date: Location:
  - Date: Location:

Will this activity/part of activity be webcast?

☐ Yes, please provide URL:_____ ☐ No

Are you interested in archiving your activity presentation as a web-based CME-certified enduring materials (self-study)?

☐ Yes ☐ No

Providership:

☐	**Direct Providership** (An activity organized by departments within the OU College of Medicine.)
☐	**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.)

THE UNIVERSITY OF OKLAHOMA College of Medicine
CONTINUING PROFESSIONAL DEVELOPMENT

Traditional Live Activity Application
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 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:	☐ **No** ☐ **Yes, Amount: _____**	

Course Director Acceptance of Responsibilities (Direct Sponsorship Only)
As course director, I have reviewed this application form and responsibilities for *AMA PRA Category 1 Credit™* for the period of **July 1, 2018 to June 30, 2019**. 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 activities.

In conjunction with OU/COM/CPD, I agree to (please check each selection to indicate that you have read and agree to the following):

- ☐ Assist in resolving potential conflicts of interest prior to delivery of the educational series.
- ☐ 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).
- ☐ 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.
- ☐ Verify that disclosure of financial relationships and commercial support or lack of was made known to all participants prior to the beginning of the educational series.
- ☐ Maintain total separation of all educational and promotional activities.
- ☐ Maintain records for six years.

☐ **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:_____

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:	☐ **No** ☐ **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:	☐ **No** ☐ **Yes, Amount:** _____		
☐	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:	☐ **No** ☐ **Yes, Amount:** _____		
Medical Student, Resident or Fellow			
First Name:			**Middle Initial:**
Last Name:			**Degree(s):**
Title:	**Affiliation:**		
Department:		**Email:**	
Cell Phone:		**Office Phone:**	
Address:			
City, State and Zip:			
Receiving Honorarium & Amount:	☐ **No** ☐ **Yes, Amount:** _____		

Planning Committee, Reviewers and Patient Volunteers
In addition to the activity medical director, co-director, and/or course contact, list the names, degrees, titles, affiliations, cell phone numbers, and emails of persons chiefly responsible for the design and implementation of this activity. 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:**	☐ **No** ☐ **Yes, Amount: _____**
First Name:		**Middle Initial:**
Last Name:		**Degree(s):**
Title	**Affiliation**	**Email**
Cell Phone:	**Receiving Honorarium & Amount:**	☐ **No** ☐ **Yes, Amount: _____**
First Name:		**Middle Initial:**
Last Name:		**Degree(s):**
Title	**Affiliation**	**Email**
Cell Phone:	**Receiving Honorarium & Amount:**	☐ **No** ☐ **Yes, Amount: _____**
First Name:		**Middle Initial:**
Last Name:		**Degree(s):**
Title	**Affiliation**	**Email**
Cell Phone:	**Receiving Honorarium & Amount:**	☐ **No** ☐ **Yes, Amount: _____**
First Name:		**Middle Initial:**
Last Name:		**Degree(s):**
Title	**Affiliation**	**Email**
Cell Phone:	**Receiving Honorarium & Amount:**	☐ **No** ☐ **Yes, Amount: _____**
First Name:		**Middle Initial:**
Last Name:		**Degree(s):**
Title	**Affiliation**	**Email**
Cell Phone:	**Receiving Honorarium & Amount:**	☐ **No** ☐ **Yes, Amount: _____**
First Name:		**Middle Initial:**
Last Name:		**Degree(s):**
Title	**Affiliation**	**Email**
Cell Phone:	**Receiving Honorarium & Amount:**	☐ **No** ☐ **Yes, Amount: _____**

☐ Additional planning committee members attached

Building Bridges with Other Stakeholders C20

Occasionally there are other internal and/or external stakeholders 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
☐ Pharmacists
☐ Physician Specialists
☐ Patients
☐ Dentists
☐ Primary Care Physicians
☐ Nurses
☐ Social Workers

☐ 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.)

AMA PRA Category 1 Credit™ and **Levels for New Procedures and Skills** C35

Will this program teach new procedures and skills which may allow for expanded clinical privileges?

☐ No ☐ Yes

If yes, please note that the AMA has established a system of four levels that reflect the education and training of a physician which verifies achievement of the new procedure. *(Levels 2-4 require additional instructions and feedback from the course director.)*

The four levels are: **(Select the level appropriate for this activity.)**

☐ **Level 1.** Verification of attendance;
☐ **Level 2.** Verification of satisfactory completion of course objectives;
☐ **Level 3.** Verification of proctor readiness; and
☐ **Level 4.** Verification of physician competence to perform the procedure.

