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| **Instructions:** Complete this activity planning form and submit this application, the pre-activity agenda, and Planner Disclosure Forms to the UOMA for approval and submit the application fee. Once the activity has been approved, the UOMA will work with the administrative contact to collect and review additional materials for the activity. Refer to the *CME Planning Checklist Master* for required documentation.  |

|  |  |
| --- | --- |
| Activity Name |  |
| Organization Requesting CME Credit |  |
| Organization Address |  |
| ActivityDirector |  | Activity Director Email and Phone |  |
| Administrative Contact Name |  | Administrative Email and Phone |  |

|  |  |
| --- | --- |
| Activity Type\* |  |
| Target Audience |  |
| Number of CME Credits Requested |  |
| Start and finish dates and times of activity |  |
| Activity Location or Media Site |  |
| Previous Joint Providership with UMAF? |  |

**\*Activity Types:**  Live Course, Regularly Scheduled Series (RSS), Internet Live Course, Enduring Material,

Journal-Based CME, Manuscript Review, Test Item Writing, Committee Learning, Performance Improvement,

Internet Searching and Learning, Learning from Teaching, or Other.

**The educational format used is appropriate for the setting, objectives, and desired results of the activity.** Check all that apply:

|  |  |  |
| --- | --- | --- |
| [ ]  Case studies | [ ]  Video Instruction | [ ]  Symposium |
| [ ]  Roundtable or problem-based discussion | [ ]  Panel Discussion | [ ]  Workshops |
| [ ]  Simulation/Skills Labs | [ ]  Small Group Discussion | [ ]  Moderated poster sessions |
| [ ]  Demonstration | [ ]  Audience response system | [ ]  Computer based instruction |
| [ ]  Didactic Lecture | [ ]  Self-study print or online guides | [ ]  Q&A Sessions |
| [ ]  Other (describe) |

**What is the Professional Practice-Based Gap(s) you are addressing?**

Please indicate the cause of the professional gaps in one or more of these areas. (max of 50 words each)

|  |  |
| --- | --- |
| **Competence need** Change based on knowledge/content learned with intent to apply.*and/or* | What problem exists with learners translating knowledge into their practice or lack the strategies to implement change?      |
| **Performance need** Change based on competence being applied. and*/or* | What barriers prevent learners from performing as they should or from stopping what they are currently doing based on best practices?      |
| **System/Patient Outcomes need** Change based on impact of research, executive, administrative, or system outcomes. | What results in patient or system outcomes are required for quality patient care? Must be able to provide data after the activity to show evidence of outcomes.      |
|  |
| **Sources Used to Determine Needs Assessment**Please check all that apply:

|  |  |  |
| --- | --- | --- |
|[ ]  Past activity evaluation data |[ ]  Focus groups |[ ]  Research findings |
|[ ]  Practice guidelines |[ ]  Public health data or priorities |[ ]  Environmental scanning |
|[ ]  Literature search |[ ]  Licensure requirements |[ ]  QA analysis |
|[ ]  Maintenance of Certification (MOC) |[ ]  New information, diagnostic techniques, treatments |[ ]  National clinical guidelines (e.g., NIH, NCI, AHQR) |
|[ ]  Patient safety initiative |[ ]  Identified local issue |[ ]  Epidemiological data |
|[ ]  Morbidity & mortality reports |[ ]  Clinical practice data |[ ]  Consensus reports |
|[ ]  Peer reviewed literature |[ ]  Evidence-based medicine |[ ]  Patient feedback |
|[ ]  Lay press/media coverage |[ ]  Core competencies |[ ]  Expert committees/panels |
|[ ]  Legal/regulatory requirements |[ ]  Institutional credentialing requirements |[ ]  Specialty society consensus statements/guidelines |
|[ ]  Other (describe) |  |  |  |  |

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**Mark the desirable physician attributes this activity addresses:**

**Interprofessional Education**

**ACGME/ABMS Competencies Institute of Medicine Competencies Collaborative Competencies**

[ ] Patient Care/ Procedural Skills Practice [ ]  Provide patient-centered care [ ] Values/Ethics for Interprofessional Practice

[ ] Medical Knowledge [ ]  Work in interdisciplinary teams [ ] Roles/Responsibilities

[ ] Practice-based Learning and Improvement [ ]  Employ evidence-based practice [ ] Interprofessional Communication

[ ] Interpersonal and Communication Skills [ ]  Apply quality improvement [ ] Teams and Teamwork

