



Continuing Medical Education (CME) Application Packet

Purpose:

The purpose of GAMA's continuing medical education (CME) program is to provide excellence in medical education by offering and sponsoring activities that will stimulate, develop, and enhance the study and practice of medicine and provision of patient care. The activities goals are to provide information on new diagnosis and treatment modalities that will improve clinical skills, to enhance physicians' competence in quality management to provide cost-effective care tailored to the local patient population, and to adjust clinical practice to changing legal and regulatory requirements.

Content:

Content areas include any topic within the field that impacts the study or practice of medicine, including but not limited to prevention, diagnosis, treatment, and management of disease, medical education and research, practice issues, quality improvement, and skill development. These activities may include compliance with regulatory core measures, specialty topics, technological advances, and hospital components.

Audience:

The target audience for GAMA's CME program includes physicians, residents, fellows, interns, academicians, researchers, policymakers, and other healthcare professionals such as physician assistants and nurse practitioners.

Activities:

GAMA's CME program includes directly-sponsored programs, and selective co- and jointly-sponsored programs with those organizations who share a common mission or educational objective. Types of activities include, but are not limited to, live programs from one-hour presentations to learning opportunities offered over several days, regularly scheduled series, enduring materials, online courses, and outreach seminars in various locations of NM.

Expected Results:

GAMA's CME program has been designed to assess and meet the educational needs of physicians and, when appropriate, other healthcare and non-healthcare professionals; enhance physician knowledge, competence and skill in areas that affect the prevention, diagnosis and treatment of disease; support the principles, policies and practices that advance patient care; pursue excellence in medical education; and provide the necessary education to enable members and non-members to achieve excellence and success in their practices and other healthcare settings. This will be accomplished with either a paper evaluation form to be completed and returned at the conclusion of the lecture, or with an audience response system to record responses in aggregate. Providers may send follow-up outcome evaluations to participants of activities three to six months after the completion of the activity inquiring into the degree to which information acquired in the activities is implemented. Aggregate statewide data may be used for surrogate measurement

Continuing Medical Education (CME) Application

Thank you for your interest in submitting a Continuing Medical Education (CME) program application to the Greater Albuquerque Medical Association (GAMA) for consideration. CME approval requires the program to be directed at physician education. CME consists of educational activities that serve to maintain, develop or increase the knowledge, skills and professional performance of the medical profession. The content of CME must be evidence-based and conform to generally accepted standards within the basic medical sciences. GAMA is accredited by the [New Mexico Medical Society \(NMMS\)](#), which is recognized by the [Accreditation Council for Continuing Medical Education \(ACCME\)](#).

This packet of information contains instructions, forms to be completed and emailed to GAMA for approval before the CME program is conducted for credit, template materials that can be customized for use during the program, and processes that should be followed to ensure that your program meets recognized standards of CME.

Please review the entire contents of this packet before completing the forms. **You may submit completed applications by email ONLY.** If you have questions about the completion of these forms, contact Jennifer Valenti, GAMA CME Coordinator, at (505) 821.4583 or by e-mail at jennifer.valenti@gamamed.org.

CME Application and Management Processing Fees

Fee is \$100.00 for each credit hour requested, with a minimum payment of \$400.00. Checks are payable to the Greater Albuquerque Medical Association.

Please note that fees are non-refundable.

Joint providerships receiving outside funding or grants processed or dispensed by GAMA will be charged a management processing fee of 5%. The fee will be deducted by GAMA from the funds prior to forwarding the balance to the CME Joint Applicant.

GAMA CME Application

Submitted by: _____ Date of Submission: _____

CME Topic: _____

Target Audience: (see page 25 for more information) _____

Expected Attendance: _____

Is this a medical staff meeting? _____ or Stand-alone presentation? _____

Date and Time of Activity: _____

If this is a recurring program, you must fill out a CME Application for each date and location.

Location: _____

Length of Presentation: _____
One CME hour equals 60 minutes of activity, and each 15 minutes equals .25 credits (see Form B).

Type of Presentation: _____
Lecture, workshop, symposium, etc., brief write up

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Joint providerships receiving outside funding or grants processed and dispensed by GAMA will be charged a management processing fee of 5%. The fee will be deducted by GAMA from the funds prior to forwarding the balance to the CME Joint Applicant.

