

Course # _____

Traditional Live Activity Application

PLEASE NOTE: Applications must be typed and submitted electronically. The application is due with all supporting documents 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.

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)	<input type="checkbox"/> Series
Previous Course #:	
<input type="checkbox"/> Live Course (symposium, workshop, conference) <ul style="list-style-type: none"> <input type="checkbox"/> A single activity offered only once in one location and not part of a series. <input type="checkbox"/> A training program <input type="checkbox"/> 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? <input type="checkbox"/> Yes, please provide URL: _____ <input type="checkbox"/> No	
Are you interested in archiving your activity presentation as a web-based CME-certified enduring materials (self-study)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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.)

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:	NPI #	
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, 2019 to June 30, 2020 . 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):			
IT IS THE COURSE DIRECTORS RESPONSIBILITY TO ENSURE COMPLIANCE FOR ALL OF THE FOLLOWING:			
<input type="checkbox"/> Assist in resolving potential conflicts of interest prior to delivery of the educational series.			
<input type="checkbox"/> Verify that disclosure of financial relationships and commercial support or lack thereof was made known to all participants prior to the beginning of the educational series.			
<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"/> Maintain total separation of all educational and promotional activities.			
<input type="checkbox"/> Maintain records for six years.			
<input type="checkbox"/> Ensure that ALL final PowerPoint Presentations, from each presenter, are content validated, evidence based and free of any commercial bias, HIPAA violations or copyright images/ data prior to being sent to the CPD office for final review. (It is the course director's sole responsibility to either validate the slides or appoint someone qualified from the planning committee to review everything prior to sending to the CPD office. Please identify who the designee is upon receipt of the approved application.			
Designated content reviewer(s): _____			
<input type="checkbox"/> Ensure that all presenters are informed of above criteria and timelines that fall within this application as it applies to each presenter to include that they can adhere to the requirements before being offered a formal invitation to speak at your conference.			
<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.			
Attestation: <input type="checkbox"/> (initial here) - I herein warrant that the above attestations are true and accurate, and I shall bear full responsibility for any failure to accurately comply or report, and I shall indemnify OU/COM CPD office or any of their employees for any damages arising from my attestations.			
Course Director Signature: _____		Date: _____	

Traditional Live Activity Application

Section 2 of 8: Leadership and Administrative Support Staff (Continued)

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. Below we ask that you include all NPI# where applicable. This ensures we award credit to the correct person. Here is the link to look them up: https://www.npinumberlookup.org/			
First Name:		Middle Initial:	
Last Name:		Degree(s):	
Title:	Affiliation:		NPI #
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:		NPI #
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 <u>NOT</u> involved with selecting presenters, topics, influencing content.		
Medical Director (if different from Course Director)			
First Name:		Middle Initial:	
Last Name:		Degree(s):	
Title:	Affiliation:		NPI #
Department:		Email:	
Cell Phone:		Office Phone:	
Address:			
City, State and Zip:			
Receiving Honorarium & Amount:	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Amount: _____	
Medical Student, Resident or 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:		NPI#
Department:		Email:	
Cell Phone:		Office Phone:	
Address:			
City, State and Zip:			
Receiving Honorarium & Amount:	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Amount: _____	

Planning Committee Members, Moderators, Interprofessional Teams, Content Reviewers and Patient Volunteers In addition to the activity medical director, co-director, student, 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.** Below we also ask that you include all NPI# where applicable. This ensures we award credit to the correct person. Here is the link to look them up: <https://www.npinumberlookup.org/>

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

☐ **Additional planning committee members attached**

Collaborates with Other Organizations to Effectively Address Population Health Issues C28

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

☐ Creates or continues collaborations with one or more healthcare or community organizations

AND

☐ Can demonstrate that the collaboration augments the provider's ability to address population health issues.

Are there others within your organization working on this issue?

☐ Yes:

Identify who:

☐ QI/Patient Safety Dept.

☐ Patients

☐ Nurses

☐ Pharmacists

☐ Dentists

☐ Social Workers

☐ Physician Specialists

☐ Primary Care Physicians

☐ OU Physicians

☐ PT/OT

☐ Population Health Dept.