Target Audience

This activity primarily addresses the role of the practicing physician participant/learner as:

☐ Clinician ☐ Medical educator ☐ Researcher ☐ Administrator ☐ Other (specify) _____

Expected audience/participant size _____ Percent of audience/participant expected to be physicians _____

Percent of other allied health professionals _____ Percent of other _____

Geographic Locations:		**Provider Types:** Please check all that apply.			
☐	Internal	☐	Advanced Practice Registered Nurse (APRN)	☐	Nurse
☐	Local	☐	Bachelor of Medicine Bachelor of Surgery (MBBS)	☐	Nurse Practitioner (NP)
☐	Regional	☐	Cardiologist	☐	Nutritionist
☐	National	☐	Certified Diabetes Educator (CDE)	☐	Pharmacist
☐	International	☐	Certified Health Education Specialist (CHES)	☐	Physician
☐		☐	Certified Nurse Midwife (CNM)	☐	Physician Assistant (PA)
☐		☐	Certified Registered Nurse Anesthetist (CRNA)	☐	Primary Care Physician (PCP)
☐		☐	Clinical Nurse Specialist (CNS)	☐	Psychologist
☐		☐	Doctor of Medicine (MD)	☐	Radiologist
☐		☐	Doctor of Optometry (OD)	☐	Registered Dietitian (RD)
☐		☐	Doctor of Osteopathic Medicine (DO)	☐	Registered Nurse (RN)
☐		☐	Hospitalist	☐	Regulatory Agency Employee (US)
☐		☐	Industry Professional	☐	Resident
☐		☐	Licensed Dietitian (LD)	☐	Social Worker
☐		☐	Licensed Practical Nurse (LPN)	☐	Specialty Physician
☐		☐	Medical Student	☐	Teacher
☐		☐	Non-Physician	☐	Technician

Target Audience (Continued)					
Specialty: Please check all that apply.					
	Adolescent Medicine		Immunology		Pediatrics
	All specialties		Infectious Diseases		Performance Improvement
	Allergy Immunology		Information Technology (IT)		Perioperative Services
	Anesthesiology		Injury Prevention		Pharmacy
	Audiology		Integrative Care		Physical Medicine / Rehabilitation
	Biostatistics/Epidemiology		Internal Medicine		Physical Therapy
	Blood and Marrow Transplant		Maternal & Fetal Medicine		Plastic Surgery
	Cardiology		Medical Education		Preventive Medicine
	Cardiovascular Diseases		Medical Interpreting		Professionalism/Patient Safety/Other Skills
	Care Management / Care Medicine		Medical Toxicology		Psychiatry
	Child Abuse Pediatrics		Music Therapy		Psychology
	Child Life		Neonatal-Perinatal Medicine		Public Health
	Community/Public/Population Health		Nephrology		Pulmonary Medicine
	Compliance		Neurodevelopmental Disabilities		Radiation Oncology
	Counseling		Neurology		Radiology/Imaging
	Critical Care Medicine		Neurosurgery		Radiology-Interventional
	Data Management\Informatics		Nuclear Medicine		Reproductive Endocrinology & Infertility
	Dentistry		Nutrition Therapy/Lactation		Research
	Dermatology		Obstetrics		Respiratory Therapy
	Developmental-Behavioral Pediatrics		Occupational Health		Rheumatology
	Emergency Medicine		Occupational Therapy		School Health
	Endocrinology, Diabetes, and Metabolism		Oncology		School Psychology
	Family Medicine		Ophthalmology		Sleep Medicine
	Gastroenterology		Optometry		Speech Pathology
	General Medicine		Orthopedic Surgery & Rehabilitation		Sports Medicine
	General Pediatrics		Otolaryngology		Substance Abuse
	Genetics		Pain Management		Surgery
	Geriatric Medicine		Pastoral Care		Transplant Hepatology
	Gynecology		Pathology		Transport Medicine
	Healthcare Administration		Patient & Family Education		Trauma
	Hematology		Patient Safety & Quality		Urgent Care
	Home Health Care		Pediatric Emergency Medicine		Urogynecology
	Hospice & Palliative Medicine		Pediatric Neurology		Urology

Please indicate how this educational program will align with OU/COM/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 institution's 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:

Other credit

Are you applying for other credits such as ACPE, ANCC, AAFP, ACOG, CRNA, etc? ☐ Yes ☐ No

If yes, please list which types: _____

Feedback C2, C4

List all the suggestions from the past CME evaluation that you have incorporated in this new activity:
(List N/A if this is the first time the activity is being offered.)