Faculty/Speaker(s):

Required forms:

Event Agenda

Needs Assessment

Educational Objectives

Biographical Data (curriculum vitae for each speaker)

Faculty Disclosure Declaration (for each speaker)

CME Event Attendance Sheet (submit following the event)

CME Activity Evaluation

Agreement for Joint Sponsorship (if an associate organization)

Post-Event Evaluation Report (submit following the event)

Optional forms:

GAMA Written Agreement for Commercial Support

CME Committee Only

Yes No

CME Committee Only:

Comments: _____

CME Committee Approval Date: _____

CME Committee Chairman Signature: _____

Needs Assessment

Needs assessment assesses the gap (knowledge, skills, behavior) between “what is” (actual patient care) and “what should be” (optimal care as informed by evidence-based medicine, guidelines, key opinion leaders, and clinical research).

Conducting a thoughtful and thorough needs assessment is the first step in planning a continuing medical education (CME) activity. There are three types of needs applicable to CME activities: Expert, Participant and Observed. You may also consider the use of “environmental scanning”. The identified needs are the basis for content, format and evaluation. Identifying and documenting the sources of the needs is the first step in the linkage process of needs, desired educational results, measurable learning objectives and outcomes evaluations. It will also determine the appropriate **target audience** (see page 25 for more information about target audience) for the activity.

Some Sources of Needs Assessment Information

- Surveys of the target audience
- Evidence-based medicine reviews
- Outcomes data
- National clinical guidelines
- Specialty society recommendations
- Evaluations of previous CME programs
- Peer-reviewed literature
- New procedures or treatment regimens
- Syllabi of similar programs
- Expertise of committee members or other physicians
- Hospital-based reports
- Chart reviews/patient care audits
- Internet sites: Surgeon General, HHS, ONDCP, AMA, NBME, CDC, AHRQ, Cochrane, etc.

You can select sources of needs using the following chart as a guide. To eliminate personal bias by planners, it is useful to require sources of needs from different categories (e.g. expert needs and participant needs).

As mentioned above, there are three types of needs applicable to CME activities: (1) needs expressed by experts (experts are the activity director or faculty or articles published in peer-reviewed journals), (2) needs expressed by participants (i.e. these come from previous evaluation summaries of similar types of activities or from surveys you have done of the target audience and (3) needs from *bona fide* authorities (e.g. NIH guidelines, Consensus Statements, governmental requirements, requirements of certifying authorities.) You may also consider “environmental scanning” (e.g. lay press, offerings from other CME providers, direct to consumer ads.)

Expert Needs	Participant Needs	Observed Needs
<ul style="list-style-type: none"> <input type="checkbox"/> Planning committee <input type="checkbox"/> Departmental chair <input type="checkbox"/> Activity faculty <input type="checkbox"/> Expert panels <input type="checkbox"/> Peer-reviewed literature and journals <input type="checkbox"/> Research findings <input type="checkbox"/> Required by governmental authority / regulation / law 	<ul style="list-style-type: none"> <input type="checkbox"/> Previous related CME evaluation summary <input type="checkbox"/> Focus panel discussions / interviews <input type="checkbox"/> Needs Assessment Survey <input type="checkbox"/> Indicated in learning stage analysis <input type="checkbox"/> Other requests from physicians <input type="checkbox"/> Requested by affiliated institutions or physician groups 	<ul style="list-style-type: none"> <input type="checkbox"/> QA analyses <input type="checkbox"/> Other clinical observance <input type="checkbox"/> Mortality / morbidity data <input type="checkbox"/> Epidemiological data <input type="checkbox"/> National clinical guidelines (NIH, AHRQ, etc.) <input type="checkbox"/> Specialty society guidelines <input type="checkbox"/> Database analyses (e.g., Rx changes, diagnosis trends, etc.)

Documenting Needs Assessment

Remember to provide the actual documentation of the identified needs assessment data (e.g. copies of articles, CME evaluations, QI data, etc.) in the CME application. For physician or faculty expertise, document briefly what was said or suggested, by whom, and in what context (e.g., committee meeting, phone conversation, etc.). Document “expert opinion, especially if the evidence comes via an informal conversation. Record who gave the “expert opinion” and what was said. Performing a thoughtful needs assessment survey, even a small informal one, of the target audience will often reveal important needs assessment information. A focus group may also be convened.