☐ OU Med Inc.

☐ No

Are there external community organizations working on these issues?

☐ 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.) Describe how this collaboration augments and addresses population health issues.

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.	
3 -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?	
1 -Accrediting Organization:	
Contact Person:	
Phone:	
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 and certificates for each accrediting organization.	

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.

<input type="checkbox"/>	Internal	<input type="checkbox"/>	Advanced Practice Registered Nurse (APRN)	<input type="checkbox"/>	Nurse
<input type="checkbox"/>	Local	<input type="checkbox"/>	Bachelor of Medicine Bachelor of Surgery (MBBS)	<input type="checkbox"/>	Nurse Practitioner (NP)
<input type="checkbox"/>	Regional	<input type="checkbox"/>	Cardiologist	<input type="checkbox"/>	Nutritionist
<input type="checkbox"/>	National	<input type="checkbox"/>	Certified Diabetes Educator (CDE)	<input type="checkbox"/>	Pharmacist
<input type="checkbox"/>	International	<input type="checkbox"/>	Certified Health Education Specialist (CHES)	<input type="checkbox"/>	Physician
<input type="checkbox"/>		<input type="checkbox"/>	Certified Nurse Midwife (CNM)	<input type="checkbox"/>	Physician Assistant (PA)
<input type="checkbox"/>		<input type="checkbox"/>	Certified Registered Nurse Anesthetist (CRNA)	<input type="checkbox"/>	Primary Care Physician (PCP)
<input type="checkbox"/>		<input type="checkbox"/>	Clinical Nurse Specialist (CNS)	<input type="checkbox"/>	Psychologist
<input type="checkbox"/>		<input type="checkbox"/>	Doctor of Medicine (MD)	<input type="checkbox"/>	Radiologist
<input type="checkbox"/>		<input type="checkbox"/>	Doctor of Optometry (OD)	<input type="checkbox"/>	Registered Dietitian (RD)
<input type="checkbox"/>		<input type="checkbox"/>	Doctor of Osteopathic Medicine (DO)	<input type="checkbox"/>	Registered Nurse (RN)
<input type="checkbox"/>		<input type="checkbox"/>	Hospitalist	<input type="checkbox"/>	Regulatory Agency Employee (US)
<input type="checkbox"/>		<input type="checkbox"/>	Industry Professional	<input type="checkbox"/>	Resident
<input type="checkbox"/>		<input type="checkbox"/>	Licensed Dietitian (LD)	<input type="checkbox"/>	Social Worker
<input type="checkbox"/>		<input type="checkbox"/>	Licensed Practical Nurse (LPN)	<input type="checkbox"/>	Specialty Physician
<input type="checkbox"/>		<input type="checkbox"/>	Medical Student	<input type="checkbox"/>	Teacher
<input type="checkbox"/>		<input type="checkbox"/>	Non-Physician	<input type="checkbox"/>	Technician

Traditional Live Activity Application
Section 3 of 8: Planning (Continued)

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

Maintenance of Certification (MOC)

The ACCME has collaborated with ABMS member boards to simplify and align the MOC process to better meet the needs of diplomats 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).

***If you are applying for MOC credit, please include all test questions formatted correctly as required by Internal Board specifications. An example will be provided at your request. All questions are due to the CPD office and in the correct format three weeks prior to the event. 1-2 questions are required per 30 minute session for all qualifying sessions.**

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:**

- ☐ American Board of Internal Medicine (ABIM)
- ☐ American Board of Pediatricians (ABP)
- ☐ American Board of Anesthesiology (ABA)
- ☐ American Board of Ophthalmology (ABOP)
- ☐ American Board of Otolaryngology – Head and Neck Surgery
- ☐ American Board of Pathology (ABPath)
- ☐ American Board of Surgery (ABS): Coming Soon!

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.

