

NAAMA CME Application



Applicants must use this form to provide information necessary to approve proposed CME activity. Completion of all sections of the form is required to meet ACCME accreditation requirements. Several items reference ACCME's updated decision-making criteria using C followed by an Arabic numeral. For more information visit

http://www.accme.org/dir_docs/doc_upload/f4ee5075-9574-4231-8876-5e21723c0c82_uploaddocument.pdf

Section 1 of 5: Activity Description

1	Title of Activity		
2	Date of Activity¹	<input type="checkbox"/> One Time Event on:	
		<input type="checkbox"/> Multiple Dates: List date range:	
3	Location and Time of Activity		
4	Indicate if this is a new or repeat CME activity	<input type="checkbox"/> New Activity Application	
		<input type="checkbox"/> Renewal Activity Application	
5	Type of Activity (C5)	<input type="checkbox"/> Didactic Course (symposium, workshop, conference, course)	
		<input type="checkbox"/> Regularly Scheduled Series ²	
		List dates:	
		<input type="checkbox"/> Webinar or other Internet Event	
		<input type="checkbox"/> Enduring Materials (self-study)	
		<input type="checkbox"/> CD-ROM <input type="checkbox"/> Internet <input type="checkbox"/> Other	
6	Sponsorship	<input type="checkbox"/> Directly Sponsored (NAAMA event)	
		<input type="checkbox"/> Jointly Sponsored (NAAMA works with non-accredited providers)	
		Partners:	
7	Number of Requested CME Credits		Note: Only actual time spent attending educational activities may be counted

¹ **Completed application form** and attached documents must be received by the CME Committee at least three months before this date

² **Regularly Scheduled Series** are daily, weekly, monthly or quarterly CME activities that are primarily planned by and presented to the organization's professional staff.

NAAMA CME Application

Section 2 of 5: Activity Leadership and Support³

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8	<p><u>CME Leadership</u> <i>This is normally the Chair of the Scientific Committee who is ultimately responsible for the completeness and integrity of the AME application form. Attach <u>signed</u> disclosure form and CV as Attachment 1.</i></p>	Name	
		Title	
		Phone Number	
		Fax Number	
		Mail Address	
		E-mail Address	
9	<p><u>CME Coordinator</u> <i>Scientific Committee Member responsible for information needed for CME application. Attach <u>signed</u> disclosure form and CV as Attachment 2.</i></p>	Name	
		Title	
		Phone Number	
		Fax Number	
		Mail Address	
		E-mail Address	
10	<p><u>Administrative Facilitator</u> <i>NAAMA employee supporting CME activity (form review, submission, tracking, post-conference data collection and filing. Attach <u>signed</u> disclosure form and CV as Attachment 3.</i></p>	Name	
		Title	
		Phone Number	
		Fax Number	
		Mail Address	
		E-mail Address	

³ The activity director, CME coordinator, administrative facilitator (if applicable) and all scientific committee members will be required to complete the **NAAMA disclosure form** before this application will be reviewed.

NAAMA CME Application

Section 3 of 5: Activity Planning

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11	SCIENTIFIC COMMITTEE. List members, their institutional affiliation, and verify that a <u>signed</u> disclosure form is included in Attachment 4 . Include a comprehensive list of all members of the scientific committee in Attachment 5 . (C7)			
	Name & Credentials	Affiliation	Disclosure Attached?	
a			<input type="checkbox"/> Yes	<input type="checkbox"/> No
b			<input type="checkbox"/> Yes	<input type="checkbox"/> No
c			<input type="checkbox"/> Yes	<input type="checkbox"/> No
d			<input type="checkbox"/> Yes	<input type="checkbox"/> No
e			<input type="checkbox"/> Yes	<input type="checkbox"/> No
f			<input type="checkbox"/> Yes	<input type="checkbox"/> No
g			<input type="checkbox"/> Yes	<input type="checkbox"/> No
h			<input type="checkbox"/> Yes	<input type="checkbox"/> No
i			<input type="checkbox"/> Yes	<input type="checkbox"/> No
j			<input type="checkbox"/> Yes	<input type="checkbox"/> No
k			<input type="checkbox"/> Yes	<input type="checkbox"/> No
12	Scientific Deliberations. Attach proof of scientific committee activity as Attachment 6 . Such proof may include minutes of meetings, e-mail exchanges, etc.			