After analysis, synthesize the specific needs to be addressed by the activity. Write a “Statement of Need” for the activity (a meaningful summary of the needs to be addressed by the activity). Be sure to consider the desired educational result as you develop measurable learning objectives and prepare outcomes questions regarding effectiveness of the education, application to clinical practice and patient care health status outcomes. Only then can the appropriate content of the activity be identified and faculty selected.

With the above information in mind, identify the educational needs:

Include sources used to determine how these needs were identified:

CME Planning Outline

Briefly describe how your meeting was planned. Be sure to list the attendees and meeting dates.

Event Agenda Information

Note: Event organizer may have a branded/customized, printed brochure for the event, but must list GAMA as the joint sponsor.

Title of Event: _____
Date: _____
Time: _____
Location: _____

----- Agenda Topics -----		
Topic (include registration, breaks and questions)	Presenter	Time

An Event Agenda must be submitted listing each topic covered and indicating presenter and the time frame for each topic. The time allowed for registration, breaks, non-working lunch, and questions/answers must be shown and accounted for on this form. Also include a sample of the Event Brochure listing GAMA as the joint sponsor.

Learning Objectives

The written objectives, or clear statements of anticipated results to be achieved through the educational activity, should be based on (1) a change in learner behavior and/or (2) a change in learner performance, and/or (3) better patient outcomes. Objectives pertaining to increased learner knowledge may also be included.

Objectives have three parts: the condition, which describes the **condition** of performance, the **behavioral verb**, which relates to specific actions or behaviors, and the **standard**, which is the specific standard(s) for judging performance. The best learning objectives are derived from a documented need that allows for measurement of results.

Having prior knowledge of these objectives allows participants to choose programs that meet their professional development needs and interests, as well as provide them with the ability to evaluate the effectiveness of speakers and presentation content. Learning objectives must be published and verbalized for the benefit of program participants.

Programs, as well as each individual presentation, typically include 3-5 learning objectives.

Sample Formula for Developing Learning Objectives:

At the conclusion of this activity, participants should be able to (the **condition**):

Decrease/Improve/Reduce/Describe/List/Discuss/Indicate/Explain/Define/Identify/Recognize/Other (circle one or use new appropriate **behavioral verb**):

(standard)

Decrease/Improve/Reduce/Describe/List/Discuss/Indicate/Explain/Define/Identify/Recognize/Other (circle one or use new appropriate **behavioral verb**):

(standard)

Decrease/Improve/Reduce/Describe/List/Discuss/Indicate/Explain/Define/Identify/Recognize/Other (circle one or use new appropriate **behavioral verb**):

(standard)

Based on the information above, what can the attendee expect to learn in this meeting?

Biographical Data or CV's - can also be submitted separately, no more than **ONE** page please.

Name and Degrees: _____
Present Position
and Description: _____

Employer: _____
Address: _____
E-mail: _____
Telephone: _____

Education (include basic preparation through highest degree held)			
Degree	Year Awarded	Institution (Name, City, State)	Major Area of Study

Briefly describe your professional experience or areas of expertise (including publications) which contribute to your particular involvement in this continuing medical education (CME) activity:

Disclosure Declaration -

To be completed and signed by speakers and planning committee.

Today's date: _____

Faculty /planning

member/author/teacher: _____

CME activity title: _____

Date of activity: _____

Location: _____

City: _____

The Greater Albuquerque Medical Association (GAMA) is accredited by the New Mexico Medical Society (NMMS), which is recognized by the Accreditation Council for Continuing Medical Education (ACCME). As such, we have made the choice to meet the ACCME's expectations for our practice of continuing medical education (CME). Our accreditation is important to us. We look forward to working together to provide CME at the highest standard. Please disclose all relevant financial relationships with any commercial interest (see below for definitions). Should it be determined that a conflict of interest exists as a result of a financial relationship you may have, this will need to be resolved prior to the activity. If you refuse to disclose relevant financial relationships, you will be disqualified from being a part of the planning and implementation of this CME activity.

First, list the names of proprietary entities producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies with which you or your spouse/partner have, or have had, a relevant financial relationship within the past 12 months. For this purpose we consider the relevant financial relationships of your spouse or partner that you are aware of to be yours.

Second, describe what you or your spouse/partner received (example: salary, honorarium, etc.). GAMA does **NOT** want to know how much you received.

Third, describe your role.

Please **check the appropriate box**, supply any commercial interest information in the table on the following page, sign, date and mail or fax to the CME Coordinator at GAMA. To assist you, an example is provided in the first row. Also, below the table are examples of what might have been received or roles.