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 it still must be sent 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 return a disclosure form is equal to refusing to disclose.***

The Disclosure, Attestation Statement (disclosure & 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.

Two-step Disclosure Process: (must be completed by the course director or course contact)
Step 1: The OU/COM/CPD office will email appropriate forms to all planning committee members to complete;

Step 2: Convey the disclosure & resolution information obtained to your 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?

Course Director Signature:_____

Date:_____

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 page - 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 LOA must be completely executed/finalized before the education 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?
	☐ Yes ☐ No ☐ Pending
	☐ Yes ☐ No ☐ Pending
	☐ Yes ☐ No ☐ Pending
	☐ Yes ☐ No ☐ Pending
	☐ Yes ☐ No ☐ Pending
	☐ Yes ☐ No ☐ Pending

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

Exhibit Space

Do you plan to solicit exhibit fees?

☐ No Exhibitors, go to next page - Attendees.
☐ Yes, please provide a list below of companies you plan to invite.

Identify the individual(s) who will be responsible for requesting and coordinating the exhibits: _____

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. _____

Date for exhibitor set-up: _____
Times allotted for exhibits: _____
Exhibit fee amounts: _____
Additional booth attendee fee: _____
What will the exhibit fee include? (i.e. table, breakfast, lunch, how many booth attendees, is there an additional price for more booth attendees) _____

Name of Company	Amount of Exhibit Fee?

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

Attendees

Will you be providing food/meals for the attendees/learners?

☐ Yes ☐ No

If yes, please check all that apply:
☐ Breakfast ☐ Lunch ☐ Dinner

☐ Breaks ☐ Snacks ☐ Other: _____

Serving Style:
☐ Buffet ☐ Boxed ☐ Plated Meal ☐ Other: _____

How will this be funded? _____

Will you be providing items of value to the attendees/learners?

☐ Yes ☐ No

If yes, please check all that apply:

☐ Tote Bags ☐ Lanyards ☐ Pens ☐ T-Shirts ☐ USB Flash Drive
☐ Can Cooler ☐ Lip Balm ☐ Key Light ☐ Cap ☐ Coffee Mugs
☐ USB Flash Drive ☐ Sunglasses ☐ Flashlight
☐ Magnetic Clips ☐ Power Bank Cell Phone Charger
☐ Bottle Opener ☐ Tumbler with/out Straw
☐ Other: _____

How will this be funded? _____

This area has been deliberately left blank.

Presenters, Speakers, Teachers, Moderators, Authors or Panelists – Disclosure Information

Provide a list of all the presenters, speakers, teachers, moderators, panelists or authors that are known at this time. **Note: A disclosure form, curriculum vitae, short bio, head shot, and PowerPoint presentation are required from all. If not received by 14 days before activity, credit will be reduced.**

First Name	Last Name	Professional Designation (MD, DO, PA, APN)	Email:	Cell Phone:	Affiliation	Receiving Honorarium & Amount
						☐ Y $_____ ☐ N
						☐ Y $_____ ☐ N
						☐ Y $_____ ☐ N
						☐ Y $_____ ☐ N
						☐ Y $_____ ☐ N
						☐ Y $_____ ☐ N
						☐ Y $_____ ☐ N
						☐ Y $_____ ☐ N
						☐ Y $_____ ☐ N
						☐ Y $_____ ☐ N

☐ More space is needed, a complete list of topics, is attached with the above information indicated.

Promotion Materials

Please note: All promotional materials must be approved by the OU/COM/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 - Located on the Resources tab on our website: OU COM Traditional Live Resources

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
- ☐ Other: (please specify)
- ☐ Save the Date Postcard
- ☐ Save the Date E-blast
- ☐ Registration Brochure
- ☐ Twitter

This area has been deliberately left blank.

Budget

You must complete the preliminary budget when the application is submitted.
A **final** budget that lists **ALL** expense items will be required at the end of the activity. Commercial support and exhibitors are also to be itemized 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.

