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| **I. COURSE *(pages 1 – 13)*** |

**NOTE:** All **course leadership and planners** listed will be required to complete and submit a Disclosure of Financial Relationships form and a curriculum vitae (CV) or resume through CloudCME before the CPD office begins the application review process. Faculty (presenter) disclosures will be collected after activity approval. OU/CPD will not accept paper copies or copies submitted via email.   
There must be at least two MD/DOs on the planning committee.   
**Note:** Include the National Provider Identifier (NPI) number, if applicable, to ensure credit is awarded to the correct person. NPI link: <https://www.npinumberlookup.org/>.

1. **course title and contacts**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** | Course Title: | |  | | | | | | | | | |
|  |  | | | | | | | | | | | |
| **2.** | Leadership: | Course Director: | | |  | | | | | | | | |
|  |  | Title: | |  | | | | | | | | | |
|  |  | Email: | |  | | | | | | | Phone: |  | |
|  | | | | | | | | | | | | | |
|  |  | Co-Course Director: | | | | |  | | | | | | |
|  |  | Title: | |  | | | | | | | | | |
|  |  | Email: | |  | | | | | | | Phone: |  | |
|  | | | | | | | | | | | | | |
|  |  | Course Contact: | | |  | | | | | | | | |
|  |  | Title: | |  | | | | | | | | | |
|  |  | Email: | |  | | | | | | | Phone: |  | |
|  | | | | | | | | | | | | | |
|  |  | Business Manager: | | | |  | | | | | | | |
|  |  | Title: | |  | | | | | | | | | |
|  |  | Email: | |  | | | | | | | Phone: |  | |
|  | | | | | | | | | | | | | |
| **3.** |  | | | | | | |  |  | | | |
|  | Department/Division/Organization Sponsoring the Course | | | | | | |  | Website – Department/Division/Organization | | | |
|  | | | | | | | | | | | | |
| **4.** |  | | | | | | | | | | | |
|  | Course Location & Address | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **5.** | First Time Offering?  Yes /  No. If “*No,*” list previous course number: | | | | | | | | |  | | |

1. **course format (sINGLE *or* SERIES) *and* pROPOSED DATE(S)**
2. **Course Format (Single or Series)**

Single (Defined as: *Course offered only once and not part of a repeating program.*)

Series (Defined as*: Course offered multiple times over academic year with same content, i.e. content does not vary.)*. If “*Series*” identify number (estimate if unknown): \_\_\_\_\_\_\_\_\_

Training program

1. **Date(s) and Time(s)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Start Date** |  | **End Date** |  | **Start Time** |  | **End Time** |
|  |  |  |  |  |  |  |
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1. **Providership (direct *or* joint)**

* **NOTE:** Application Fee Non-Refundable: Once application is submitted and application fee paid to OU/CPD, the application fee is non-refundable (applies even if the application fails to get final approval).

1. [**DIRECT PROVIDERSHIP**](https://www.accme.org/faq/what-difference-between-direct-providership-and-joint-providership-activities): Course planned, implemented, and evaluated by the accredited provider (i.e. organized by departments within the OU College of Medicine/OU Health).
2. Direct: ***No*** Commercial Support and/or Exhibitors
3. Direct: Commercial Support and/or Exhibitors
4. [**JOINT PROVIDERSHIP**](https://www.accme.org/faq/what-difference-between-direct-providership-and-joint-providership-activities): Course planned, implemented, and evaluated by the accredited provider and a non-credited entity, i.e., organized by departments outside the OU College of Medicine/OU Health ***(medical device manufacturers and pharmaceutical companies cannot be providers)***
5. Joint: ***No*** Commercial Support and/or Exhibitors
6. Joint: Commercial Support and/or Exhibitors ***(additional information on external involvement required)***
7. **where does the course take place (select all that apply)?**
8. In-Person
9. Live-Stream *(****Hybrid: In-Person + Live-Stream: OU/CPD not responsible for managing “Live-Stream” component of course****)*
10. **Who can register for this Course?**  **Open to ALL**  **Limited to certain participants**
11. **Will you record the Course?**  **Yes.** *If “Yes” then contact CPD at 405-271-2350.* **No.**

1. **[accme cME Passport](https://accme.org/faq/what-accmes-cme-passport):** Would you like to include your activity on CME Passport?  **Yes.**  **No.**

CME Passport (formerly called CME Finder) is a free, centralized web application that enables physicians to view, track, and generate transcripts of their reported CME credit.

1. **Participants’/Learners’ role:** This course addresses the roles of practicing physician participants/learners as:

Administrator

Clinician

Medical Educator

Researcher

Other(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Attendance *(CPD assesses processing fee of $25 per registrant [excluding medical students and residents])***

|  |  |
| --- | --- |
|  | Expected audience/participant size |
|  | Percent of audience/participant expected to be physicians. |
|  | Percent of other healthcare professionals |

1. **targeted Geographic Location**

Internal

Local

Regional

National

International

1. **maintenance of certification (moc) credit:** ACCME has collaborated with American Board of Medical Specialties (ABMS) to simplify and align the MOC process to better meet the needs of diplomats and to facilitate the integration of CME and MOC. The collaborations enable CME providers to offer more lifelong learning options with MOC credit to physician specialists and subspecialists.

* **NOTE:** If applying for MOC credit, include all test questions formatted correctly as required by specific Board specifications (example provided upon request). All questions in the correct format due to CPD office three weeks prior to the event (1-2 questions are required per 30-minute session for all qualifying sessions).

**Applying for MOC credit?**

**No.** If “*No*” then skip this section altogether.

**Yes**. If “*Yes*,” check applicable box(es) below. OU/CPD will contact you at a later date with further instructions.

Internal Medicine (ABIM: American Board of Internal Medicine)

Pediatrics (ABP: American Board of Pediatricians)

Surgery (ABS: American Board of Surgery)

1. **Will the Course apply for additional credits (interprofessional education collaborative practice)?**
2. **Yes**. If “Yes” then check all that apply.  **No.** *If “No” then skip this section altogether.*

|  |  |
| --- | --- |
| AAFP: American Academy of Family Physicians  AAPA: American Academy of Physician Associates  ACPE: Accreditation Council for Pharmacy Education  ANCC: American Nurses Credentialing Center (if checked then click **here** to complete supplemental “*Nursing Credit Application*”)  APTA: American Physical Therapy Association.  ASRT: American Society of Radiologic Technicians  CRNA: Certified Nurse Anesthetists  OBN: Oklahoma State Board of Nursing (Nursing Pharmacology) – Call OU/CPD 405-271-2350 for assistance.  OSBLADC: Oklahoma State Board of Licensed Alcohol and Drug Counselors  OSBP: Oklahoma State Board of Pharmacy  OSBLSW: Oklahoma State Board of Licensed Social Workers | |
| Other: |  |

1. **Competencies: Interprofessional Education Collaborative Practice** – *If NOT applying for interprofessional collaborative practice then skip altogether and proceed to next section.*

Please select all of the Core Competencies for Interprofessional Collaborative Practice sponsored by the [**Interprofessional Education Collaborative**](https://ipecollaborative.org/uploads/IP-Collaborative-Practice-Core-Competencies.pdf)that will be addressed by this Course.