I do not have any relevant financial relationships with any commercial interests.

**I have the following relevant financial relationships with commercial interests.
(Complete table on the next page)**

Commercial Interest	Nature of Relevant Financial Relationship (Include all those that apply)	
	What I Received	My Role
<i>Example: Company 'X'</i>	<i>Honorarium</i>	<i>Speaker</i>

Signature _____

Date _____

What was received: Salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.

My role(s): Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities.

Glossary of Terms

Commercial Interest

The ACCME defines a “commercial interest” as any proprietary entity producing health care goods or services, with the exemption of non-profit or government organizations and non-health-care-related companies.

Financial Relationships

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

Relevant Financial Relationships

ACCME focuses on financial relationships with commercial interests in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME defines “relevant financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

Conflict of Interest

Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.

CME Budget (see page 23-24 for a sample budget)

Briefly describe

CME Event Attendance Sheet

Title of Event: _____
 Date: _____
 Time: _____
 Location: _____

Please print legibly and include complete mailing address if requesting a Continuing Medical Education (CME) Certificate

Initial	Print Full Name and Specialty	Mailing Address	City	State	Zip Code	E-mail Address and Phone Number	Please check one		
							MD	DO	Non-MD

CME Evaluation Form

Title of Event: _____
 Date: _____
 Time: _____
 Location: _____

Please check the appropriate column when using the following codes to answer the items below.

SA=Strongly Agree

U=Undecided

D=Disagree

A=Agree

SD=Strongly Disagree

	SA	A	U	D	SD
Topic					
The presenter(s) communicated effectively.					
The presenter(s) allowed enough time for questions and answers.					
The presenter(s) and presentation(s) illustrated independence, objectivity, and balance.					
The content was appropriate for my level of expertise.					
The presentation was free of commercial bias.					
Program					
The program description, target audience, and educational objectives were clearly stated at the beginning of the program.					
The financial support for this event is clearly stated on the event agenda.					
The program was well planned and implemented.					
The program met stated objectives.					
The program met my professional expectations and needs.					
I expect to apply the information/skills learned from this program in my professional practice.					
The content was up to date.					
The content was closely related to the objectives of my professional practice.					

(Optional) Participant's name: _____ Phone: _____

I would like to see the following topics in future presentations: _____

Comments: _____

Please submit completed forms to:

Mail: _____

Fax: _____

E-mail: _____

Agreement for Joint Providership of a CME Event Between GAMA and (Organization Name)

Event Sponsor shall:

Submit CME application package, which includes:

1. Completed CME Application pages 3-4.
2. Needs Assessment page 5-6
3. Planning outline page 7.
4. Event Agenda page 8.
5. Educational Objectives page 9.
6. Biographical Data or CV (not to exceed 3 pages) for each speaker page 10.
7. Disclosure Declaration for each speaker and committee member, page 11-12
8. Budget outline page 13.
9. Sample of attendance sheet page 14.
10. CME Activity Evaluation page 15.
11. Joint Sponsorship Agreement page 16.
12. GAMA written agreement for Commercial Support if needed, page 18-19
13. Application fee

If the event is approved, event sponsor shall perform these pre-event activities:

1. List GAMA as joint sponsor on all brochures and fliers – GAMA will send you the correct verbiage.
2. Disclose the financial interests and affiliations of each speaker to the audience if applicable, from page 11-12.
3. Sample - verbal disclosure to learners, page 21
4. Sample – written disclosure to learners, page 22.

Perform activities during the event:

1. Provide and collect event attendance sheets, page 13.
2. Provide and collect approved evaluation forms, page 14.

Perform post-event activities:

1. Deliver sign-in sheets with a tally of physicians/non physicians and completed event evaluations to GAMA for recording and statistical analysis
2. Sample – written disclosure to learners, page 22.
3. Sample – working budget, page 23-24

GAMA shall:

Review the application.

If the application is approved, GAMA shall perform the following pre-event activities:

1. Provide template sign-in sheet
2. Provide template evaluation form

GAMA shall perform post-event activities as follows:

1. Invoice for processing fees (if applicable)
2. Reports to NMMS/ACCME as applicable

If the application is rejected, GAMA shall:

1. Provide feedback to the event sponsor regarding the rejection

GAMA will perform these activities according to the following rate schedule:

Fee is \$100.00 for each credit hour requested, with a minimum payment of \$400.00. Checks are payable to the Greater Albuquerque Medical Association.