Sources of Revenue

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. ____ %

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. ____ %

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. ____ %

State or Federal Grant: ____ %

Participant Registration Fees:
Fee paid to attend/participate in proposed activity. ____ %

Other, identify: ____ %

TOTAL: (must equal 100%) 100%

This area has been deliberately left blank.

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 Cloud processing 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	$

Live/Traditional Activities Application Fees		
☐	**Direct Providership** with **no** commercial support and/or exhibits	**$1,500 - Payment Due with Application** (An activity organized by departments within the OU College of Medicine.) (Price reflect applications received prior to 60 days.)
☐	**Direct Providership** with commercial support and/or exhibits	**$2,500 - Payment Due with Application** (An activity organized by departments within the OU College of Medicine.) (Price reflect applications received prior to 60 days.)
☐	**Joint Providership** with **no** commercial support and/or exhibits	**$3,500 - Payment Due with Application** (An activity organized by entities outside the OU College of Medicine.) (Price reflect applications received prior to 60 days.)
☐	**Joint Providership** with commercial support and/or exhibits	**$4,500 - Payment Due with Application** (An activity organized by entities outside the OU College of Medicine.) (Price reflect applications received prior to 60 days.)

Additional Fees	
Additional Credits	**$125** per credit (over 8 credits)
Application Approval Rush Fee	**$1000** A rush fee will be charged for application approvals < 60 days before activity date. **(Applications will not be considered if submitted < 45 days prior to event.)**
3 Week Late Fee	**$1000** (All documentation including additional information for the online syllabus, signed and resolved disclosure forms, PowerPoint presentations and other requested documents must be finalized before the 3 week deadline. **This includes reviews and edits by the CPD office**.)
Daily Late Fee (Days 20-14 before conference)	**$250 per day** (All documentation including additional information for the online syllabus, signed and resolved disclosure forms, PowerPoint presentations and other requested documents must be finalized before 14-day deadline. **This includes reviews and edits by the CPD office**.)
Day 13 – Conference Date	On the 13th day, prior to the conference date, any documentation still outstanding from any/all presenter(s), author(s), moderator(s), panelist(s) or speaker(s) will be viewed as non-compliant. Therefore their session will be moved to the end of the day on the agenda and the associated credits will be removed from that portion of the program.
Cloud Processing Fee (Invoiced after activity)	A **$25** fee will be charged for each registrant (This includes: Planners, Speakers, Faculty, Exhibitors, and all attendees) The processing fee is waived for Residents.
Peer Review/Content Validation (Invoiced after activity)	**$375** per hour.
Reimbursement of Credit Card Fees (Invoiced after activity)	**3%** of total credit card payments received.
Credit Card Transaction Fee (Invoiced after activity)	**10¢** per transaction.
Letters of Agreement (Invoiced after activity)	**$200** (no charge if using OUCPD Letter of Agreement) all other LOA's that require a signature from the CPD office, including both exhibitor and/or commercial support is $200 each agreement signed.
Dean's Tax (Invoiced after activity)	**5.5%** of net profit.
Commercial Support (grants) and Exhibit Fee (Invoiced after activity)	**5%** of total amount collected.

Live/Traditional Activities Application Fees (Continued)	
Application Fee for Additional Types of Credit Fees (PA, NP, PharmD)	Application fees vary per specialty.
Processing Fee for CPD Office to Complete other types of Applications	**$150** per hour.
CPD Travel Expenses (required audits/site visit)	**Will invoice for airfare, hotel, and Perdiem or mileage and toll if applicable.**

Registration Fees

Registration Fees: CPD will manage the registration. Please provide the registration fees and deadline date information below. (Enter N/A if not applicable.)

	Early Bird Registration Fee	Early Bird Deadline Date	Registration Fee
Physicians: (MD, DO, Fellows)			$
Other Health Care Professionals: (PA, NP, etc.)			$
Speakers:			$
Residents:			$
Students:			
Other categories: (if applicable)			$

No registration refunds will be made after ***<Date>.***

Written notification of cancellation must be postmarked on/or before ***<Date>.***

Cancellation fee is $_____

Conference/Hotel Information: Please enter location, cost, contact information.

Method of Payment:
Payment must accompany the application. (Off campus, see below)
Our Tax ID is 73 156 3627. OUHSC departments must pay by transfer.