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, the following will also be addressed (please describe):

|  |
| --- |
|  |

1. ***AMA PRA Category 1 CreditTM*and Levels for New Procedures and Skills**
2. **Teach New Procedures and Skills**: Will this program teach new procedures and skills which may allow for expanded clinical privileges?

* **NOTE**: Contact OU/CPD office (405-271-2350) if Course will teach new procedures and skills.

1. **Levels of Verification**: Contact OU/CPD if Course level is applicable.
2. **Level 1.** Verification of attendance;
3. **Level 2.** Verification of satisfactory completion of course objectives;
4. **Level 3.** Verification of proctor readiness; and
5. **Level 4.** Verification of physician competence to perform the procedure.
6. **TARGET AUDIENCE: learner and Speciality**
   * + 1. **Target Audience: Learner Types –** Course’s intended target audience (check ***all*** that apply):

|  |  |
| --- | --- |
| ***ALL***  Advanced Practice Registered Nurse (APRN)  American Registry for Diagnostic Medical Sonography (ARDMS-Ultrasound)  Certified Alcohol and Drug Counselor (CADC)  Certified Diabetes Educator (CDE)  Certified Health Education Specialist (CHES)  Certified Nurse Midwife (CNM)  Certified Registered Nurse Anesthetist (CRNA)  Certified Tumor Registrar (CTR)  Clinical Nurse Specialist (CNS)  Doctor of Optometry (OD)  Doctor of Osteopathic Medicine (DO)  Imaging  Industry Professional  Licensed Alcohol and Drug Counselor (LADC)  Licensed Alcohol and Drug Counselors with Mental Health designation  Licensed Dietitian (LD)  Licensed Marriage and Family Therapist (LMFT)  Licensed Practical Nurse (LPN)  Licensed Professional Counselor (LPC)  Medical Student  Non-Physician  Nurse | Nurse Practitioner (NP)  Nursing Home Administrator  Nutritionist  Occupational Therapy (OT)  Pharmacist  Physical Therapy (PT)  Physician  Physician Associate (PA)  Primary Care Physician (PCP)  Psychologist  Radiographer  Radiologic Technician (RT)  Radiologist  Registered Dietitian (RD)  Registered Medical Assistant  Registered Nurse (RN)  Registered Radiologic Assistants  Regulatory Agency Employee (US)  Resident  Social Worker  Specialty Physician  Speech Pathologist  Teacher  Technician |

1. **Target Audience: Specialty Types** – Course’s intended specialties audience (check all that apply):

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

1. **Registration Fees & Deadlines (Virtual & In-Person):** The CPD office will manage the registration. Please provide the registration fees and deadline date information below. Enter “N/A” if not applicable.

* A $25 per participant fee will be billed directly to the Course at the end and within the 60-days allotted for the final budget accounting. Complimentary attendees incur the $25 per participant fee (exceptions are for medical students and resident only).
* \*Discount/Promo (if applicable) – Identify the amount or percentage of the discount (i.e., $50, 100 %, etc.) for specific registrant category.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1.** | **EARLY Registration Ends**: Last day for the *Early Registration Fee:* | | | |
|  | a) | Live-Stream: |  |  |
|  | b) | In-Person: |  |  |
| **2.** | **LATE/REGULAR Registration Begins**: First day for the *Late/Regular Registration Fee:* | | | |
|  | a) | Live-Stream: |  |  |
|  | b) | In-Person: |  |  |
| **3.** | **Registration Deadline:** Identify date registrations will no longer be accepted: | | |  |
| **4.** | **Refunds:** Identify date in which no registration refunds will be accommodated: | | |  |
| **5.** | **Postmark Date:** Identify date written notification of cancellation postmarked: | | |  |
| **6.** | **Cancellation Fee Amount** (if applicable): | | |  |
| **7.** | **Registration Categories and Fees:** | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Registrant Category** | | **Early Registration Fee** | | **Late/Reg. Registration Fee** | | **Discount/Promo**  ***(if applicable)*** | |
| **Live-Stream** | **In-Person** | **Live-Stream** | **In-Person** |
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| **8. Conference and Hotel Information *(if applicable)***: Identify location, cost, and hotel contact information: | | | | | | |  |
|  | | | | | | |

1. **meals**
2. **Will you provide meals for the attendees?**

**No**. If “*No*” then skip this section altogether.

**Yes**. If “*Yes*” then complete 2., 3., and 4. (below)

1. **How will the meals be funded** (If receiving “Commercial Support” to subsidize meals the stipulation is that the provided meal[s] may not be buffet-style. Provided meal[s] must be either plated or boxed lunch.)?

|  |
| --- |
|  |

1. **Meals Service**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Service** |  | **Date** |  | **Date** |  | **Date** |
| Breakfast |  |  |  |  |  |  |
| Lunch |  |  |  |  |  |  |
| Dinner |  |  |  |  |  |  |
| Snacks |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |

1. **Meal Options**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Option** |  | **Date & Service** |  | **Date & Service** |  | **Date & Service** |
| Boxed |  |  |  |  |  |  |
| Buffet |  |  |  |  |  |  |
| Plated |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |

1. **Budget**

A preliminary budget is required when the application is submitted. A **final** budget that itemizes **ALL** expenses will be required at the end of the activity. Commercial support must be itemized on the budget. You will need to submit documentation for payment of all presenter expenses.

* **Note: Ineligible companies**, as defined by the [**ACCME (companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients)**](https://www.accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce/eligibility), are not allowed to pay any conference expenses directly. Commercial support can only be provided as educational grants with proper documentation in place. Demonstrate through the budget and the accompanying documentation that the conference organizers paid all expenses directly

1. **Estimated Income**

Enter all sources of estimated income:

|  |  |
| --- | --- |
| **Categories include:** | **Enter Estimated Annual / Program Amount** |
| 1. Institutional/Organizational Funds (Internal Department) |  |
| 1. Commercial Support (Unrestricted Educational Grants) |  |
| 1. Exhibitor/Exhibit Space |  |
| 1. State or Federal Grants |  |
| 1. Participant Registration Fees |  |
| 1. Other Income |  |
| **Total Estimated Income** |  |

1. **Percentage of Revenue**

|  |  |  |  |
| --- | --- | --- | --- |
| a) |  | **Institutional/Organizational Funds (Internal department):** Funding provided by university or by the OU/CPD office recognized joint provider of the activity, or % costs absorbed by the department/ division/ organization. | |
|  |  |
|  |  |
| b) |  | **Commercial Support (Unrestricted Educational Grants):** Funding or “in-kind” services provided by ineligible companies (pharmaceutical company, device manufacturer, etc.) Requires compliance with the ACCME [**Standards for Integrity and Independence in Accredited Continuing Education (Released December 2020**](https://ouhsc.cloud-cme.com/assets/ouhsc/PDF/3.%20ACCME%20Standards%20for%20Integrity%20and%20Independence.pdf)**)**. | |
|  |  |
|  |  |
|  |  |
| c) |  | **Exhibitor/Exhibit Space:** |  |
|  |  |  |
| d) |  | **State or Federal Grant (identify):** |  |
|  |  |
| e) |  | **Participant Registration Fees:** Fee paid to attend/participate in proposed activity. | |
|  |  |
| f) |  | **Other Income (identify):** |  |
|  |  |
|  |  | **TOTAL Estimated Income (must equal 100 %)** | |