Three-step Disclosure Process: (must be completed by the course director or course contact)

Step 1:

- CPD will send sample email verbiage to course director introducing CloudCME to planners.
- Course director will send email to planning committee member and carbon copy CPD office.
- CPD office will send Cloud email to planners with instruction on logging on to Cloud to complete the required disclosure and resolution form.

Step 2:

- Once the course is approved by the Associate Dean, the CPD office will send sample email verbiage to both the course director and course contact to send to all speakers, moderators, panelists, etc. Please carbon copy the CPD office on this communication.
- CPD staff will send a Cloud email to all speakers with instruction on logging into CloudCME to complete the required disclosures and resolution form.

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 Support: C7, C8, C9, C10 – is financial, or in-kind contributions given by a commercial interest which is used to pay all or part of the costs of a CME activity. **Commercial Interest:** is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

In-Kind Support C7, C8, C9, C10 – Any giveaway tangible items or venue space offered to host the activity.

Please note:

- 1) That any applications/letters of agreement or other documentation that requires a signature by any representative of the CPD staff incurs a fee of \$200 for each document. For your convenience, the CPD office does provide a letter that is free of charge to sign in lieu of signing another institutions' separate form.
- 2) All monetary fees are due from the applicant to the CPD office on or before sixty days following the conclusion of an event regardless of the final collection of any registration balance dues or exhibit money that have not yet been collected. The CPD office will continue billing on outstanding balances from any balance dues that are a by-product of the event up until sixty days following the activity. After those sixty days, the CPD office will forfeit all collections and responsibility over to the applicant of the course contracted with in hosting the event. The Office of Continuing Professional Development in the College of Medicine at the University of Oklahoma Health Sciences Center shall not be held responsible, and shall not indemnify for any failure to obtain any monetary monies.
- 3) **Each LOA must be signed by an OU Board of Regents person with signature authority.**



ACCME_Standards_
for_Commercial_Sup

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. Otherwise funds must be returned.**

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. _____

Traditional Live Activity Application
Section 4 of 8: Independence (Continued)

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.**

Exhibit Space

Do you plan to solicit exhibit fees?

Please note:

- 1) Any applications/letters of agreement or other documentation that requires a signature by any representative of the CPD staff incurs a fee of \$200 per document. For your convenience, the CPD office does provide a letter that is free of charge to sign in lieu of signing another institutions' separate form. **Please Note: Each LOA must be signed by an OU Board of Regents person with signature authority.**
- 2) All monetary fees are due from the applicant to the CPD office on or before sixty days following the conclusion of an event regardless of the final collection of any registration balance dues or exhibit money that have not yet been collected. The CPD office will continue billing on outstanding balances from any balance dues that are a by-product of the event up until sixty days following the activity. After those sixty days, the CPD office will forfeit all collections and responsibility over to the applicant of the course contracted with in hosting the event. The Office of Continuing Professional Development in the College of Medicine at the University of Oklahoma Health Sciences Center shall not be held responsible, and shall not indemnify for any failure to obtain any monetary monies.

☐ No Exhibitors, go to next page - Attendees.

☐ Yes, please provide a list below of companies you plan to invite. **(Please read 1 & 2 above)** ☐ **initial here.**

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(s) for exhibitor set-up: _____

Times allotted for exhibits: _____

Maximum venue capacity for exhibits: _____

Venue deadline for exhibit space: _____

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) _____

[illegible]

☐ 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? _____

Special Meal Accommodations: Will you be offering special accommodations for meals at this activity?

If yes, please select: ☐ **Vegetarian** ☐ **Other:** _____

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

PLEASE NOTE: Items below are referred to as IN-KIND, see Commercial Support on Page 10.

☐ Yes ☐ No

If yes, please check all that apply:

<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/out Straw			
<input type="checkbox"/> Other: _____				

How will this be funded? _____

The CPD office will need a fully executed LOA (signed by both entities) at least 3 weeks prior to the event. _____

***The name of the commercial supporter must be included on the syllabus. Late fees will apply if not.**

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.

The CPD office will not provide any payments in the form of PPP for OU Faculty.