Please note that fees are non-refundable.

Joint providerships receiving outside funding or grants processed or dispensed by GAMA will be charged a management processing fee of 5%. The fee will be deducted by GAMA from the funds prior to forwarding the balance to the CME Joint Applicant.

Joint Providership Information

Through our CME accreditation, GAMA can provide a unique service to our business associates: CME credit for events that they organize and implement.

Working with associate organizations to provide CME:

GAMA is an accredited provider of CME units. We have a few guidelines regarding these relationships:

1. Applications will not be considered without payment.
2. It is important that the proper language be used on promotional items and event materials to include slides and handouts.

Prior to approval of the CME event, CME credit hours **cannot** be advertised.

Following CME Committee approval of an event, the following statements shall appear on the final flyer/brochures:

This activity has been planned and implemented in accordance with the Essential Areas and policies of the New Mexico Medical Society (NMMS) through the joint providership of The Greater Albuquerque Medical Association (GAMA) and (name of non-accredited provider). GAMA is accredited by the NMMS to provide Continuing Medical Education for physicians.

GAMA designates this educational activity for a maximum of [number of credits] *AMA PRA Category 1 Credit(s)*[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Slides and reference materials shall not by their content or format, advance the specific proprietary interest of the commercial supporter.

3. Commercial support disclosure statement for brochures and agendas:

This event is brought to you by (funding [and usually organizing] source). The speaker, (name of speaker), is sponsored by (name and short description of company).

Commercial support must be acknowledged in material prior to the event; however, reference must not be made to specific products. The source of all support from commercial interests will be identified by completion of the GAMA Written Agreement for Commercial Support (pages 18-19 and will be disclosed to learners. When commercial support is "in-kind," the nature of the support must be disclosed to learners.

4. Enduring Materials: Enduring materials are printed, recorded or computer-assisted instruction materials which may be used over time at various locations and which in themselves constitute a planned CME activity. Examples of such materials for independent physician learning include: programmed texts, audio-tapes, videotapes and computer assisted instructional materials, which are used alone or in combination with written materials. Books, journals (unless specifically designated) and manuals are not classified as enduring materials.

GAMA Written Agreement for Commercial Support

GAMA is committed to presenting continuing medical education (CME) activities that promote improvements or quality in health care and are independent of the control of commercial interests. As part of this commitment, GAMA has outlined in this written agreement the terms, conditions and purposes of commercial support for its CME activities. Commercial Support is defined as financial or in-kind contributions given by a commercial interestⁱ, which is used to pay all or part of the costs of a CME activity.

Title of CME activity:			
Activity location:		Activity date:	
Name of commercial interest:			
Amount of educational grant: (direct or in-kind)			
Grant will be used for the following:			
Speaker honoraria:	Speaker expenses (itemize):	Meeting expenses (itemize):	Other (list):

Terms, Conditions, and Purposes

Independence

1. This activity is for scientific and educational purposes only and will not promote any specific proprietary business interest of the Commercial Interest.
2. The Accredited Provider is responsible for all decisions regarding the identification of educational needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of the CME, selection of education methods, and the evaluation of the activity.

Appropriate Use of Commercial Support

3. The Accredited Provider will make all decisions regarding the disposition and disbursement of the funds from the Commercial Interest.
4. The Commercial Interest will not require the Accredited Provider to accept advice or services concerning teachers, authors, or participants or other education matters, including content, as conditions of receiving this grant.
5. All commercial support associated with this activity will be given with the full knowledge and approval of the Accredited Provider. No other payments shall be given to the director of the activity, planning committee members, teachers or authors, joint sponsor, or any others involved with the supported activity.
6. The Accredited Provider will upon request, furnish the Commercial Interest documentation detailing the receipt and expenditure of the commercial support.

Commercial Promotion

7. Product-promotion material or product-specific advertisement of any type is prohibited in or during the CME activity. The juxtaposition of editorial and advertising material on the same products or subjects is not allowed. Live or enduring promotional activities must be kept separate from the CME activity. Promotional materials cannot be displayed or distributed in the education space immediately before, during or after a CME activity. Commercial Interests may not engage in sales or promotional activities while in the space or place of the CME activity.
8. The Commercial Interest may not be the agent providing the CME activity to the learners.