1. **Estimated Expenses**

Enter expenses ONLY in the lines that incur costs either direct/out-of-pocket, or time/effort costs.

|  | **Category and Costs** | **Estimated Annual/ Program Amount** |
| --- | --- | --- |
| **a)** | **Continuing Professional Development Costs** | |
|  | 1. Application Fee ($1,500; $3,000; $3,500; or $4,500) |  |
|  | 1. Late Fee ($2,000) |  |
|  | 1. $25/Registrant Processing Fee (waived for Medical Students & Residents): # x 25 = $ |  |
|  | 1. 5.0 % of total amount collected for commercial support |  |
|  | 1. 3.0 % of total amount collected for credit cards |  |
|  | 1. $0.10/credit card transaction processing fee |  |
|  | 1. 5.5 % Profit Share (calculated Activity Income *–* CPD Variable Costs *–* Activity Expenses) |  |
|  | 1. $200 per Letter of Agreement (LOA). Refer to “***S.***” and “***T.***” on this application. |  |
| **b)** | **Marketing** (i.e. posters, flyers, invitations, print preparation, design, mailing, postage, etc.) | |
|  |  |  |
| **c)** | **Faculty-Related Expenses** (honoraria, travel, hotel, per diem, etc.) | |
|  |  |  |
| **d)** | **Meeting Room-Related Expenses** (i.e. audio-visual, room rental fees, technical staffing, etc.) | |
|  |  |  |
| **e)** | **Participant-Related Expenses** (i.e. catering, handouts, etc.) | |
|  |  |  |
| **f)** | **Accreditation/Certification-Related Expenses** (i.e. CE fees, content development, etc.) | |
|  |  |  |
| **g)** | **Administrative-Related Expenses** (i.e. CE fees, content development, etc.) | |
|  |  |  |
| **h)** | **Refunds** (i.e. registration refunds for overpayment and cancellations) | |
|  |  |  |
| **i)** | **Miscellaneous Expenses** | |
|  |  |  |
| **TOTAL =** | |  |

1. **unrestricted educational grants to fund course**
2. **Will you apply for unrestricted educational grants to help fund this Course?**

**No**. If *“No”* then skip “***R.***” altogether and go to “***S. exhibitors and exhibit space***” on page 11.

**Yes**. If “*Yes*” then complete ***R.2*** and ***R.3*** (below).

1. **Identify the individual(s) responsible for requesting commercial support (either via unrestricted educational grants or in-kind donations):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Check here if the above-identified individual is the course director.
3. Check here if the above-identified individual is the course contact.
4. Check here if neither course director or course contact is applicable. Provide contact information (below) for contact:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | |  |  | | | | |
| Name | | |  | Title | | | | |
|  |  |  | | |  |  |  |  |
| Email |  | Cell Phone | | |  | Office Phone |  | FAX |
|  | | | | | | | | |
| Address | | | | | | | | |

1. **Unrestricted Educational Grants Listing:** Please list all grants that you have applied for or that you plan to apply. Indicate the grant status. A properly executed letter of agreement (LOA) and the funds must be sent to the OU/CPD office. Each LOA must be completely executed/ finalized before the education activity, otherwise funds must be returned.

| **List of Grants Applied/Plan to Apply-Name of Company** | **Grant request funded?** |
| --- | --- |
|  | Yes  No  Pending |
|  | Yes  No  Pending |
|  | Yes  No  Pending |
|  | Yes  No  Pending |
|  | Yes  No  Pending |
|  | Yes  No  Pending |
|  | Yes  No  Pending |
|  | Yes  No  Pending |
|  | Yes  No  Pending |
|  | Yes  No  Pending |

**Attach extra pages identifying additional unrestricted grants either applied for or intending to apply, if necessary.**

1. **exhibitors and exhibit space**
2. **Do you plan to solicit exhibit fees?**

**No.** If *“No”* then skip “***S.***” altogether and go to “***T. Commercial & in-kind support and letters of agreement (loa)***” on page 13.

**Yes.** If “*Yes*” then refer below to a), b), c), d), e), and f), initial here \_\_\_\_\_\_, and continue below.

1. Any applications/letters of agreement (LOA) or other documentation that requires a signature by the director of the OU/CPD staff incurs a fee of $200 per document. For your convenience, the OU/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 OU/CPD office on or before 60 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 60 days following the activity. After those sixty days, the OU/CPD office will forfeit all collections and responsibility over to the applicant of the course contracted with in hosting the event. The OU/CPD office 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.**
4. **Identify the individual(s) responsible for requesting commercial support (either via unrestricted educational grants or in-kind donations):**
5. Check here if the above-identified individual is the course director.
6. Check here if the above-identified individual is the course contact.
7. Check here if neither *a)* or *b)* is applicable. Provide contact information (below) for contact:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | |  |  | | | | |
| Name | | |  | Title | | | | |
|  |  |  | | |  |  |  |  |
| Email |  | Cell Phone | | |  | Office Phone |  | FAX |
|  | | | | | | | | |
| Address | | | | | | | | |

1. **Exhibit Space Information:**

|  |  |
| --- | --- |
| 1. Venue deadline for exhibit space: |  |
| 1. Maximum venue capacity for exhibits: |  |
| 1. Date(s) for exhibitor set-up: |  |
| 1. Times allotted for exhibits: |  |
| 1. Exhibit fee amounts: |  |
| 1. Additional booth attendee fee: |  |
| 1. Exhibit fee includes the following: |  |

1. **List of Exhibitors:**

| **List of Exhibitors** | **Amount of Exhibit Fee** |
| --- | --- |
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| **TOTAL** |  |

**Attach extra pages identifying additional exhibitors, if necessary.**

1. **commercial & in-kind support and letters of agreement (loa)**
2. **Do you plan to have commercial or in-kind support?**

**No.** If *“No”* then skip “***T.***” altogether.

**Yes.** If “*Yes*” then refer below to a), b), c), d), e), and f), initial here \_\_\_\_\_\_, and continue below.

1. Any applications/letters of agreement (LOA) or other documentation that requires a signature by the director of the OU/CPD staff incurs a fee of $200 per document. For your convenience, the OU/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 OU/CPD office on or before 60 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 60 days following the activity. After those sixty days, the OU/CPD office will forfeit all collections and responsibility over to the applicant of the course contracted with in hosting the event. The OU/CPD office 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.**
4. **Defined: Types of Financial/In-Kind Contributions**
5. **Commercial Support:** Any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.
6. **In-Kind Support:** Any giveaway tangible items or venue space offered to host the activity.
7. **Attendees: Items of Value Provided (AKA, “In-Kind Support”)**
8. Will the activity provide items of value to the attendees (PLEASE NOTE: Items below are referred to as “In-Kind Support”)?

