

## CME APPLICATION & PLANNING WORKSHEET

**INSTRUCTIONS:** This Application/Planning Worksheet is to be submitted a **minimum of 2 months prior** to the activity to ensure compliance with ACCME and ISMA requirements. This application is an essential step that will guide you through the planning process.  
The application should be typed and legible, not handwritten.

**TO SUBMIT:** Email CME Consultant at [jlmikosz@ascension.org](mailto:jlmikosz@ascension.org)

### REQUIRED SUPPORTING DOCUMENTS IF LONGER THAN 1 HOUR SESSION REQUEST:

☐ Initial Planning Committee Meeting minutes ☐ Preliminary Program Agenda ☐ Activity Budget (including projected revenue/expenses)

Contact and Activity Information			
Date Submitted: <a href="#">Click here to enter text.</a>	Primary Contact Name: <a href="#">Click here to enter text.</a>	Email: <a href="#">Click here to enter text.</a>	Phone #: <a href="#">Click here to enter text.</a>
Hospital/Society/Organization: <a href="#">Click here to enter text.</a>			
Proposed Activity Title: <a href="#">Click here to enter text.</a>			
Proposed # Hours of Instruction: <a href="#">Click here to enter text.</a> Hours (Agenda required for approval of activities with multiple presentations)		Estimated number of participants: <input type="checkbox"/> 25 or less <input type="checkbox"/> 26 – 50 <input type="checkbox"/> 51 – 150 <input type="checkbox"/> 150+	
Proposed Activity Date(s): <a href="#">Click here to enter text.</a>		Start/End Time (if live event): <a href="#">Click here to enter text.</a>	Location (if live event): <a href="#">Click here to enter text.</a>

Step 1 - Proposed Activity Type	
<input type="checkbox"/>	<b>Live Activity</b> - Course, Symposium, Workshop, Conference, Live Webcast
<input type="checkbox"/>	<b>RSS Activity</b> – A RSS activity is one that reoccurs on a regular basis typically with a select group of learners for ongoing education. This activity is HIPAA compliant. All presenters have CME disclosures on file prior to presentation and any potential conflicts are mitigated regarding relevant financial relationships. .

Step 2 – Activity Format: What educational approaches will you be utilizing? (Select all that apply)	
<input type="checkbox"/> Lecture	<input type="checkbox"/> Case-Based Presentation/Discussion
<input type="checkbox"/> Q&A Session(s)	<input type="checkbox"/> Other (Describe): <a href="#">Click here to enter text.</a>
<input type="checkbox"/> Panel Discussion	

Step 3 - Desirable Physician Attributes/Core Competencies		
CME activities should be developed in the context of desirable physician attributes. Please select all competencies that will be addressed.		
ACGME/ABMS Competencies	Institute of Medicine Competencies	Interprofessional Education Collaborative Competencies
<input type="checkbox"/> Patient care and procedural skills <input type="checkbox"/> Medical knowledge <input type="checkbox"/> Practice-based learning & improvement <input type="checkbox"/> System-based practice <input type="checkbox"/> Professionalism <input type="checkbox"/> Interpersonal & communication skills	<input type="checkbox"/> Provide patient-centered care <input type="checkbox"/> Work in interdisciplinary teams <input type="checkbox"/> Employ evidence-based practice <input type="checkbox"/> Apply quality improvement <input type="checkbox"/> Utilize informatics	<input type="checkbox"/> Values/ethics for interprofessional practice <input type="checkbox"/> Roles/responsibilities <input type="checkbox"/> Interprofessional communication <input type="checkbox"/> Teams and teamwork

Step 5 - Planning Team – Those responsible for planning/development of the activity and have control over the content of the activity.			
These individuals are required to complete a Disclosure of Financial Relationship Form with application. (Insert rows as needed)			
Name (Activity Chair) Must be a MD/DO: <a href="#">Click here to enter text.</a> Affiliation: <a href="#">Click here to enter text.</a> Title: <a href="#">Click here to enter text.</a> Email: <a href="#">Click here to enter text.</a> Phone: <a href="#">Click here to enter text.</a> Role (planner): <a href="#">Click here to enter text.</a>	<input type="checkbox"/> Physician Assistants <input type="checkbox"/> Nurse Practitioners <input type="checkbox"/> Social Workers Fax: <a href="#">Click here to enter text.</a>	Name: <a href="#">Click here to enter text.</a> Location: Affiliation: <a href="#">Click here to enter text.</a> <input type="checkbox"/> Local/Regional Title: <a href="#">Click here to enter text.</a> <input type="checkbox"/> National Email: <a href="#">Click here to enter text.</a> Phone: <a href="#">Click here to enter text.</a> Fax: <a href="#">Click here to enter text.</a> Role (planner): <a href="#">Click here to enter text.</a>	
Name: <a href="#">Click here to enter text.</a>		Name: <a href="#">Click here to enter text.</a>	

Affiliation:		Affiliation:	
Title:		Title:	
Email:		Email:	
Phone:	Fax:	Phone:	Fax:
Role (planner):		Role (planner):	

Step 6 – Faculty / Presenter Selection		
Please list name/credentials of proposed presenter(s) (Insert rows as needed)		
Note: These individuals are required to complete a Disclosure of Financial Relationship Form on file prior to presentation.		
Name	Credentials	Affiliation
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>

### Planning Process

The CME planning process is based on a foundation of needs assessment which serves to identify professional practice gaps of the intended audience, articulate the needs, and outline the objectives and expectations necessary to design learning activities that will change competence, performance, and/or patient outcomes. This process can be visually depicted as follows:



Step 7 – State the professional practice gap(s) of your learners on which the activity is based and how this problem was discovered/identified.
Describe the professional, practice or system-based problem(s) for your learners that will be addressed through this educational intervention.