Note: A disclosure form, curriculum vitae, short bio, headshot, and PowerPoint presentation are required from all. If not received by 14 days before activity, credit will be reduced.

- Below we also ask that you include all NPI# where applicable. This ensures we award credit to the correct person. Here is the link to lookup individual NPI# lookup: <https://www.npinumberlookup.org/>
- American Board of Internal Medicine (ABIM#) ID lookup: <https://www.abim.org/verify-physician.aspx>
- American Board of Pediatrics (ABP#) ID lookup: <https://www.abp.org/content/verification-certification>

First Name:			Middle Initial:
Last Name:			Degree(s):
Title	Affiliation	NPI # ABIM/ABP#	Email
Cell Phone:	Receiving Honorarium & Amount: <input type="checkbox"/> No <input type="checkbox"/> Yes, Amount: _____ Is Travel Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
First Name:			Middle Initial:
Last Name:			Degree(s):
Title	Affiliation	NPI # ABIM/ABP#	Email
Cell Phone:	Receiving Honorarium & Amount: <input type="checkbox"/> No <input type="checkbox"/> Yes, Amount: _____ Is Travel Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
First Name:			Middle Initial:
Last Name:			Degree(s):
Title	Affiliation	NPI # ABIM/ABP#	Email
Cell Phone:	Receiving Honorarium & Amount: <input type="checkbox"/> No <input type="checkbox"/> Yes, Amount: _____ Is Travel Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
First Name:			Middle Initial:
Last Name:			Degree(s):
Title	Affiliation	NPI # ABIM/ABP#	Email
Cell Phone:	Receiving Honorarium & Amount: <input type="checkbox"/> No <input type="checkbox"/> Yes, Amount: _____ Is Travel Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
First Name:			Middle Initial:
Last Name:			Degree(s):
Title	Affiliation	NPI # ABIM/ABP#	Email
Cell Phone:	Receiving Honorarium & Amount: <input type="checkbox"/> No <input type="checkbox"/> Yes, Amount: _____ Is Travel Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Traditional Live Activity Application
Section 5 of 8: Curriculum Development

First Name:			Middle Initial:
Last Name:			Degree(s):
Title	Affiliation	NPI #	Email
		ABIM/ABP#	
Cell Phone:	Receiving Honorarium & Amount:		<input type="checkbox"/> No <input type="checkbox"/> Yes, Amount: _____
	Is Travel Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
First Name:			Middle Initial:
Last Name:			Degree(s):
Title	Affiliation	NPI #	Email
		ABIM/ABP#	
Cell Phone:	Receiving Honorarium & Amount:		<input type="checkbox"/> No <input type="checkbox"/> Yes, Amount: _____
	Is Travel Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
First Name:			Middle Initial:
Last Name:			Degree(s):
Title	Affiliation	NPI #	Email
		ABIM/ABP#	
Cell Phone:	Receiving Honorarium & Amount:		<input type="checkbox"/> No <input type="checkbox"/> Yes, Amount: _____
	Is Travel Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
First Name:			Middle Initial:
Last Name:			Degree(s):
Title	Affiliation	NPI #	Email
		ABIM/ABP#	
Cell Phone:	Receiving Honorarium & Amount:		<input type="checkbox"/> No <input type="checkbox"/> Yes, Amount: _____
	Is Travel Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
First Name:			Middle Initial:
Last Name:			Degree(s):
Title	Affiliation	NPI #	Email
		ABIM/ABP#	
Cell Phone:	Receiving Honorarium & Amount:		<input type="checkbox"/> No <input type="checkbox"/> Yes, Amount: _____
	Is Travel Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Traditional Live Activity Application
Section 5 of 8: Curriculum Development