**No**.

**Yes**. If “Yes” then please identify (i.e., bottle openers/can coolers, coffee mugs, flashlights, lanyards, pens, totes, etc.):

|  |
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|  |

1. How will the “In-Kind Support” items be funded?

|  |
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| **End of I. course *(pages 1 – 13)*** |

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| --- |
| **II. promotional materials *(pages 14 – 16)*** |
| * **NOTE**: **All promotional materials must be approved by the OU/CPD office prior to distribution. Promotional materials disseminated prior to OU/CPD approval will result in the denial of credit.** |

1. **Promotional Materials**

There are required elements and statements that must be used in all promotional materials. Failure to receive prior approval for the materials, and if elements are missing and/or are incorrect, you will be required to make the necessary corrections and redistribute the materials to potential participants (even if this requires reprinting). Refer to Sample Brochure Verbiage (Direct Providership and Joint Providership) located on the Resources tab of the OU/CPD Website, 2021-2022 Traditional Application.

|  |  |  |
| --- | --- | --- |
| Department Website  E-blast with Announcement/Flyer  Facebook  Flyer/Announcement  Instagram | | Registration Brochure  Save the Date E-blast  Save the Date Postcard  Twitter  Web Advertisements |
| Other (please specify): |  | |

1. **Required Verbiage for Any and All Promotional Materials**

* **Accreditation Statement:**

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

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

**CPD will provide verbiage for the following, if applicable:**

* MOC Recognition Statement
* ANCC Accreditation Statement
* CNE Disclosure Statement
* AAFP Accreditation Statement
* AAPA Accreditation Statement
* “Other” Accreditation Statement(s)
* **Mitigation Statement:**

The University of Oklahoma College of Medicine, Office of Continuing Professional Development has reviewed this activity's planner and presenter disclosures and has mitigated all relevant financial relationships with ineligible companies, if applicable.

* **Activity Description:**
* **Overall Professional Practice Gap(s):**
* Practitioners may be unaware of current knowledge….
* Practitioners demonstrated and expressed desire to learn and appraise…..
* Learners are uninformed regarding…..
* There exists a wide variation among practitioners in identifying and prescribing treatment for….
* **Overall Educational Outcomes:**

Upon completion of this activity, participants will improve their competence and performance by being able to:

* + Apply
  + Develop
  + Implement
  + Make use of
  + Operate
  + Prescribe
  + Utilize
* **Acknowledgement of Commercial and In-Kind Support:**

**Commercial support** is financial, or in-kind, contributions given by an ineligible company, which is used to pay all or part of the costs of a CME activity. An ineligible company is any company whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

This activity received no commercial or in-kind support.

* **Disclaimer Statement:**

Statements, opinions and results of studies contained in the program are those of the presenters and authors and do not reflect the policy or position of the Board of Regents of the University of Oklahoma (“OU”) nor does OU provide any warranty as to their accuracy or reliability.

Every reasonable effort has been made to faithfully reproduce the presentations and material as submitted. However, no responsibility is assumed by OU for any claims, injury and/or damage to persons or property from any cause, including negligence or otherwise, or from any use or operation of any methods, products, instruments or ideas contained in the material herein.

* **University of Oklahoma Equal Opportunity Statement / Non-Discrimination Statement:**

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

To file a grievance related to the non-discrimination policy, report sexual misconduct, and/or file a formal complaint of sexual misconduct, please utilize the reporting form at [**ou.edu/reportingform**](https://cm.maxient.com/reportingform.php?UnivofOklahoma&layout_id=10).

Inquiries regarding non-discrimination policies may be directed to the Office(s) of Institutional Equity as may be applicable - Norman campus: (405) 325-3546/3549, Health Sciences Center: (405) 271-2110, or OU-Tulsa Title IX Office: (918) 660-3107. Additionally, individuals may visit [**https://www.ou.edu/eoo**](https://www.ou.edu/eoo).

* **Accommodation Statement:**

For accommodations, please contact….

* **Policy on Faculty and Presenters Disclosure:**

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

* **Planning Committee Members:**
* **Accreditation Council for Graduate Medical Education (ACGME) American Board of Medical Specialties (ABMS) Competencies** *(examples listed below):*
* Apply Quality Improvement
* Employ Evidence-based Practice
* Provide Patient-centered Care
* Utilize Informatics
* Work in Interdisciplinary Team
* Interpersonal and Communication Skills
* Medical Knowledge
* Patient Care
* Practice-based Learning and Improvement
* Professionalism
* Systems-based practice
* **Cost Disclosure Statement** *(if applicable, e.g. making printed copies):*

The “Cost Disclosure Statement” may read: X*-number of copies of this publication were printed by XXX and University Printing Services at no cost to the taxpayers of the state of Oklahoma, #XXXXX, MM/YYYY)*

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| **End of iI. promotional materials *(pages 14 – 16)*** |

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| **III. WORKSHEET (PAGES 17 – 30)** |

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| ACCME and ANCC require an intentional planning process for all CE-credited activities. This worksheet is designed to integrate the ACCME’s [**Standards for Integrity and Independence in Accredited Continuing Education (Released December 2020)**](https://ouhsc.cloud-cme.com/assets/ouhsc/PDF/3.%20ACCME%20Standards%20for%20Integrity%20and%20Independence.pdf) in the planning. As you develop your program, please remember the following:   * All aspects of accredited CE activities must be planned independently of ineligible companies. * Everyone who is in a position to control content must disclose all financial relationships with ineligible companies.   OU Health and the OU/CPD office have implemented mechanisms to identify and mitigate all conflicts of interest prior to the delivery of the educational Course to learners. |

1. **course planning process**
2. **Identifier of Presenters and Topics:** Who identified the presenters and topics (select all that apply)?

Course Director

Co-Course Director

Course Contact

Medical Director

Planning Committee

Other (provide names): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Criteria Used in Selection of Presenters and Topics:** What criteria were used in the selection of presenters (select all that apply)?

