



## **APPLICATION FOR CONTINUING MEDICAL EDUCATION**

19251 Mack Avenue, Ste. 340  
Grosse Pointe Woods, MI 48236  
(313) 343-3877 fax: (313) 343-7840  
email: nancy.derita@ascension.org

**Ascension St. John Hospital is accredited by the Michigan State Medical Society to provide continuing medical education for physicians. All CME activities must be planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) as well as St. John Hospital CME Policies and Procedures.**

**To fulfill the requirements of the Michigan State Medical Society (MSMS) the following information is necessary to be eligible for AMA/PRA Category 1 credit.**

**Please Type**

**Activity Title:** \_\_\_\_\_ **Application Date:** \_\_\_\_\_

**Activity Date(s):** \_\_\_\_\_ **Time(s):** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Target Audience:** \_\_\_\_\_ **Anticipated Audience Number:** \_\_\_\_\_

<b>% Physicians</b>	<b>% Other Allied health professionals</b>	<b>%Other</b>
---------------------	--	---------------

**Sponsoring Department:** \_\_\_\_\_

**Activity Director:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax No:** \_\_\_\_\_

**Administrative Staff Contact:** \_\_\_\_\_

**Tel:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**SECTION A.**

Verification that the activity is developed from a professional practice gap connected to your own learners. (ACCME Educational Needs) (see below)

What are the professional practice gaps in your target audience that need to be improved by this program?

\_\_\_\_\_

**Please provide evidence for these gaps.** For instance, bioepidemiologic data from the State or National government or scientific literature, data from sites such as [www.hospitalcompare.hhs.gov/](http://www.hospitalcompare.hhs.gov/), utilization data from SJH, risk management information, etc. Please give actual hard copy numbers with trends and not just references to other sites. **Your may attach these separately at the end of the application.**

Data Attached

What are the desired outcomes related to a change in physician competence, performance or patient outcomes: (ACCME Educational Needs) (see below)

Check all that apply:

- To give participants new abilities/strategies (knowledge)
- To help participants modify their practice (competence)
- To help improve patient outcomes (performance)

**Desired Results**

List the expected outcomes in terms of changed physician knowledge, skills, performance in practice and/or patient health status.


**\*ACCME Educational Needs:** (The Provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners)

**SECTION B**  
**(ACCME Competencies) see below**

State objectives in terms of competencies, performance or patient outcomes.

Indicate the desirable physician attribute(s) ACGME/ABMS competencies) this activity addresses. (May select more than one.)

- Patient Care
- Medical Knowledge
- Practice-Based Learning and Improvement
- Systems-Based Practice
- Professionalism
- Interpersonal Skills and Communication

**Educational Format:** What presentation method(s) do you intend to use and why? What makes it the best format for this activity? \_\_\_\_\_

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Lecture                   | <input type="checkbox"/> Internet Sessions            | <input type="checkbox"/> Demonstrations     |
| <input type="checkbox"/> Panel Discussion          | <input type="checkbox"/> Case study                   | <input type="checkbox"/> Video              |
| <input type="checkbox"/> Question/answer           | <input type="checkbox"/> Workshops                    | <input type="checkbox"/> Web based activity |
| <input type="checkbox"/> Journal/Enduring Material | <input type="checkbox"/> Other, please describe _____ |   |

**Program Schedule & Content:** Attach a copy of proposed program with exact start and end times for each presentation or activity including breaks and meals.

**SECTION C**  
**(Please read ACCME Standards for Integrity & Independence in Accredited Continuing Education – <https://www.accme.org/accreditation-rules>)**

List of all individuals in control of content of CME activity.

**Program Planning Committee:** Attach a list of all persons planning the program. *There must be a physician faculty member on the committee.* Please include:  
Names, Degrees, Titles, Departments, Institutional Affiliations

**Faculty and Moderators Involved in Presentation:** Please include:  
Names, Degrees, Titles, Departments, Institutional Affiliations, Addresses, Email, Contact Phone

\*ACCME Competencies (The provider develops activities/educational interventions in the context of desirable physician attributes

(e.g., IOM Competencies, ACGME Competencies)

### **Commercial Relationship Disclosure:**

**Verification that all individuals in a position to control the content disclose relevant financial relationships to the provider. Individuals who refuse to disclose are disqualified from CME planning and implementation.**

Disclosure of Commercial Relationships (now known as the Standards for Integrity & Independence for CME) will be done through **our EEDS CME platform** from everyone who is in a position to control the content of the activity. This includes all planning committee members, presenters, authors and moderators. **Any conflicts of interest must be mitigated prior to the program and communicated to learners in advance of each meeting.** (This can be done through the course director or our Medical Education Director.)