NAAMA CME Application

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13	Planning Process		
a	Who identified the speaker and topics: <input type="checkbox"/> Activity Director <input type="checkbox"/> CME Coordinator <input type="checkbox"/> Other		
	Provide names:		
b	What criteria were used in the selection of speakers (check all that apply)?		
	<input type="checkbox"/> Subject matter expert	<input type="checkbox"/> Excellent teaching skills/effective communicator	
	<input type="checkbox"/> Other		
c	Were any employees of a pharmaceutical company and/or medical device manufacturer involved with the identification of speakers and/or topics? <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain below. (A "yes" response does not necessarily disqualify a program of obtaining CME.)		

14	Target Audience (C4).	Select all that apply. Place an X in the appropriate box.			
	Primary care physicians only	<input type="checkbox"/>	Surgery	<input type="checkbox"/>	Anesthesiology
	Specialty physicians only	<input type="checkbox"/>	Orthopedics	<input type="checkbox"/>	Neurology
	All specialties	<input type="checkbox"/>	Cardiology	<input type="checkbox"/>	Radiology
	General Medicine	<input type="checkbox"/>	Dermatology	<input type="checkbox"/>	Dentists
	Family Medicine	<input type="checkbox"/>	Radiation Oncology	<input type="checkbox"/>	Physician Assistants
	Emergency Medicine	<input type="checkbox"/>	Psychologists	<input type="checkbox"/>	Nurse Practitioners
	OB/GYN	<input type="checkbox"/>	Pediatrics	<input type="checkbox"/>	Nurses
	Oncology	<input type="checkbox"/>	Psychiatry	<input type="checkbox"/>	Pharmacists
	Other (specify):				

15	Expected Number of Physician Attendees:	
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NAAMA CME Application

Section 4 of 5: Activity Needs Assessment (Gap) and Educational Design

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16	<p>How does this activity align with the NAAMA mission (C3)? Place X in the appropriate boxes. Programs approved by the CME Committee are intended to enhance knowledge and practice of NAAMA physicians in clinical, moral, ethical or medical-legal areas. The ultimate goal is improve patient outcomes via evidence-based solutions in an atmosphere of lifelong learning, self-development, best practice habits, performance improvement and quality outcomes.</p>		
	Designed to enhance the quality of patient care and improve patient outcomes.		
	Developed for NAAMA physicians		
	Topics are clinical, moral, ethical or medical-legal in nature.		
	Promotes the practice of evidence-based medicine.		
	Encourages self-development, best practices, performance improvement and quality outcome.		
	Other (explain):		
17	<p>Identify Physician Attributes/Core Competencies (C6) (select 1 at minimum).</p>	<p>CME activities should be developed in the context of desirable physician attributes. Place an “X” next to all core competencies that will be addressed in this activity.</p>	
	Patient care or patient-centered care		System-based practice
	Medical knowledge		Interdisciplinary teams
	Practice-based learning and improvement		Quality improvement
	Interpersonal and communication skills		Utilize informatics
	Professionalism		Employ evidence-based practice

NAAMA CME Application

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18	Gap Assessment Data and Sources (C2): Please indicate how you determined the need for this activity. By placing a box in the appropriate box, select at least two of the following gap assessment techniques used and provide supportive documentation for all boxes checked as Attachment 7 .	
	Previous Participants' Evaluation Data/Summaries (REQUIRED FOR REPEAT ACTIVITIES)	
	Literature Review, Consensus Reports. <i>Potential sources of documentation: abstracts/full journal articles, government produced documents describing educational need and physician practice gaps</i>	
	Key informant interviews with members of target audience	
	New Technology/New Medication/New Procedures/Material. <i>Potential sources of documentation: description of new procedure, technology, treatment, etc</i>	
	Target audience survey. Potential documentation sources: requests or surveys. Information must relate to education need/topics of interest (not logistical summaries-i.e. food, venue, etc)	
	Quality improvement/utilization data review	
	Legislative, regulatory, or organizational changes affecting patient care. <i>Potential sources of documentation: copy of the measure/change</i>	
	Mortality/morbidity data or other epidemiological data. <i>Potential source of documentation: summary of notes, minutes of meetings</i>	
	Formal tests or self-assessments of competence (such as specialty board questions)	
	Certification, re-certification, or board exam requirements. <i>Potential sources of documentation: board review/update requirements</i>	
	National clinical guidelines or other requirements (NIH, NCI, AHRQ, JCAHO, NCQA, HEDIS, etc)	
	Other (describe)	