Academic Qualifications

Excellent Teaching Skills / Effective Communicator

Experienced in CME

Experienced in Field

Recognized Content

Subject Matter Experts

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **List all the suggestions from the past CME evaluation that you have incorporated in this new activity (if applicable):**

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| --- |
| **N/A** |
|  |
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1. **Barriers (Identify barriers that exist, which may prevent a positive patient outcome)**
2. None
3. Provider

|  |  |
| --- | --- |
| Clinical Knowledge/Skill/Expertise  Recall/confidence/Clinical Inertia  Peer Influence  Motivation | Cultural Competence  Fear/Legal Concerns  Patient Characteristics  Patient Adherence |

1. Patient Barriers to Healthcare

Insurance and financial shortcomings/constraints

Stigma and bias among the medical community/mistrusting of physicians

Transportation and work-related barriers

Housing and transportation-related limitations

Distance to healthcare facility/lack of public transportation

Culture and language barriers

Mental health and substance abuse issues

Unpredictability associated with living in poverty

Poor care coordination

Inadequate communication of hospital discharge instructions

Difficulty navigating complex systems

Fearful of receiving a serious diagnosis or prognosis

Healthcare staffing shortages

Physical and environmental barriers

Personal barriers/emotional barriers

Patient adherence/patient compliance

1. Physician Barriers to Better Patient Care

Patients surprised with visit length

Too many topics at once

Patients unsure what symptoms to report

Patients don’t understand medical processes

Inability to consult in a short time

Adding data to EHRs/EMRs

Patients not completing treatment

Patient adherence/patient compliance

Physician burnout

Clinical Knowledge/Skill/Expertise

Recall/Confidence/Clinical Inertia

Peer Influence

Motivation

Cultural competence

Fear/legal concerns

Not enough time

Work overload

1. **Describe How Planning Committee Will Address Identified Barriers/Factors in Educational Course** (**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 OU/CPD office and Medical Library for providing scholarly information. Speakers have been asked to include the discussion of barriers in their presentations as well as factors beyond clinical care. **Maximum 1,000-characters**)

|  |
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1. **Desirable Attributes & Core Competencies - Competencies: Institute of Medicine and Accreditation Council for Graduate Medical Education (ACGME) American Board of Medical Specialties (ABMS)**

|  |  |
| --- | --- |
| Apply Quality Improvement  Employ Evidence-based Practice  Provide Patient-centered Care  Utilize Informatics  Work in Interdisciplinary Team  Interpersonal and Communication Skills | Medical Knowledge  Patient Care  Practice-based Learning and Improvement  Professionalism  Systems-based practice |

1. **Overview: Describing the continuing education course**
2. **Synopsis of the Course:** Provide a brief summary of the overall program (**maximum 300 characters**). [**Click here for examples of Course Synopsis**](file:///\\dch-comd1\do\ocpd\2024%20CME%20Applications\2022_2023_LIVE_COURSE_LINK_EXAMPLES_SYNOPSES.pdf).

|  |
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1. **Description of the Course**: Provide a more thorough description (compared to Synopsis) of the CE Course (**no limit**). [**Click here for examples of Course Descriptions**](file:///\\dch-comd1\do\ocpd\2024%20CME%20Applications\2022_2023_LIVE_COURSE_LINK_EXAMPLES_COURSE%20DESCRIPTIONS.pdf)**.**

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1. **educational need:**
2. **What methods were used to determine the need for this Continuing Education?** Select all that apply. **Please submit supporting documents for each method selected.**

**Needs Assessment**

Evidence-based, per-reviewed literature

Outcomes data that supports team-based education

Quality care data

Issues identified by colleagues

Problematic/uncommon cases

Ongoing consensus of diagnosis made by physicians on staff

Advice from authorities of the field or societies

Formal or informal survey results of target audience, faculty or staff

Discussion in departmental meetings

Government sources or consensus reports

Board examinations and/or re-certifications requirements

New technology, methods or diagnosis treatment

Legislative, regulatory, or organizational changes impacting patient care

Joint Commission Patient Safety Goal/Competency

1. **Check the educational need(s) that apply to this activity:**

**Knowledge (K)** – What the learner knows (In certain circumstances, “knowledge outcomes” are acceptable if new knowledge such as a new process or procedure is taught. ACCME prefers focus is on competence and performance.).

**Competence (C)** – Is about ability; it is knowledge put into action by the learner.

**Performance (P)** – Performance is competence in action.

**Patient Outcomes (PO)** – In-Patient and or Out-Patient Data

1. **What are the expected outcomes for your learners of this Course in terms of their knowledge (K), competence (C), performance (P), and/or patient outcomes (PO)?** Select all that apply.

New Knowledge (K)

Acquisition of strategies to incorporate new research into practice (K, C, & P)

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)

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| --- | --- |
| Describe POs: |  |

|  |  |
| --- | --- |
| Other: |  |

1. Identify the Following *(To complete III.C.4 [next four pages], click here for instructions)*
2. Overall Professional Practice Gaps for the Activity *(What is the problem?)*
3. Educational Needs Assessment for the Activity *(How do you know that these are gaps?)*
4. Overall Educational Outcomes for the Activity *(What do you want the learners to do now/differently that they were not doing originally?)*

**Overall Professional Practice Gap 1**

**What is The Problem?**

[Click here for examples of Overall Professional Practice Gap(s](file:///\\dch-comd1\do\ocpd\2024%20CME%20Applications\2022_2023_LIVE_COURSE_LINK_EXAMPLES_GAP%20ANALYSIS.pdf)).

|  |  |
| --- | --- |
|  | Knowledge  Competence  Performance  Patient Outcome |

**Educational Needs Assessment Associated with the Professional Practice Gaps for the Activity**

**How do you know that this is a gap?**

State the educational need(s) that you determined to be the cause of the Overall Professional Practice Gap(s). [Click here for examples of Educational Needs Associated with Professional Practice Gap(s)](file:///\\dch-comd1\do\ocpd\2024%20CME%20Applications\2022_2023_LIVE_COURSE_LINK_EXAMPLES_EDUCATIONAL%20NEED_PPG.pdf)

|  |
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**Overall Educational Outcomes for the Activity**

**What do you want the learners to do now/differently that they were not doing originally?**

[Click here for examples of Educational Learning Outcomes of the Learners](file:///\\dch-comd1\do\ocpd\2024%20CME%20Applications\2022_2023_LIVE_COURSE_LINK_EXAMPLES_EDUCATIONAL%20NEED_PPG.pdf)

***Upon completion of this Course, participants will improve their competence and performance by being able to…***

|  |
| --- |
|  |

**Overall Professional Practice Gap 2**

**What is The Problem?**

[Click here for examples of Overall Professional Practice Gap(s](file:///\\dch-comd1\do\ocpd\2024%20CME%20Applications\2022_2023_LIVE_COURSE_LINK_EXAMPLES_GAP%20ANALYSIS.pdf)).

|  |  |
| --- | --- |
|  | Knowledge  Competence  Performance  Patient Outcome |

**Educational Needs Assessment Associated with the Professional Practice Gaps for the Activity**

**How do you know that this is a gap?**

State the educational need(s) that you determined to be the cause of the Overall Professional Practice Gap(s). [Click here for examples of Educational Needs Associated with Professional Practice Gap(s)](file:///\\dch-comd1\do\ocpd\2024%20CME%20Applications\2022_2023_LIVE_COURSE_LINK_EXAMPLES_EDUCATIONAL%20NEED_PPG.pdf)

|  |
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**Overall Educational Outcomes for the Activity**

**What do you want the learners to do now/differently that they were not doing originally?**

[Click here for examples of Educational Learning Outcomes of the Learners](file:///\\dch-comd1\do\ocpd\2024%20CME%20Applications\2022_2023_LIVE_COURSE_LINK_EXAMPLES_EDUCATIONAL%20NEED_PPG.pdf)

***Upon completion of this Course, participants will improve their competence and performance by being able to…***

|  |
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**Overall Professional Practice Gap 3**