[Click here to enter text.](#)

Step 8 – State the educational need(s) that you’ve determined to be the cause of the professional practice gap.
What will help solve the problem?

**Knowledge need** (i.e., is there new technology or new information that physicians need to know more about)

[Click here to enter text.](#)

**Competence need** (i.e., are there tools or strategies available that might help learners apply what they should already know)

[Click here to enter text.](#)

**Performance need** (i.e. is there new technology or clinical information that necessitate learners assimilating new skills)

[Click here to enter text.](#)

Step 9 – State what the CME activity is designed to change in terms of learners’ competence, performance or patient outcomes. What are the objectives? Objectives are the take-home messages following the activity and describe what the learner should be able to do after completing the CME activity. They must be specific, measurable and bridge gaps between identified problem and desired outcomes. (Insert rows as needed)
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Learning Objectives – Finish the statement: At the completion of this activity participants should be able to:	How will you know if your learner’s competence, or performance, or patient outcomes were impacted by these objectives?
1. <a href="#">Click here to enter text.</a>	<input type="checkbox"/> Subjective data - participants will self-report changes <input type="checkbox"/> Objective data - chart pulls, QI data
2. <a href="#">Click here to enter text.</a>	<input type="checkbox"/> Subjective data - participants will self-report changes <input type="checkbox"/> Objective data - chart pulls, QI data
3. <a href="#">Click here to enter text.</a>	<input type="checkbox"/> Subjective data - participants will self-report changes <input type="checkbox"/> Objective data - chart pulls, QI data

Step 10 - Activity Budget and Financial Support
Commercial support is financial or in-kind (i.e. products) contributions given by an “ineligible company” (those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients) which is used to pay all or part of the costs of a CME activity. This does not include fees paid by vendors for an exhibit booth or companies which pay corporate sponsorships in exchange for ads, booth space or other tangible benefits. All financial support must be given with the full knowledge and approval of the ISMA CME office.

Are there expenses related to this activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will presenters be paid an honorarium?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Will a registration fee be charged?	<b>Yes</b>	<b>No</b>	If yes, how much?	
Will this activity receive "in-kind" support (goods/services instead of cash as part of a support agreement)	<b>Yes</b>	<b>No</b>		
Will this activity receive commercial support from a pharmaceutical or medical device manufacturer?	<b>Yes</b>	<b>No</b>		
Will you invite vendors/exhibitors to set up displays onsite?	<b>Yes</b>	<b>No</b>		
If yes <b>Attach</b> a copy of the Exhibitor Application Form and fee structure				
Please indicate <u>other</u> sources of funding being applied toward this activity (Check all that apply)				
Internal dept. funds	Professional society fees	State or Federal Government grant/contract	Foundation/Private monetary donations	
Other grants or funding sources:				

#### STEP 11 - Evaluation Methods and CME Activity Outcomes Report

ISMA/ACCME guidelines require that educational activities are evaluated for change. The ISMA CME Office will require the activity planning team to provide a summary of the program evaluation data. Please indicate the tools that will be used to measure the impact of this activity.

<b>Knowledge and Competence</b> <i>Do learners have a strategy to apply what was learned?</i>	<input type="checkbox"/> Post-activity questionnaire asking learners what strategy they will apply at the end of the CME activity, including Commitment to Change Statement (measures intent to change)
	<input type="checkbox"/> Customized pre & post-test
	<input type="checkbox"/> Focus Group Discussion immediately following the CME event
	<input type="checkbox"/> Delayed Physician Survey / post-activity follow-up (4 – 6 weeks post activity)
	<input type="checkbox"/> Other: <a href="#">Click here to enter text.</a>

#### Step 12 – Program Advertisement and Handouts

Please indicate the method(s) you will use to publicize this activity to prospective participants. (Check all that apply)

- ☐ Brochure/flyer    ☐ Letter Invitation    ☐ Announcement (print)    ☐ Announcement (email)    ☐ Monthly or weekly newsletter  
☐ Fax    ☐ Website    ☐ Save-the-Date

Will participants be asked to register for this activity? ☐ Yes ☐ No

If yes, will participants be asked to register via an online registration page? ☐ Yes ☐ No

List the handouts that will be available for participants at the time of the activity (e.g., syllabus, slides) [Click here to enter text.](#)

#### Attestation:

- ☐ I will ensure the announcement(s) to learners include proper ISMA accreditation statement (direct or joint sponsorship)  
☐ I will submit a draft of the proposed brochure/advertisement/handouts for review by the CME office prior to printing or distribution  
☐ I will ensure that all learners receive disclosure information for all planners and presenters associated with the activity

By signing, I agree to develop this activity in line with ACCME criteria as outlined by the Indiana State Medical Association. I further agree that the required documentation for this activity will be completed and submitted in a timely manner, as outlined in the ISMA's Activity Guide & Checklist.

[Click here to enter text.](#)

[Click here to enter text.](#)

CME Activity Chair

Date