NAAMA CME Application

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19		Gap Analysis. Identification of professional Practice Gaps, Educational Needs, Learning Objectives and Desired Results by the Scientific committee (C2, C3). Minimum of 1 gap and 3 learning objectives must be identified for the overall activity. Check all that apply.			
Professional Practice Gap ⁴		Educational Need ⁵	Gap Category	Learning Objective ⁶	Desired Result ⁷
I			<input type="checkbox"/> Knowledge <input type="checkbox"/> Competence ⁸ <input type="checkbox"/> Performance ⁹ <input type="checkbox"/> Pt. Outcome		
II			<input type="checkbox"/> Knowledge <input type="checkbox"/> Competence <input type="checkbox"/> Performance <input type="checkbox"/> Pt. Outcome		
III			<input type="checkbox"/> Knowledge <input type="checkbox"/> Competence <input type="checkbox"/> Performance <input type="checkbox"/> Pt. Outcome		

⁴ A **professional practice gap** is the difference between ACTUAL (what is) and IDEAL (what should be) in regards to performance and/or patient outcomes.

⁵ An **educational need** is “the need for education on a specific topic identified by a gap in professional practice.”

⁶ **Learning objectives** are the take-home messages; what should the learner be able to accomplish after the activity? Objectives should bridge the gap between the identified need/gap and desired result.

⁷ **Desired results** are what you expect learner to do in his/her practice setting. How will the information presented impact the clinical practice and/or behavior of the learner? Indicate how this change could be reasonably measured.

⁸ **Competence** is the ability to apply knowledge, skills, and judgment in practice (knowing how to do something).

⁹ **Performance** is what one actually does, in practice.

NAAMA CME Application

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In the space below, list additional needs/gaps, objectives, desired results:

Learning objectives must be listed in all educational and program materials e.g. website listings, brochure, syllabus, flyers, announcements or web calendars. In Regularly Scheduled Series, provide learning objectives for series. Submit professional practice gap/educational need, learning objectives and desired results for EACH session. Attach copies of education materials and available program materials as **Attachment 8**

20	Identified Barriers (select 1 at a minimum) (C18, C19).	What potential barriers may attendees have in incorporating new knowledge, competency, and/or performance objectives into practice? Select by placing an "X" in the appropriate box.	
	Lack of time to assess or counsel patients		Lack of consensus of professional guidelines
	Lack of administrative support/resources		Cost
	Insurance/reimbursement issues		No perceived barriers
	Patient compliance issues		Other, specify:

Please describe how you will attempt to address these identified barriers in the educational activity:
Example: If the identified barrier is cost, you would attempt to address the barrier by stating "The agenda will allow for the discussion of cost effectiveness and new billing practices."

NAAMA CME Application

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21	Educational Design/Methodology (C5).	Indicate the educational method(s) to be used to achieve the stated goals and objectives. Select all that apply by placing an "X" the appropriate box.	
	Didactic presentation		Hands-on workshop
	Case presentation/discussions		Skills/knowledge assessments
	Demonstration		Panel discussion
	Video-conference		Small group discussion
	Procedure lab		Patient simulation
	Reading assignments		Videodisk/movie
	Work on simulators/models		Q & A
	Other (describe):		
22	Other Educational Strategies (C17) <i>Optional</i> Additional educational strategies maybe used to assist learners attending this activity. Examples include patient surveys, patient information packets email reminders to the learners (i.e., summary points from the lecture, new information), posters, newsletters, etc.		
	What other educational strategies will you include in order to enhance your learners' change as an adjunct to this activity? Please describe below.		
23	Building Bridges with Other Stakeholders (C20).		
	Are there other NAAMA Chapters, committees or external partners working on this issue?		
	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes, identify who:		
	If yes, could they be included in the development and/or execution of this activity?		
	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes, in what ways?		
	Are there external entities working on this issue?		
	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes, identify who:		
	If yes, could they be included in the development and/or execution of this activity?		
	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes, in what way?		

NAAMA CME Application

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24	Evaluation and Outcome (C3, C11). How will you measure if changes in competence, performance or patient outcomes have occurred? Place an “X” next to all that apply; note, you may be asked to provide summary data for the evaluation methods selected.		
Knowledge/Competence		Regularly Scheduled Series only – analysis of results from previous collected evaluations	Self-developed form (must be approved by the CME committee)
		Physician and/or patient surveys	Audience response system
		NAAMA online evaluation form	Other, please specify below:
		Customized pre and post-test	
Performance		Adherence to guidelines	Chart audits
		Case-based studies	Direct observations
		Customized outcomes evaluation about actual change in practice, sent by office to participants 60-90 days post-activity	Other, please specify below:
Patient/Population Health		Observe changes in health status measures	Obtain patient feedback and surveys
		Observe changes in quality/cost of care	Other, please specify below:
		Measure mortality and morbidity rates	