First Name:			Middle Initial:
Last Name:			Degree(s):
Title	Affiliation	NPI #	Email
		ABIM/ABP#	
Cell Phone:	Receiving Honorarium & Amount:		<input type="checkbox"/> No <input type="checkbox"/> Yes,
	Is Travel Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount: _____
First Name:			Middle Initial:
Last Name:			Degree(s):
Title	Affiliation	NPI #	Email
		ABIM/ABP#	
Cell Phone:	Receiving Honorarium & Amount:		<input type="checkbox"/> No <input type="checkbox"/> Yes,
	Is Travel Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount: _____
First Name:			Middle Initial:
Last Name:			Degree(s):
Title	Affiliation	NPI #	Email
		ABIM/ABP#	
Cell Phone:	Receiving Honorarium & Amount:		<input type="checkbox"/> No <input type="checkbox"/> Yes,
	Is Travel Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount: _____
First Name:			Middle Initial:
Last Name:			Degree(s):
Title	Affiliation	NPI #	Email
		ABIM/ABP#	
Cell Phone:	Receiving Honorarium & Amount:		<input type="checkbox"/> No <input type="checkbox"/> Yes,
	Is Travel Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount: _____
First Name:			Middle Initial:
Last Name:			Degree(s):
Title	Affiliation	NPI #	Email
		ABIM/ABP#	
Cell Phone:	Receiving Honorarium & Amount:		<input type="checkbox"/> No <input type="checkbox"/> Yes,
	Is Travel Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount: _____
First Name:			Middle Initial:
Last Name:			Degree(s):
Title	Affiliation	NPI #	Email
		ABIM/ABP#	
Cell Phone:	Receiving Honorarium & Amount:		<input type="checkbox"/> No <input type="checkbox"/> Yes,
	Is Travel Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount: _____

☐ 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)

- | | |
|--|---|
| <input type="checkbox"/> Department Website | <input type="checkbox"/> Save the Date Postcard |
| <input type="checkbox"/> Web Advertisements | <input type="checkbox"/> Save the Date E-blast |
| <input type="checkbox"/> Flyer/Announcement | <input type="checkbox"/> Registration Brochure |
| <input type="checkbox"/> E-blast with Announcement/Flyer | <input type="checkbox"/> Twitter |
| <input type="checkbox"/> Facebook | |
| <input type="checkbox"/> Instagram | |
| <input type="checkbox"/> Other: (please specify) | |

Budget	
<p>You must complete the preliminary budget when the application is submitted.</p> <p>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.</p> <p>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	
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.

Traditional Live Activity Application

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 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		
<input type="checkbox"/>	Direct Providership with <u>no</u> 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.)
<input type="checkbox"/>	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.)
<input type="checkbox"/>	Joint Providership with <u>no</u> 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.)
<input type="checkbox"/>	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 - Cost Recovery Expense		\$2000 (All documentation including additional information for the online syllabus, signed and resolved disclosure forms, PowerPoint presentations and other requested documents must be content validated and finalized before the 3 week deadline. This includes reviews and edits by the CPD office.)
> 72 hours prior to event Cost Recovery Expenses		<u>\$150 - \$375 cost per hour</u> will be reassigned back to the program based on what changes need to be added/edited/or deleted within the program's materials and ultimately who will need to be supplemented for the additional work (<u>\$375 per hour for physician content validation and/or \$150 per hour, per staff member that goes into overtime making changes to any documentation that has been delayed or changed</u>) This includes any/all content validation, additional information/changes/edits for the online syllabus, signed and resolved disclosure forms, ARS/polling questions, MOC test questions or loading any changes into CloudCME.
< 24 hours prior to conference		<24 hours prior to the conference date, any documentation still outstanding from a speaker 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, course directors/activity directors, panelists, fellows, staff, teachers, moderators, reviewers, authors and all attendees) The processing fee is waived for residents and medical students only.
Peer Review/Content Validation		\$375 per hour. (Invoiced after activity)
Reimbursement of Credit Card Fees		3% of total credit card payments received. (Invoiced after activity)
Credit Card Transaction Fee		10¢ per transaction. (Invoiced after activity)
Letters of Agreement or anything that requires our office to sign. (Invoiced after activity)		\$200 (no charge if using OUCPD Letter of Agreement) all other LOA's and or documents that require a signature from the CPD office, including both exhibitor and/or commercial support is \$200 per document signed. NOTE: Each LOA must be signed by an OU Board of Regents person with signature authority.