**What is The Problem?**

[Click here for examples of Overall Professional Practice Gap(s](file:///\\dch-comd1\do\ocpd\2024%20CME%20Applications\2022_2023_LIVE_COURSE_LINK_EXAMPLES_GAP%20ANALYSIS.pdf)).

|  |  |
| --- | --- |
|  | Knowledge  Competence  Performance  Patient Outcome |

**Educational Needs Assessment Associated with the Professional Practice Gaps for the Activity**

**How do you know that this is a gap?**

State the educational need(s) that you determined to be the cause of the Overall Professional Practice Gap(s). [Click here for examples of Educational Needs Associated with Professional Practice Gap(s)](file:///\\dch-comd1\do\ocpd\2024%20CME%20Applications\2022_2023_LIVE_COURSE_LINK_EXAMPLES_EDUCATIONAL%20NEED_PPG.pdf)

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**Overall Educational Outcomes for the Activity**

**What do you want the learners to do now/differently that they were not doing originally?**

[Click here for examples of Educational Learning Outcomes of the Learners](file:///\\dch-comd1\do\ocpd\2024%20CME%20Applications\2022_2023_LIVE_COURSE_LINK_EXAMPLES_EDUCATIONAL%20NEED_PPG.pdf)

***Upon completion of this Course, participants will improve their competence and performance by being able to…***

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**Overall Professional Practice Gap 4**

**What is The Problem?**

[Click here for examples of Overall Professional Practice Gap(s](file:///\\dch-comd1\do\ocpd\2024%20CME%20Applications\2022_2023_LIVE_COURSE_LINK_EXAMPLES_GAP%20ANALYSIS.pdf)).

|  |  |
| --- | --- |
|  | Knowledge  Competence  Performance  Patient Outcome |

**Educational Needs Assessment Associated with the Professional Practice Gaps for the Activity**

**How do you know that this is a gap?**

State the educational need(s) that you determined to be the cause of the Overall Professional Practice Gap(s). [Click here for examples of Educational Needs Associated with Professional Practice Gap(s)](file:///\\dch-comd1\do\ocpd\2024%20CME%20Applications\2022_2023_LIVE_COURSE_LINK_EXAMPLES_EDUCATIONAL%20NEED_PPG.pdf)

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**Overall Educational Outcomes for the Activity**

**What do you want the learners to do now/differently that they were not doing originally?**

[Click here for examples of Educational Learning Outcomes of the Learners](file:///\\dch-comd1\do\ocpd\2024%20CME%20Applications\2022_2023_LIVE_COURSE_LINK_EXAMPLES_EDUCATIONAL%20NEED_PPG.pdf)

***Upon completion of this Course, participants will improve their competence and performance by being able to…***

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**Overall Professional Practice Gap 5**

**What is The Problem?**

[Click here for examples of Overall Professional Practice Gap(s](file:///\\dch-comd1\do\ocpd\2024%20CME%20Applications\2022_2023_LIVE_COURSE_LINK_EXAMPLES_GAP%20ANALYSIS.pdf)).

|  |  |
| --- | --- |
|  | Knowledge  Competence  Performance  Patient Outcome |

**Educational Needs Assessment Associated with the Professional Practice Gaps for the Activity**

**How do you know that this is a gap?**

State the educational need(s) that you determined to be the cause of the Overall Professional Practice Gap(s). [Click here for examples of Educational Needs Associated with Professional Practice Gap(s)](file:///\\dch-comd1\do\ocpd\2024%20CME%20Applications\2022_2023_LIVE_COURSE_LINK_EXAMPLES_EDUCATIONAL%20NEED_PPG.pdf)

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**Overall Educational Outcomes for the Activity**

**What do you want the learners to do now/differently that they were not doing originally?**

[Click here for examples of Educational Learning Outcomes of the Learners](file:///\\dch-comd1\do\ocpd\2024%20CME%20Applications\2022_2023_LIVE_COURSE_LINK_EXAMPLES_EDUCATIONAL%20NEED_PPG.pdf)

***Upon completion of this Course, participants will improve their competence and performance by being able to…***

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| --- |
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1. **appropriate formats**: The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity.

**[Click here for examples of Explain the Educational Format and Why it is Appropriate for this Course](file:///\\\\dch-comd1\\do\\ocpd\\2024%20CME%20Applications\\2022_2023_LIVE_COURSE_LINK_EXAMPLES_EDUCATIONAL%20NEED_PPG.pdf)**.

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.

Following are examples of active (rather than passive, e.g. straight lecture) learning methods:

|  |  |  |
| --- | --- | --- |
| * Procedure Lab * Reading Assignments * Case Discussions * Question-and-Answer * Video-Teleconference | * Hands-on Workshop * Demonstrations * Work on Simulators/Models * Panel Discussion * Online Library | * Homework Exercise * Videodisk/Movie * Skills Testing * Audience Response System (ARS) * Small-group Discussion |

|  |
| --- |
| **Please answer these three questions:**   1. **How are you going to teach the learners?** 2. **Explain *why* the educational format is appropriate for this activity** 3. **What will be the educational design of the Course (e.g. presentation, case studies, round table, and simulation)?** |
|  |

1. **Indicate How Educational activity Aligns With OU/CPD’s Mission**

The mission of the OU COM Irwin H. Brown Office of CPD office 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 CPD office 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 Health, the CPD office 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 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 teamwork and patient-centered care through interprofessional education.

Promotes the practice of evidence-based medicine.

Other (please elaborate):

|  |
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|  |

1. **Analyze Change and evaluation & evaluation outcomes**

The OU/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 Course. As part of the after-Course action plan, you will have the opportunity to approve the follow-up survey. The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program’s activities/educational interventions.

1. **Analyze Change – Strategies: How will you measure the educational outcomes?** Describe the strategies used to obtain data or information about changes achieved in learners’ competence or performance or patient outcomes as a result of their participation in this activity, including, for example, questions you asked the learner about changes in competence or performance or other change data such as quality improvement or patient outcomes. [**Click here for examples of Analyze Change**](file:///\\dch-comd1\do\ocpd\2024%20CME%20Applications\2022_2023_LIVE_COURSE_LINK_EXAMPLES_EDUCATIONAL%20NEED_PPG.pdf).

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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 Course. The CPD Office will send the evaluation results to the course director and course contact. List additional questions below:

|  |  |
| --- | --- |
|  |  |
|  |  |
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1. **Additional Evaluation Tools to Be Used**: Reports from additional evaluation tools must be submitted to the CPD office. Select all that apply (minimum of one required). Please provide supporting documentation.
2. Knowledge/Competence

Audience response system (ARS)

Customized pre- and post-test

Zoom or another Webinar-type polling

Other, please specify:

|  |
| --- |
|  |

1. Performance

Customized follow-up survey/interview/focus group about actual change in practice at specified intervals.

Other, please specify:

|  |
| --- |
|  |

1. Patient/Population Health (**NOTE: If any of the boxes below are checked then additional reports will be required**.)

Measure morbidity mortality rates

Observe changes in health status measures

Observe changes in quality/cost of care

Obtain patient feedback and surveys

Other, please specify:

|  |
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|  |

1. **ACCME COMMENDATION CRITeRIA**
2. **Promotes Team-based Education:**

C23: Members of interprofessional teams are engaged in the planning and delivery of Interprofessional continuing education (IPCE).