Section 5 of 5: Additional Information

25	Estimated Budget. Attach budget (expenses and revenues) of the CME component of your activity (C8) as Attachment 9 . Do not include budget for social events. Final reconciliation of budget to cost will be required within 30 days post-event. Please identify speaker reimbursement expenses.	
26	List of all Speakers. Include a spreadsheet of all speakers, their corresponding disclosure forms and CVs as Attachment 10 . Disclosure forms are required for all speakers prior to an application undergoing review by the CME Committee. C7 SCS 2.1	
27	Agenda. Include agenda as Attachment 11 (agenda should show the timeline of the activity).	
28	Non-restricted Educational Grants. If applicable, include a copy of signed “ Letter of Agreement ” with the funding entity as Attachment 12 (C8).	<input type="checkbox"/> N/A
		<input type="checkbox"/> Yes
		<input type="checkbox"/> No

NAAMA CME Application

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29	Exhibitors. If applicable, attach a list of exhibitors and completed Hold Harmless forms as Attachement 13	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
30	Promotional Material. Are all promotional materials produced in accordance with ACCME requirements? (name of program, date, location, learning objectives or purpose, financial relationship information, name of commercial supporter, target audience and ACCME accreditation statement) Please attach copies as Attachement 14	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No

31	Regularly Scheduled Series. List learning objectives for first two sessions of series. Learning objectives must be listed in all promotional and program materials and must start with the following statement: <i>At the end of the educational activity the participant will be able to.....</i> Attach copies of promotional materials as Attachment 15.	<input type="checkbox"/> N/A
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First Session:	
Objective 1	
Objective 2	
Objective 3	
Objective 4	
Objective 5	
Second Session:	
Objective 1	
Objective 2	
Objective 3	
Objective 4	
Objective 5	

32	Regularly Scheduled Series Session-Specific Information: Do you agree to provide the following information to the CME Office on a timely basis, recognizing that failure to do so may result in withdrawal of your approval for CME credits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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- The following items are required by the CME Office prior to each session for Regularly Scheduled Series:
- a. Agenda with Speakers Identified
 - b. Disclosure Forms for all Speakers
 - c. COI Resolution form (only applicable if a speaker has a noted disclosure)
 - d. Learning Objectives
 - e. Changes in Scientific committee since original application and corresponding Disclosure Forms
 - f. Proof that each session complies with the ACCME Standards for Commercial Support

NAAMA CME Application

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33	Supplemental Information <i>(optional)</i> Use the boxes below to provide additional information about any of the above items, if necessary.
Item	Supplemental and qualifying information not included in the respective items above

NAAMA CME Application

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Item	Supplemental and qualifying information not included in the respective items above

NAAMA CME Application

Attestation

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- We, the undersigned, verify that all information contained in this application and its attachments are accurate and complete and the planning process and educational content are free of commercial influence and/or bias. We further commit to abiding by all NAAMA Polices & Procedures and the stands of the Accreditation Council for Continuing Medical Education (ACCME).
 - We understand it is our responsibility to validate the clinical content of the activity. We hereby verify the activity described in this application complies with the following two ACCME requirements:
 - All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
 - All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.
 - We have also included the following attachments:
 - Attachment 1: Disclosure form of the Chair of the scientific committee
 - Attachment 2: Disclosure form of the Chair of the CME coordinator
 - Attachment 3: Disclosure form of the Chair of the Administrative Facilitator
 - Attachment 4: Disclosure form of the Chair of all other members of the scientific committee
 - Attachment 5: List of all scientific committee members
 - Attachment 6: Proof of scientific committee activity (e.g. minutes)
 - Attachment 7: Gap Assessment Data and Sources (from item 18 on the application form)
 - Attachment 8: Education materials and available program materials (from item 19 on the application form)
 - Attachment 9: Budget
 - Attachment 10: Spreadsheet list of all speakers, and their corresponding disclosure forms and CVs
 - Attachment 11: Scientific Agenda
 - Attachment 12: Letter of agreement (If applying for a non-restricted educational grants)
 - Not Applicable
 - Attachment 13: List of exhibitors and completed Hold Harmless forms (if exhibitors will participate)
 - Not Applicable
 - Attachment 14: Promotional materials produced consistently with ACCME requirements (item 30 on the application form)
 - Not Applicable
 - Attachment 15: Copies of promotional materials for regularly scheduled series (Item 31)
 - Not Applicable

NAAMA CME Application

Signatures

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Individual	Name	Signature	Date
Chair, Scientific Committee			
CME Coordinator			
Administrative Facilitator			