[ ] Professionalism [ ]  Utilize informatics

[ ] Systems-based Practice

Other Competencies (specify)**:**

**The osteopathic competencies for this AOA designated credit activity.** Check all that apply:

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| --- |
|[ ]  **Osteopathic Principles and Practice**Demonstrate and apply knowledge of accepted standards in OPP appropriate to their specialty. |
|[ ]  **Medical Knowledge and Its Application into Osteopathic Medical Practice**Demonstrate and apply integrative knowledge of accepted standards of clinical medicine and OPP in their respective osteopathic specialty area, remain current with new developments in medicine, and participate in lifelong learning activities, including research. |
|[ ]  **Osteopathic Patient Care**Demonstrate the ability to effectively treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporations of preventive medicine, and health promotion. |
|[ ]  **Interpersonal and Communication Skills in Osteopathic Medical Practice**Demonstrate interpersonal and communication skills that enable them to establish and maintain professional.  |
|[ ]  **Professional in Osteopathic Medical Practice**Demonstrate their professional activities promote advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population. |
|[ ]  **Osteopathic Medical Practice-Based Learning and Improvement**Demonstrate the ability to critically evaluate their methods of clinical Practice, integrate evidence-based traditional and osteopathic medical principles into patient care, show an understanding of research methods, and improve patient care practices. |
|[ ]  **System-Based Osteopathic Medical Practice**Demonstrate an understanding of health care delivery systems, provide effective and qualitative osteopathic patient care within the system, and practice cost-effective medicine. |

**Check the focus area(s) included in your activity which align with CME:**

|  |  |
| --- | --- |
| [ ]  | Appropriate opioid prescribing |
|[ ]  Leadership |
|[ ]  Communication among healthcare professionals and with patients |
|[ ]  Compliance with regulatory requirements |
|[ ]  Legal and ethical conduct |
|[ ]  Interprofessional education/teamwork |
|[ ]  Clinical/medical updates |
|[ ]  Other: Please describe  |

**List the CME Activity Goals and Objectives:**

**Develop Learner Evaluation – Please submit a copy of evaluation draft, when available.**

You will be required to evaluate your learners’ changes of competence, performance, and/or patient outcomes.

Use the learning objectives, practice gap(s), educational needs, purpose, and expected outcomes you identified earlier in this planning form. (Examples provided in the documentation requirements file.)

**Standards for Integrity and Independence in Accredited Continuing Education Required**

[ ]  **By checking this box, I attest that this activity will be developed and delivered with the Standards for Integrity and Independence in Accredited Continuing Education as outlined below.**

**Ensure Content is Valid – Standard 1**

 CME Activity Application

 Pre-activity Agenda

**Prevent Commercial Bias and Marketing in Accredited Continuing Education – Standard 2**

 Free of marketing or sales of products or services

 May not share learners’ contact information with ineligible companies without learner consent

**Identify, Mitigate, and Disclose Relevant Financial Relationships – Standard 3**

Planner and Presenter Disclosures prior to the activity ***[Submit Planner Disclosure Forms with this application for every individual in control of content during the planning of activity.]***

 Mitigate relevant financial relationships prior to the activity

Disclosure to Learners – Logos, trade names, or product messages of ineligible companies

 are NOT allowed on disclosures

**Manage Commercial Support Appropriately – Standard 4 *[Please complete question/explanation below.]***

Revenue Budget Disclosure and how the funds are being used

Commercial Support Agreement

Disclosure to Learners

**Manage Ancillary Activities Offered in Conjunction with Accredited Continuing Education – Standard 5**

 Exhibitors/Advertisers (non-accredited activity) must be separate from accredited activity

Logos, trade names, or product messages of ineligible companies are NOT allowed in accredited educational materials

**Is this CME COMMERCIALLY SUPPORTED?** [ ]  Yes [ ]  No

**If the activity is commercially supported, please indicate your supporters.** (Add more rows if needed.)

|  |  |  |
| --- | --- | --- |
| **Name of commercial supporter** | **Amount of monetary commercial support/****description of in-kind support** | **In-kind**  |
| *Example: XYZ Pharma Company* | *$5,000* | *☐* |
| *Example: ABC Medical Device Company* | *Use of ultrasound equipment in skills station* | *☒* |
|       |       | [ ]  |
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**List all individuals that have control of content,** including planners, administrators, activity directors, and known faculty. Financial Relationships Disclosure forms are required from each contributor to the education.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of individual** | **Individual’s role in activity** | **Name of commercial interest** | **Nature of relationship** |
| *Example: Jane Smythe, MD* | *Planner* | *None* | *---* |
| *Example: Thomas Jones* | *Faculty* | *Pharma Co. US* | *Research grant* |
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