Live/Traditional Activities Application Fees (Continued)	
Dean's Tax (Invoiced after activity)	5.5% of net profit.
Commercial Support (grants) and Exhibit Fee	5% of total amount collected and/or owed: All monetary fees are due from the applicant to the CPD office on or before sixty days following the conclusion of an event regardless of the final collection of any exhibit money that have not yet been collected. The CPD office will continue billing on outstanding balances from grant/exhibitor that hasn't paid up until sixty days following the activity. After those sixty days, the CPD office will forfeit all collections and responsibility over to the applicant of the course who contracted with the CPD office to provide CME accreditation and registration for the event. The Office of Continuing Professional Development in the College of Medicine at the University of Oklahoma Health Sciences Center shall not be held responsible, and shall not indemnify for any failure to obtain any monetary monies.
Application Fee for Additional Types of Credit Fees: (Examples: PA, NP, PharmD, etc.)	Application fees vary per specialty.
Processing Fee for CPD Office to Complete other types of Applications	\$250 per hour.
CPD Travel Expenses (required audits/site visit)	Will invoice for airfare, hotel, and Per Diem or mileage and toll if applicable.

Course 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.)					
		Promo Code/Discount	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)				\$
	Please Note: A \$25 per participant fee will be billed to the activity at the end and within the 60 days allotted for the final budget accounting. Even complimentary rates still will incur the per participant fee. Exceptions are for medical students and residents only.				
	Meal Options:	Will you be offering special meals at this activity? If yes, please select: <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other ____			
	Refunds and Cancellation Fees and Dates:	No registration refunds will be made after <Date> . Written notification of cancellation must be postmarked on/or before <Date> . Cancellation fee is \$_____			
	Conference and Hotel Information:	Conference/Hotel Information: Please enter location, cost, contact information. Please provide rates and all promotional material for the conference hotel so we can advertise on CloudCME for your event.			

Traditional Live Activity Application

Section 8 of 8: Fees (Continued)

Method of Payment: Once the application fee has been paid, and all documentation has been completely filled out and submitted as it applies to the application; the CPD office will then begin the review process.

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: MED00015, MISCA, 00014.** 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 and course number along with the department name** to assure proper posting.

☐ Payment is not included, please explain.

Once the application is submitted and the application fee paid to the CPD office, the application fee is non-refundable. This applies even if the application fails to get final approval.

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 james-albertson@ouhsc.edu

(FOR OFFICE USE ONLY)

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

 Associate Dean for Continuing Professional Development

 Date

☐ Not approved for **AMA PRA Category 1 CreditTM** due to: ___ Insufficient time before activity presentation
 ___ Topics not within definition of CME
 ___ Other _____

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:

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:

- ☐ 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](#).) **Measureable action verbs.**

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.

Activity Planning Table Sample

TIME ALLOTMENT			LIST EACH SESSION TITLE & PRESENTER	Professional Practice Gap(s)	Session Learning Objectives	Teaching Methods/Learner Engagement Strategies	<input type="checkbox"/> Knowledge <input type="checkbox"/> Competence <input type="checkbox"/> Performance <input type="checkbox"/> Patient Outcomes (only if you can provide documentation of change).	Potential Pharmacology Drugs Discussed
Start Time	Stop Time	Total Minutes						
6:30	7:30 AM	0	Exhibitor Set Up, Rainbolt Auditorium Foyer, Level 1					
7:30	8:00	30	Conference Check-in and On-site Registration, Rainbolt Auditorium Foyer Level (Continental Breakfast)					
7:45	8:00	15	Introduction and Welcome, CME Instructions, ABIM Instructions Moderator: Mary Beth Humphrey					
8:00	9:00	60	Title: Update on Myositis Speaker: Lisa Christopher-Stine, MD, Johns Hopkins Myositis Center	Gap 1: Update on Autoimmune Myositis: Many healthcare providers are unaware of new diagnostics and treatments.	1. Identify the new diagnostic modalities and the rationale for selection of those that are appropriate for each patient with myositis. 2. Defend the rationale for the selection of different therapies based upon currently available evidence-based information and individual patient consideration. 3. Classify the recommended uses, unique characteristics, side effects, interactions, dosage and costs of new medications, as well as other considerations.	*Pre and Post Lecture Polling *Lecture *Case presentations * Question and Answer	x Knowledge x Competence x Performance <input type="checkbox"/> Patient Outcomes	1. etanercept (Enbrel®) 2. Prednisone 3. Intramuscular Methotrexate (MTX) 4. Acetic Acid Iontophoresis
Total Agenda Minutes*		525	Add all minutes including NON-CE content minutes, introductions, breaks and meals					
Total Contact** Minutes		375	Total minutes <u>525</u> minus total NON-CE minutes <u>150</u> divided by 60 = <u>6.25</u> contact hours					