☐ **Check**: Made payable to OU/COM/CPD.
Send payment to: Office of Continuing Professional Development, 800 Stanton L. Young Blvd, Ste. 4000, Oklahoma City, OK 73104

☐ **Electronic Funds Transfer (EFT)/Purchase Order (PO)**

☐ **OUHSC Inter-Department Cost Transfer:** Please ask your business manager to initiate the cost transfers in PeopleSoft. This transaction must be initiated by your department. Our chartfield spread information is: MISCA, COM015, 00014, 00000. Please carbon copy Jan Quayle at Jan-Quayle@ouhsc.edu on the email transfer request referencing course number and title.
Please indicate the exact activity title *(i.e., PICU Journal Club or Diabetes Update)* in the PeopleSoft text fields (Do not type 'CME ACTIVITY' 'RSS' or 'Journal Club' without identifying the department". It is important to use the actual title of the CME activity which includes the department name) to assure proper posting.

☐ **Credit Card:**
☐ Visa ☐ MasterCard ☐ Discover

Card# _____ Expiration Date: _____

☐ Payment is not included, please explain.

By signing this application, I attest that this activity will follow the ACCME Essentials Elements and Policies to the best of my ability and that I will pay the fees charged.

_____ _____ _____ _____
Signature of Program Director Date Signature of Department Head or Designee Date

Submit completed form and all documentation electronically to Susie-Dealy@ouhsc.edu

(FOR OFFICE USE ONLY)

This course is approved for _____ *AMA PRA Category 1 Credit(s)™*.

_____ _____
Associate Dean for Continuing Professional Development Date

☐ Not approved for *AMA PRA Category 1 Credit™* due to: __Insufficient time before activity presentation
__Topics not within definition of CME
__ Other_____

THE UNIVERSITY OF OKLAHOMA College of Medicine
CONTINUING PROFESSIONAL DEVELOPMENT

Traditional Live Activity Application
Activity Development Worksheet

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:
All steps should be taken independent of commercial interests.
Everyone who is in a position to control content must disclose all relevant financial relationships with a commercial interest to the provider.
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**:
   ☐ Course Director ☐ Co-Course Director ☐ Course Contact ☐ Medical Director
   ☐ Planning Committee ☐ Other (provide names): _____

2. **What criteria were used in the selection of presenters?** (select all that apply)
   ☐ Subject matter experts ☐ Excellent teaching skills/effective communicator
   ☐ Experienced in CME ☐ Academic qualifications ☐ Experienced in field
   ☐ Recognized content ☐ 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?**
   ☐ No ☐ Yes, please provide a sample.

Overall objectives for the activity (Please use the Bloom Taxonomy Action Verbs.)

s

Bloom, B.S. (1956). Taxonomy of Educational Objectives, Handbook I: The Cognitive Domain. New York: David McKay Co Inc Educational Design Process, 2013 Mini Manual, ANCC (Silver Springs MD, American Nurses Credentialing Center, 2012) Pg. 102013 ANCC Primary Accreditation Application Manual for Providers and Approvers; Silver Springs MD, American Nurses Credentialing Center

1.

2.

3.

THE UNIVERSITY OF OKLAHOMA College of Medicine
CONTINUING PROFESSIONAL DEVELOPMENT

Traditional Live Activity Application
Activity Development Worksheet (Continued)

Overall Program Professional Practice Gap C2, C3 (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 that you have identified for the targeted audience.** 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**.**	**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.
1.	☐ Knowledge ☐ Competence ☐ Performance ☐ Patient Outcomes
2.	☐ Knowledge ☐ Competence ☐ Performance ☐ Patient Outcomes

☐ Additional needs/gaps and objectives attached.

What methods were used to determine the need for this CME activity?

Must submit supporting documents. (Select two at minimum)

☐ Advice from authorities of the field or societies.
☐ Board examinations and/or re-certifications requirements.
☐ Discussions in departmental meetings.
☐ Evaluations from previous CME activities.
☐ Evidence-based, peer-reviewed literature.
☐ Federal or state government mandate.
☐ Formal or informal survey results of target audience, faculty or staff.
☐ Government sources or consensus reports.
☐ Issues identified by colleagues.
☐ Identification of new skills.
☐ Needed health outcomes.
☐ Joint Commission Patient Safety Goal/Competency.
☐ Legislative, regulatory, or organizational changes impacting patient care.
☐ New technology, methods or diagnosis/treatment.
☐ Outcomes data that supports team-based education.
☐ Ongoing consensus of diagnosis made by physician on staff.
☐ Quality improvement (QI) data.
☐ Other: _____