Disclosure

- The Accredited Provider will ensure that the source of support from the Commercial Interest, either direct or “in-kind,” is disclosed to the participants, in program brochures, syllabi, and other program materials, and at the time of the activity. This disclosure will not include the use of a trade name or a product-group message. The acknowledgment of commercial support may state the name, mission, and clinical involvement of the company or institution and may include corporate logos and slogans, if they are not product promotional in nature.

The Commercial Supporter and GAMA agree to abide by all requirements of the Accreditation Council for Continuing Medical Education (ACCME) ***Standards for Commercial Support of Continuing Medical Education*** (appended).

Name of Accredited Provider:	
Tax ID Number:	
Contact Person:	E-mail Address:
Phone Number:	Fax Number:
Educational Partner (if applicable):	
Contact Person:	E-mail Address:
Phone Number:	Fax Number:
Tax ID Number:	
Name of Commercial Interest:	
Address:	
City, State, Zip:	
Contact Person:	E-mail Address:
Phone Number:	Fax Number:

Agreed by Authorized Representatives

Commercial Interest

Accredited Provider

Signature and Date

Signature and Date

Printed Name

Printed Name

Title

Title

Educational Partner (if applicable)

Signature and Date

Printed Name

Title

¹ The ACCME defines a Commercial Interest as any proprietary entity producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies. The ACCME does not consider providers of clinical service directly to patients to be commercial interest.

SAMPLE – Post Event Evaluation Form

Name: _____
E-mail: _____
Telephone: _____
Title of event: _____
Date of event: _____

Following is an outcomes evaluation survey based upon the activity you recently attended. Please take a few moments to provide us with your feedback. CME effectiveness is measured by practice application and/or patient health-status improvement. GAMA's goal is to improve the quality of future educational offerings, in part through activity evaluation. Your assistance is very much appreciated.

1. Did this activity meet your expectations?
2. What new information on this topic did you learn while attending the activity?
3. Was there anything you had expected to learn but did not find during the course of this activity?
4. In what ways have you enhanced management of your practice as a result of this activity?
5. In what ways have you enhanced your management of patients as a result of this activity?
6. In what ways did this activity validate and expand your current knowledge?
7. Did you try to make any specific changes as a result of things learned during the activity?
 Yes
 working well
 with some success
 but with no success

 No
 but still plan to
 but validated current practice
 due to prohibitive barriers
 not needed
8. Are there any topics or issues that you would like to see addressed in future activities?
9. Do you have any additional comments?

Please return this form by e-mail <e-mail address> or fax <fax number>. Thank you for your participation.

SAMPLE - Verbal Disclosure to Learners

Good Morning/Good Afternoon/Good Evening. It is my pleasure to welcome you to this CME activity on <name of activity>.

This morning/afternoon/evening, I am pleased to introduce our speaker, <name of speaker>. <Name of speaker> is from <institution/city> where he/she serves as <title>. He/she <fill in bio and credentials information>.

<If the speaker has something to disclose>

In compliance with GAMA policies and ACCME/NMMS Standards for Commercial Support of CME, <name of speaker> has asked me to advise you that he/she has disclosed the following information related to the content of this presentation:

<insert name of commercial interest(s)/role of relationship>

<If the speaker has nothing to disclose>

In compliance with GAMA policies and ACCME/NMMS Standards for Commercial Support of CME, <name of speaker> has asked me to advise you that he/she has not relevant financial relationships to disclose.

Planners of this activity were also asked to disclose relevant financial relationships concerned with the content of this activity. Following is the information received:

<list names along with name of commercial interest and role of relationship; or that they had nothing to disclose>

<If applicable>

This activity is supported in part by an educational grant from <insert name(s) of commercial interest(s)>

Attestation by a representative of the provider/educational partner: I attest that the above information was provided to learners in this activity.

Signature: _____ Date: _____
(must be within 30 days of activity)

SAMPLE - Written Disclosure to Learners

<To be distributed as a handout or included in syllabus>

Disclosure of Relevant Financial Relationships

<Name of Activity>
<Date>
<Location of Activity>

Policies and standards of the Greater Albuquerque Medical Association, the New Mexico Medical Society, the Accreditation Council for Continuing Medical Education, and the American Medical Association require that speakers and planners for continuing medical education activities disclose any relevant financial relationships they may have with commercial interests whose products, devices or services may be discussed in the content of a CME activity.