Activity Planning Table

TIME ALLOTMENT			LIST EACH SESSION TITLE & PRESENTER	Professional Practice Gap(s)	Session Learning Objectives	Teaching Methods/Learner Engagement Strategies	<input type="checkbox"/> Knowledge <input type="checkbox"/> Competence <input type="checkbox"/> Performance <input type="checkbox"/> Patient Outcomes (only if you can provide documentation of change).	Potential Pharmacology Drugs Discussed
Start Time	Stop Time	Total Minutes						
Total Agenda Minutes*		525	Add all minutes including NON-CE content minutes, introductions, breaks and meals					
Total Contact** Minutes		375	Total minutes <u>525</u> minus total NON-CE minutes <u>150</u> divided by 60 = <u>6.25</u> contact hours					

***Additional lines to complete/cover the entire agenda.

Traditional Live Activity Application

Activity Development Worksheet (Continued)

<p>Professional Practice Gaps for each Topic c2, c3 (difference between the actual (what is) and ideal (what should be) practice behaviors with regard to professional and/or patient outcomes.)</p> <p>The gap should explain what the practice-based problem or issue is that you have 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)</p> <p>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>
1.	<input type="checkbox"/> Knowledge <input type="checkbox"/> Competence <input type="checkbox"/> Performance <input type="checkbox"/> Patient Outcomes (only if you can provide documentation of change.)
2.	<input type="checkbox"/> Knowledge <input type="checkbox"/> Competence <input type="checkbox"/> Performance <input type="checkbox"/> Patient Outcomes (only if you can provide documentation of change.)
3.	<input type="checkbox"/> Knowledge <input type="checkbox"/> Competence <input type="checkbox"/> Performance <input type="checkbox"/> Patient Outcomes (only if you can provide documentation of change.)
4.	<input type="checkbox"/> Knowledge <input type="checkbox"/> Competence <input type="checkbox"/> Performance <input type="checkbox"/> Patient Outcomes (only if you can provide documentation of change.)
5.	<input type="checkbox"/> Knowledge <input type="checkbox"/> Competence <input type="checkbox"/> Performance <input type="checkbox"/> Patient Outcomes (only if you can provide documentation of change.)
6.	<input type="checkbox"/> Knowledge <input type="checkbox"/> Competence <input type="checkbox"/> Performance <input type="checkbox"/> Patient Outcomes (only if you can provide documentation of change.)
<input type="checkbox"/> Additional needs/gaps and objectives attach here.	

**Traditional Live Activity Application
Activity Development Worksheet (Continued)**

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

Must submit supporting documents. (Select two at minimum)

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

Traditional Live Activity Application Activity Development Worksheet (Continued)

Quality Improvement (QI) C37 Demonstrates the impact of the CME program on patients or their communities. Select what type of QI data you will be addressing: Please check the appropriate box(s) and describe.

- ☐ Collaborates in the process of improving patient or community health, AND
☐ Demonstrates improvement in inpatient or community outcomes.

Did you use any quality improvement data to determine needs and/or the inclusion of topics in this conference?

☐ Yes ☐ No - If yes see below,

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 provide the measurements identified:

Describe your CME activity: Who, what, where, when, and why.