Describe your CME activity:

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)

Provider:
☐ Clinical Knowledge ☐ Skill/Expertise ☐ Critical appraisal skills

☐ Peer Influence ☐ Motivation ☐ Cultural Competence ☐ Fear/Legal Concerns

Team:
☐ Roles & Responsibilities ☐ Shared Values and Trust ☐ Communication

☐ Team Structure ☐ Competence ☐ Consensus

Patient:
☐ Patient characteristics ☐ Patient Adherence

System/Organization:
☐ Work Overload ☐ Practice Process ☐ Referral Process

☐ Cost / Funding ☐ Insurance Reimbursement ☐ Culture of Safety

Other:
☐ Lack of Opportunity ☐ Not Enough Time ☐ 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)

☐ Chart Reminders
☐ Facebook
☐ Instagram
☐ Patient Education Materials
☐ Pocket Guidelines for Physicians
☐ Posters and Signs
☐ Reference Guide
☐ Screensavers
☐ Twitter
☐ Other, please describe:
☐ Evidence-based Order Sets
☐ Information Posted on Website
☐ Newsletter
☐ Patient Reminders
☐ Patient Satisfaction Questionnaires
☐ Quantitative Surveys
☐ Screening Tools
☐ Stickers

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

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

Accreditation Council for Graduate Medical Education (ACGME)
American Board of Medical Specialties (ABMS) Competencies

- ☐ Patient care
- ☐ Practice-based learning/improvement
- ☐ Professionalism
- ☐ Medical knowledge
- ☐ Interpersonal and communication skills
- ☐ Systems-based practice

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: _____

ACCME New Criterion

Please identify any areas that your activity may or will address (if applicable):

- ☐ 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.

Evaluation and Outcomes C3 C11 C36
The CPD Office will provide the online evaluation tool. We have required evaluation questions!
We will prepare a follow up survey to be sent 3-4 months following the activity. As part of the after activity action plan, you will have the opportunity to approve the follow-up survey.

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 3 weeks before the activity. The CPD Office will send the evaluation results to the course director and course contact.

List additional questions:

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

☐ The course director and planning committee will review the evaluations to determine whether objectives were met.

☐ Evaluations will be used in planning future CME activities *(e.g. topics, presenters, format)*

☐ 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			
☐	Audience response system (ARS)	☐	Customized pre- and post-test
☐	Other, please specify:		
Performance			
☐	Adherence to guidelines	☐	Chart audits
☐	Case-based studies	☐	Direct observations
☒	Customized follow-up survey/interview/focus group about actual change in practice at specified intervals	☐	Other, please specify:
Patient/Population Health			
☐	Observe changes in health status measures	☐	Obtain patient feedback and surveys
☐	Observe changes in quality/cost of care	☐	Measure morbidity mortality rates
☐	Other, please specify:		

Educational Format C3, C5

Based on the previous steps, what is the right format to use for the activity? What type of activity will it be (Live, Enduring Material, Internet, Other)? What will be the educational design of the activity (e.g. presentation, case studies, round table, and simulation)?

Remember to consider adult learning principles and the physician learning and change process.) Methods may vary; if so, please describe how they vary and the rationale for any variation. Interactive methods, those that require participants to interact with both the presenter and the material, are more effective at changing behavior and improving patient outcomes than are passive modalities. Keep didactic and other passive activities to a minimum (only appropriate to achieve changes in knowledge) and, if appropriate, intersperse didactic portions with interactive ones. **Note: OU/CPD will not approve methods that are exclusively passive like straight lectures.**

Answer (Please select all that apply):

- ☐ Procedure Lab
- ☐ Reading Assignments
- ☐ Case Discussions
- ☐ Question and Answer
- ☐ Video-Teleconference
- ☐ Other, please describe:
- ☐ Hand-on Workshop
- ☐ Demonstrations
- ☐ Work on Simulators/Models
- ☐ Panel Discussion
- ☐ Online Library
- ☐ Homework Exercise
- ☐ Videodisk/Movie
- ☐ Skills Testing
- ☐ Audience Response System
- ☐ Small Group Discussion

Educational Outcome(s)

What are the expected outcomes for your learners of this activity in terms of their knowledge (K), competence (C), performance (P), and/or patient outcomes (PO)?

(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): _____