The following speakers and planners have no relevant financial relationships to disclose:

<insert names of speakers and planners>

The following speakers and planners asked us to disclose information about their financial relationships:

<insert names of speakers and planners along with the name of the commercial interest(s) and the nature of the relationship(s), i.e., speakers bureau, researcher, etc.

All conflicts of interest have been resolved in accordance with GAMA, NMMS, ACCME, and AMA policies and procedures.

Acknowledgement:

This activity is supported in part by <an educational grant>/<educational grants> from <insert name of commercial interest(s)>.

SAMPLE - Working Budget for CME Program

Conference xxx, Date
Based on # Participants and # Speakers

REVENUES	BUDGET	ACTUAL	VARIANCE
<u>Registration fees</u>			
Participants @ (e.g., # Physicians @ \$x.x)			
Participants @ (e.g., # Residents/Interns @ \$x.x)			
Participants @			
Participants @			
Participants @			
<i>Total Registration Fees</i>			
<u>Commercial Support (unrestricted educational grants)</u>			
Company 1			
Company 2			
Company 3			
insert rows for additional companies			
"In-kind" Support (List and specify type)			
Other (list each and specify type, e.g., government grants)			
TOTAL REVENUE			
TOTAL EXPENSES			
TOTAL PROFIT OR LOSS			
EXPENDITURES	BUDGET	ACTUAL	VARIANCE
<u>Materials</u>			
Syllabus: writing/consulting fees			
Syllabus: printing			
Syllabus: creative			
Program: printing			
Program: creative			
Handouts: printing			
Handouts: creative			
Shipping			
Other (specify)			
Subtotal - Materials			
<u>Marketing</u>			
Save the date: Printing			
Save the date: Creative			
Brochures: Printing			
Brochures: Creative			
Advertising			
Mailing label purchase			

Postage			
Website			
Broadcast e-mail			
Other (specify)			
Subtotal - Marketing			
Meeting Space/Logistics & Planning			
Planning/conference calls			
Site visit (if applicable)			
Audio-visual			
Meeting room rental			
Signage			
Faculty dinner			
Catering			
Other (specify)			
Subtotal - Meeting Space/Logistics & Planning			
Honoraria/Reimbursement/Travel			
Honorarium: course director			
Honorarium: faculty			
Lodging: faculty			
Travel: faculty			
Ground transportation/parking: faculty			
Meals: faculty			
Other (specify)			
Subtotal: Honoraria/Reimbursement/Travel			
Professional and Administrative Fees			
Cancellation fees @ \$x.x			
Late registrations @ \$x.x			
Conference Coordinator/Administrative Fees			
Lodging: staff			
Travel: staff			
Ground transportation/parking: staff			
Meals: staff			
Other (specify)			
Subtotal: Professional and Administrative Fees			
EXPENDITURES	BUDGET	ACTUAL	VARIANCE
Accreditation			
CME Credit			
Nursing Credit			
Other (specify)			
Subtotal - Accreditation			
TOTAL EXPENDITURES			
NARRATIVE			

TARGET AUDIENCE INFORMATION

Based upon the needs assessment and before deciding on the learning objectives and topics, decide who will be the targeted audience for the activity. The target audience determines what content should be included or emphasized in the program and what learning objectives are reasonable and important. Determining the target also focuses the promotional efforts for the activity.

Define the target audience by the groups that would benefit most from the educational intervention and the geographical area for promotional efforts.

Think about the target audience from two perspectives. First, as health care professionals, whose clinical practice and patient health status outcomes will benefit from the activity. Second, as customers of an educational program, who are often inundated with educational offerings and what might attract their response to the promotional efforts.

It is useful to be both broad and focused when determining the target audience. Focus on which specialties would most likely respond to the content being offered. Once the core specialties are identified, broaden the target to include specialties that overlap clinically with the core audience.

Include primary care physicians (PCPs) in the target audience, even if the core audience is specialists. When including PCPs, realize that their educational needs are often different from the specialist. While the specialist may be most interested in new procedures or treatment regimens, the primary care physician is often more interested in diagnosing the condition, treating it within his or her clinical setting or making an appropriate referral.

Include allied health professionals. Although the core audience for CME activities is physicians, often RNs, PAs, NPs, RPTs, dieticians, pharmacists, etc. are interested in the content.