Example: This intensive five day course includes a review and update on major subject areas in family medicine. The course is taught by more than 35 faculty members selected for their expertise in areas related to the successful delivery of family health care and patient outcomes. The University of Oklahoma College of Medicine faculty is nationally recognized for their expertise in the management of complex conditions that is unavailable elsewhere in the state, region or sometimes even the nation. This is a very fast-paced course with most speakers utilizing an audience response system both before and after each presentation which provide participants with immediate feedback of their knowledge and the opportunity to reinforce comprehension and retention of key learning objectives. Each session will include time for questions and answers. The course combines best practice strategies and education through case studies and lectures. Over 800 pages of syllabus materials are provided as a resource for today's office practice. The purpose of this educational activity is to improve the care of patients seen in primary care settings by closing common clinical practice gaps that have been identified across the country.

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?

☐ Teaches strategies that learners can use to achieve improvements in population health.

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:

Factors Beyond Clinical Care that Effect Population Health

☐ Health Behaviors ☐ Economic Issues ☐ Social Issues ☐ Environment Conditions

☐ Healthcare Systems ☐ Payer Systems ☐ Access to Care ☐ Health disparities

☐ Population's Physical Environment ☐ Other: _____

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.

Support Strategies to Enhance Change as an Adjunct to its CME C32

- ☐ Utilizes support strategies to enhance change as an adjunct to CME activities, AND
☐ Conducts a periodic analysis to determine the effectiveness of the support strategies, and plans improvements.

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
☐ Email blast (with additional support suggestions)
☐ Newsletter
☐ Patient Reminders
☐ Patient Education Materials
☐ Quantitative Surveys
☐ Other, please describe:

NOTE: If any of these are checked, you must add additional questions on the follow-up survey to determine the effectiveness of the support strategies and plans of improvements.

Examples:

A provider releases an online monthly newsletter to their healthcare clinicians that includes a summary of continuing education activities for that month, and reminders to consolidate the key learning points for each activity. The newsletter also includes links to resources that can be accessed for additional supporting information. The provider ran a quarterly report to analyze the open rate of the emailed newsletter and usage of the links to the supporting information. The provider demonstrated how they altered the design and content of the newsletter over time to boost utility and utilization.

A provider holds a monthly CME online webinar series on "Hot Topics in Psychiatry". After each webinar, participants are invited to participate in an online discussion about the topic of the month utilizing a mobile app. The provider analyzes the participation during the discussion and includes questions to the learners about how to improve the online discussion to gain greater participation and engagement. The provider shows what improvements were made to the questions and case to facilitate easier engagements and follow-up with the learners.

Traditional Live Activity Application Activity Development Worksheet (Continued)

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 |

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.

☐ Teaches about collection, analysis, or syntheses of health/practice data AND

☐ Uses health/practice data to teach about healthcare improvement

Examples: The collection, analysis, and syntheses of health and practice data/information derived from the care of patients can contribute to patient safety, practice improvement and quality improvement. Health and practice data can be gleaned from a variety of sources; some examples include electronic health records, public health records, prescribing datasets, and registries.

Please describe:

☐ Criterion 29 – Sessions will optimize communication skills of learners.

☐ Provides CME to improve communication skills AND

☐ Includes an evaluation of observed (e.g. in person or video) communication skills AND

☐ Provides formative feedback to the learner about communication skills

Examples: Communication skills include verbal, nonverbal, listening, and writing skills. Some examples are communicated with patients, families, and teams; and presentation, leadership, teaching and organizational skill.

Please describe:

☐ Criterion 30 – Sessions will optimize technical and procedural skills of learners.

☐ Provides CME addressing technical and or procedural skills AND

☐ Includes an evaluation of observed (e.g. in person or video) technical or procedural skill AND

☐ Provides formative feedback to the learner about technical or procedural skill.

Examples: Some examples of these skills are operative skill, device use, procedures, physical examination, specimen preparation, resuscitation, and critical incident management.

Please describe:

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) **Please provide the supporting documentation that you choose.**

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 checked="" type="checkbox"/> | Customized follow-up survey/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: | | |

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):

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

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): _____