C24: Patient/public representatives are engaged in the planning and delivery of CME.

C25: Students of the health professions are engaged in the planning and delivery of CME.

1. **Addresses Public Health Priorities:**

C26: The provider advances the use of health and practice data for healthcare improvement.

C27: The provider addresses factors beyond clinical care that affect the health populations.

C28 : The provider collaborates with other organizations to more effectively address population health issues.

1. **Enhances Skills:**

C29: The provider designs CME to optimize communication skills of learners.

C30: The provider designs CME to optimize technical and procedural skills of learners.

C31: The provider creates individualized learning plans for learners.

C32: The provider utilizes support strategies to enhance change as an adjunct to its CME.

1. **Achieves Outcomes:**

C36: The provider demonstrates improvement in the performance of learners.

C37: The provider demonstrates healthcare quality improvement.

C38: The provider demonstrates the impact of the CME program on patients or their communities.

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| **End of iii. worksheet *(pages 17 – 30)*** |

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| 1. **CPD FEES: LIVE-STREAM & IN\_PERSON *(pages 31)*** |

1. **APPLICATION FEE:** Due with submission of application (non-refundable, even if application not approved).

|  |  |
| --- | --- |
| 1. Direct Providership   *(For both one-time Course and series-Course)* | Course organized by departments within the OU College of Medicine and OU Health.  **$1,500** – Direct: ***No*** commercial support and/or exhibits ($1,500 reflects application received prior to 60-days in advance of Course start date).  **$3,000** – Direct: With commercial support and/or exhibits ($3,000 reflects application received prior to 60-days in advance of Course start date). |
| 1. Joint Providership   *(For both one-time Course and series-Course)* | Course organized by departments outside the OU College of Medicine (Please note: A pharmaceutical company or medical device manufacturer cannot be a provider.).  **$3,500** – Joint: ***No*** commercial support and/or exhibits ($3,500 reflects application received prior to 60-days in advance of Course start date).  **$4,500** – Joint: With commercial support and/or exhibits ($4,500 reflects application received prior to 60-days in advance of Course start date). |

1. **Fees upon Conclusion of course:** As applicable, fees (below) invoiced after Course concludes.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Direct Providership | Series-Course only: **$750** for each additional offering in a series. | | |
| 1. Joint Providership | Series-Course only: **$1,000** for each additional offering in a series. | | |
| 1. Additional Credits | **$125** per credit (over eight [8] credits). | | |
| 1. Application Approval Rush | **$1,000**: Rush fee charged for application approvals less than 60-days before Course date (Applications will not be considered if submitted less than 45- days prior to event). | | |
| 1. Greater Than 3-Week Deadline: Cost-Recovery Expense | **$2,000**: All documentation (i.e., additional information for online syllabus, signed and resolved disclosure forms, PowerPoint presentations, other requested documents, etc.) must be content validated and finalized before 3-week deadline (includes reviews and edits by the OU/CPD office). | | |
| 1. Less Than 72-Hour Deadline: Cost-Recovery Expense | **$150-$375/hour**: 72 hours prior to Course a fee will be assessed to the program based on changes to program’s materials. Assessed fees: (1) $375/hour for physician content validation and/or (2) $150/hour per OU/CPD staff member. Changes include, but not limited to, content validation, additional information/edits for online syllabus, signed and resolved disclosure forms, ARS/polling questions, MOC test questions, loading any changes into CloudCMETM, etc. | | |
| 1. Less Than 24-Hour Deadline | Less than 24-hours prior to the Course, any documentation still outstanding from a speaker will be viewed as non-compliant. That speaker’s 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. | | |
| 1. CloudCMETM Processing | **$25** charged for each person (This includes, but is not limited to, planners, speakers, faculty, exhibitors, course directors, course contacts, panelists, fellows, staff, teachers, moderators, reviewers, authors and all attendees). This fee is waived for residents and medical students only. | | |
| 1. Peer-Review/Content Validation | **$375** per hour. | | |
| 1. Credit Card Reimbursement | **Three (3) percent (3 %)** of total credit card payments received. | | |
| 1. Credit Card Transaction | **Ten (10) cents ($.10)** per transaction. | | |
| 1. Letters of Agreement (LOA) or anything that requires OU/CPD to sign | **$200**: Fee for LOAs or anything requiring OU/CPD to sign. No charge if using OU/CPD LOA. All other LOA’s and or documents that require a signature from the OU/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. | | |
| 1. 5.5 % Profit Share | Profit Share assessment of **5.5 percent** of net profit. | | |
| 1. Commercial Support (Grants) and Exhibit | **Five (5) percent (5.0%)** of total amount collectedand/or owed.Other than application fee, all other fees are due to the OU/CPD office on or before 60 days following the conclusion of the Course. After 60 days the department/division/organization will be responsible for collecting outstanding fees. Profit Share and Exhibitors’ Fees will still be due to the OU/CPD office. | | |
| 1. Application Fee for Additional Credit Type | Application fees vary per specialty (i.e., PA, NP, PharmD, etc.). | | |
| 1. Fee for OU/CPD to complete other applications | **$250/hour**. | | |
| 1. OU/CPD Expenses | If applicable, will invoice for airfare, hotel, and Per Diem or mileage and toll. | | |
| **End of iv. cpd fees *(page 31)*** | | |
| 1. **signature documents *(pages 32 – 35)*** | | |

1. **Identification, Mitigation, and Disclosure of Financial Relationships**

It is the policy of the OU COM to ensure balance, independence, objectivity, and scientific rigor in all directly and jointly provided accredited educational activities. In addition to presenters, all individuals in a position to control the content of an accredited educational activity (course directors, planners, staff, moderators, reviewers and authors of CE) must disclose all financial relationships they have with any ineligible company. The ACCME describes financial relationships as those in any amount occurring within the past 24-months and if the educational content an individual can control is related to the business lines or products of the ineligible company.

* **NOTE**:Individuals who decline to provide mitigation strategies will be disqualified from planning, presenting, and/or implementing at an accredited continuing education activity. Failure to return an “Identification, Mitigation, and Disclosure of Financial Relationships” form is equal to refusing to disclose.

The “Identification, Mitigation, and Disclosure of Financial Relationships” form is the mechanism used by the OU/CPD office to gather information about financial relationships with ineligible companies.

* **NOTE**: Financial relationships with ineligible companies must be mitigated.

