

SAINT MARY'S HOSPITAL CONTINUING MEDICAL EDUCATION APPLICATION FOR AWARDING AMA PRA CATEGORY 1 CREDIT(S)TM

APPLICATION INSTRUCTIONS:

This application is designed to meet the requirements of the ACCME in sponsoring *AMA PRA CATEGORY 1 CREDIT(S)TM* Continuing Medical Education activities. Please fill-in and complete all sections. Use tab key or mouse. Print out application and mail or fax to:

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Waterbury, CT 06706
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I. GENERAL INFORMATION

		CONTACT PERSON	COURSE DIRECTOR
1	NAME		
2	DEPARTMENT/ORGANIZATION		
3	STREET ADDRESS 1 STREET ADDRESS 2 CITY, STATE & ZIP		
4	TELEPHONE NUMBER		
5	FAX NUMBER		
6	EMAIL		
7	TITLE OF CONFERENCE/ ACTIVITY		
8	DATE(S) OF ACTIVITY		
9	ACTIVITY LOCATION		
10	TIME(S)		
11	SPONSORSHIP	<input type="radio"/> JOINT	<input type="radio"/> CO-SPONSOR
	NAME OF ORGANIZATION:		
12	# OF CREDITS REQUESTED : (Note: Maximum number of hours rounded to the nearest quarter hour exclusive of breaks and other activities that are not part of the formal education process)		
13	REGISTRATION FEE	<input type="radio"/> YES AMOUNT	<input type="radio"/> NO

II. NEEDS ASSESSMENT

Documentation is required of the planning process that links educational needs with the desired results.

1	TARGET AUDIENCE:	
2	ESTIMATED NUMBER OF ATTENDEES :	ESTIMATED NUMBER OF PHYSICIANS:
3	LIST ANY SPECIAL BACKGROUND REQUIREMENTS FOR PROSPECTIVE PARTICIPANTS:	
4	PLANNING COMMITTEE (LIST AND ATTACH CV)	
5	PRESENTER(S) (LIST AND ATTACH CV)	
6	SOURCES OF ASSESSMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> Audit <input type="checkbox"/> Quality Improvement <input type="checkbox"/> Survey <input type="checkbox"/> CME/Department Chair <input type="checkbox"/> Departmental Meetings <input type="checkbox"/> Previous CME Activity <input type="checkbox"/> New Technique/Knowledge <input type="checkbox"/> Data From Outside Sources <input type="checkbox"/> Review/Update <input type="checkbox"/> Other	
DOCUMENTATION (PLEASE ATTACH MINUTES, ANALYSIS, LITERATURE, CORRESPONDENCE, ETC.)		
7.	WHAT ARE THE DEFICIENCIES/NEEDS IDENTIFIED BY ABOVE SOURCES AND ADDRESSED BY THIS LEARNING ACTIVITY? <input type="checkbox"/> Patient Care (Diagnosis & Treatment) <input type="checkbox"/> Medical Knowledge <input type="checkbox"/> Evidence Based Learning & Improvement <input type="checkbox"/> Interpersonal/ Communication Skills <input type="checkbox"/> Professionalism <input type="checkbox"/> Practice Management <input type="checkbox"/> Other:	
8.	FORMAT OF LEARNING ACTIVITY (FORMAT SHOULD BE CONSISTENT WITH OBJECTIVES OF COURSE AND APPROPRIATE FOR THE NEEDS AND SKILLS OF THE AUDIENCE) <input type="checkbox"/> Lecture <input type="checkbox"/> Panel <input type="checkbox"/> Group Discussion <input type="checkbox"/> Simulation <input type="checkbox"/> Hands-On Workshop <input type="checkbox"/> Posters <input type="checkbox"/> Video/Film <input type="checkbox"/> Internet <input type="checkbox"/> Teleconference <input type="checkbox"/> Other:	

III. OBJECTIVES

Please provide three objectives. The objectives should include an ACTION VERB (selected from the drop down menu) followed by a CONTENT STATEMENT that reflects what the learner is expected to know or do at the conclusion of the CME activity, rather than the goals of the instructor. An additional line is provided for an another choice of verb. The objectives should be clear, concise and relate to the identified needs of the audience.

Complete the following statement:

“At the conclusion of this activity the participant will be able to:”

1.

2.

3.

4.

IV. EVALUATION

Each CME activity must include a formal process of evaluating the effectiveness of the program. The Saint Mary's Hospital CME evaluation form is required. If you intent to use an additional evaluation, please **attach**.

1	HOW WILL YOU USE THIS DATA?
	<input type="checkbox"/> Provide summary to presenter(s) <input type="checkbox"/> Plan future CME activities
	<input type="checkbox"/> Other:

V. BROCHURE

Please **attach** brochure or other announcements. The draft must contain the objectives and the following Accreditation, Designation, Disclosure and Commercial Support statements:

“This program is sponsored by Saint Mary’s Hospital. Saint Mary’s Hospital has been accredited for its continuing education programs by the Connecticut State Medical Society.”

“Saint Mary’s Hospital designates this educational activity for a maximum of ___ *AMA PRA Category 1 Credit(s)*[™]. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.”

“This speaker does not have any financial relationship with commercial interests that provide products or services discussed in this activity.”

“This CME activity has no commercial support associated with it.” OR

“This CME activity is supported by an educational grant from _____.”

VI. DISCLOSURE

The ACCME requires documentation showing that the CME activities are independent, free of commercial bias and not under the control of persons or organizations with an economic interest in influencing the content of CME. **All planning committee members, course directors, faculty and presenters/authors must disclose either the presence or absence of relevant financial relationships.** Presence of a relationship does not prevent participation in the activity but all potential or actual **Conflicts of Interest** must be resolved before the activity occurs.

1	WHAT METHODS OF DISCLOSURE WILL YOU USE?
	<input type="checkbox"/> Brochures/Announcements <input type="checkbox"/> Post on Powerpoint Slide
	<input type="checkbox"/> Verbal to Audience <input type="checkbox"/> Registration Table Display
2	Sign and attach Disclosure of Relevant Financial Relationships Statement (click here)

VII. COMMERCIAL SUPPORT

1	WILL THIS ACTIVITY RECEIVE ANY COMMERCIAL SUPPORT?	<input type="radio"/> YES Go to: # 2 & #3 <input type="radio"/> NO
2	Review ACCME's "Standards of Commercial Support"	
3	Sign and attach Written Letter of Agreement (click here)	