**Four-Step Mitigation Strategy Process (must be completed by course director or designated content reviewer/expert)**

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| --- | --- |
| **Step 1:** | 1. OU/CPD will send sample email verbiage to course director introducing CloudCMETM to planners to inform planners of the process to complete required on-line administrative tasks. 2. Course director will send email to planning committee member and carbon copy OU/CPD office. 3. The OU/CPD office will email planners instructions on logging on to CloudCMETM to complete the required “Identification, Mitigation, and Disclosure of Financial Relationships” form and upload required documents. |
| **Step 2:** | 1. Once the course is approved by the associate dean, the OU/CPD office will send sample email verbiage to both the course director and course contact to send to all presenters, moderators, panelists, etc. Carbon copy the OU/CPD office on this communication. 2. OU/CPD staff will send an email to all speakers with instructions on logging into CloudCMETM to complete the required “Identification, Mitigation, and Disclosure of Financial Relationships” form. |
| **Step 3:** | The course director will convey the “Identification, Mitigation, and Disclosure of Financial Relationships” information to the participants in the following manner:   1. Disclosure must be made to participants of all financial relationships, and/or the lack of financial relationships, prior to the start of the activity. 2. All presenters must begin their presentation with a disclosure slide that matches their information in the disclosure report and give a verbal disclosure. 3. All moderators must give a verbal disclosure. |
| **Step 4:** | If a presenter has a financial relationship with an ineligible company:   1. The course director or designated content reviewer will request the presentation slides for content validation and potential bias. The presenter will need to submit the presentation at least three weeks prior to the activity 2. The presentation will be reviewed for content validation and potential bias by the course director or content reviewer and then by the OU/CPD office staff. Refer to page three (3) of the “Identification, Mitigation, and Disclosure of Financial Relationships Form.” If time for previewing is not available, no CE credit will be offered for the presentation and the session will have to be moved to the end of the agenda, or a different presentation can be asked to fill the time slot. If it is determined that there is no bias within the presentation it will be approved. 3. Each presentation will be monitored by the course director or content monitor for bias and/or recommendations and the monitor will report the findings in writing to the OU/CPD office at the end of the course. Monitors are also required to ask questions or make comments to counter the commercial bias if presented. 4. The following questions regarding the presenter’s presentation will be added to the course evaluation: 5. Were clinical recommendations made during the presentation? 6. Did you perceive any commercial bias during this presentation? 7. If the evaluation results show that more than 15% of the audience heard clinical recommendations or commercial bias, the presenter will not be asked to participate in future accredited activities. |

**Attestation of Having Read the Commercial Support Policies and Procedures:** You must attest to the following: I have read the [**Standards for Integrity and Independence in Accredited Continuing Education (Released December 2020)**](https://ouhsc.cloud-cme.com/assets/ouhsc/PDF/3.%20ACCME%20Standards%20for%20Integrity%20and%20Independence.pdf). I understand the standards and my role and responsibilities.

**Yes**

**No** (If “*No*” then please clarify, on separate sheet of paper, reason and attach to application)

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|  |  |  |  |  |
| **Print Name: Course Director** |  | **Signature: Course Director** |  | **Date (MM/DD/YYYY)** |

1. **Course Director & Business Manager Acceptance of Responsibilities**

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| --- |
| As course director and business manager, we have reviewed this application form and responsibilities for an accredited continuing education (CE) Course for the period of **August 1, 2023 to June 30, 2024**. We attest that the information provided is complete and accurate and agree to abide by the current ACCME, AMA, and, if applicable, ANCC accreditation requirements for planning, Course implementation and evaluation (including the ACCME’s [**Standards for Integrity and Independence in Accredited Continuing Education [Released December 2020]**](https://ouhsc.cloud-cme.com/assets/ouhsc/PDF/3.%20ACCME%20Standards%20for%20Integrity%20and%20Independence.pdf)) and the OU/CPD office policies and procedures for activities.   * **NOTE: It is the responsibility of both the course director and business manager to ensure compliance for items below.** |

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

* + - 1. **Compliance Agreement**

Assist in mitigating relevant financial relationships with ineligible companies prior to delivery of the educational series.

Verify that disclosure of financial relationships with ineligible companies or lack thereof was made known to all participants prior to the beginning of the educational series.

Disclose to learners the source of all commercial support for the educational series, if applicable.

Maintain total separation of all educational and promotional activities.

Maintain records for six years.

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. It is the course director’s sole responsibility to either validate the slides or appoint someone qualified from the planning committee to review all presentations. Please identify who the designee is upon receipt of the approved application.

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| Designated content reviewer(s): |  |

Pay all outstanding fees and expenses incurred by this Course.

I understand that all activities certified by OU/CPD are subject to periodic audit by OU/CPD and/or ACCME.

1. **Attestation**

|  |  |  |  |
| --- | --- | --- | --- |
| I/We herein warrant that the above attestations are true and accurate, I/we shall bear full responsibility for any failure to accurately comply or report, and I/we shall indemnify the OU/CPD office or any of their employees for any damages arising from my attestations. |  |  |  |
| Course Director  (initial above) | Business Manager  (initial above) |

1. **Signatures**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Print Name: Course Director** |  | **Print Name: Business Manager** |
|  |  |  |
| **Signature: Course Director** |  | **Signature: Business Manager** |
|  |  |  |
| **Date (MM/DD/YYYY)** |  | **Date (MM/DD/YYYY)** |

1. **Application Review and Payment**

* **NOTE:** Application Fee Non-Refundable: 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.

1. **Application Review Process**

Application review process begins once application fee paid.

All documentation completely filled out and submitted as it applies to the application.

1. **Payment Due:** Payment must accompany the application.
2. **TAX ID for Office of Continuing Professional Development:** 73 156 3627
3. **Payment Options**
4. **ELECTRONIC FUNDS TRANSFER (EFT) / PURCHASE ORDER (PO)**
5. **OUHSC Inter-Department Cost Transfer:**
6. Please ask your business manager to initiate the cost transfers in PeopleSoft. This transaction must be initiated by your department. Our chart field spread information is:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FUNDS** | **DEPT.** | **FUNCTION** | **ENTITY** | **SOURCE** | **PURPOSE** | **PROJECT** |
| MISCA | MED00015 | 00014 | 00000 | NONE | NONE | NONE |

1. Please carbon copy Susie Dealy ([**susie-dealy@ouhsc.edu**](mailto:susie-dealy@ouhsc.edu)) and James F. Albertson ([**james-albertson@ouhsc.edu**](mailto:james-albertson@ouhsc.edu)) on the email transfer request. **In the email subject line, please include the course number, and course title**.
2. Please indicate the exact Course title in the PeopleSoft text fields. **To assure proper posting, please be sure to record (1) department name, (2) the actual title of the CE course, and (3) the course number**.
3. **No Payment** (Please explain if payment not included.)

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1. **Signatures**

By signing this application, we attest that this Course will follow the University of Oklahoma College of Medicine Irwin H. Brown Office of Continuing Professional Development Policies and Procedures to the best of our abilities and that we will pay the fees charged.

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|  |  |  |  |  |
| **Print Name: Course Director** |  | **Print Name: Department Head or Designee** |  | **Print Name: Business Manager** |
|  |  |  |  |  |
| **Signature: Course Director** |  | **Signature: Department Head or Designee** |  | **Signature: Business Manager** |
|  |  |  |  |  |
| **Date (MM/DD/YYYY)** |  | **Date (MM/DD/YYYY)** |  | **Date (MM/DD/YYYY)** |

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| **End of v. signature documents *(pages 32 – 35)*** |