Commercial relationships (**or lack thereof**) must be disclosed to the audience prior to the beginning of the educational activity. (This should be done **whether or not** there is Commercial Support for the activity.)

#### **Check means of commercial relationship disclosure:**

- Prior to educational activity in a brief statement by Activity Director or Speaker (attach dictated statement with follow-up materials)
- In conference materials (brochures, syllabi) distributed prior to presentations (submit copy with follow-up materials)
- EEDS Flyer (this will have all necessary wording to be compliant with the State of Michigan.)

*(Documentation of Disclosure information must be submitted before CME credits are awarded.)*

### **SECTION D - Commercial Support**

*(Please read Standards for Integrity and Independence in Accredited Continuing Education – <https://www.accme.org/accreditation-rules>)*

List of all Commercial supporters for the activity, *if applicable* and attach all signed written agreements, *if applicable*. Full Disclosure and signed Written Agreements are required for all Commercial Support.

<b>Company</b>	<b>Amount Requested</b>

#### **Means of Disclosure of Commercial Support:**

- Announcement prior to activity (attach dictated statement)
- In conference materials distributed prior to presentations (attach copy)
- Statement displayed at sign-in table (attach copy) or EEDS Flyer
- Not Applicable

*(Documentation of the Activities' Commercial Support Disclosure must be submitted before CME credits are awarded.)*

## **SECTION E**

**Attach a copy of proposed budget.** Honoraria must be itemized.

**A final itemized financial statement is required** (including itemized honoraria) and must be provided to the Division of Continuing Medical Education upon completion of the activity.

This program will be funded by:

- Registration
- Exhibit Support
- Pharmaceutical Grants
- Originating Department's Cost Center
- Medical Education Department
- Other:

## **SECTION F**

**Evaluations:** Evaluations will be completed by the participant in **EEDS** once they have completed the conference. If evaluations are Not completed, their will be no cme credited.

## **SECTION G**

Will sessions be video taped? \_\_\_Yes \_\_\_No (*permission is in speaker commitment form*)

**Handout Material:** Please forward a copy of the agenda with post-conference follow-up materials to St. John Hospital, Continuing Medical Education, 19251 Mack Ave, Ste. 340, Grosse Pte., MI 48236

## **SECTION H**

**Promotional Material:**

**XI. Attach a copy of a brochure, meeting announcement, email invitation or webpage with the accreditation statement. (ACCME Policy)**

**All Promotional Materials must include:**

1. St. John Hospital identified as the sponsor
2. Accreditation Statement
3. Target Audience
4. Learning Objectives or Purpose
5. Faculty & Planning Committee Identified

**All promotional materials must be approved in advance by the CME office before going to print.**

All promotional materials (emails, flyers, brochures) must include the following accreditation statement **verbatim** in two paragraph form. *(the learning format listed in the credit designation statement must be one of the following AMA approved formats: (1) live activity, (2) Enduring material, (3) Journal-based CME Activity), (4) Test-item writing activity, (5) Manuscript review activity, (6) PI CME activity, & (7) Internet Point of Care Activity)*

Direct Providership:

**“Ascension St. John Hospital is accredited by the Michigan State Medical Society to provide continuing medical education for physicians”.**

**Ascension St. John Hospital designates this (learning format) activity for a maximum of \_\_ AMA PRA Category 1 Credit(s)<sup>™</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity.”**

Joint Providership:

**“This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Michigan State Medical Society (MSMS) through the joint providership of Ascension St. John Hospital and (name of non-accredited provider). Ascension St. John Hospital is accredited by the MSMS to provide continuing medical education for physicians.**

**Ascension St. John Hospital designates this (learning format) activity for a maximum of \_\_ AMA PRA Category 1 Credit(s)<sup>™</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity.”**

What methods will be used to publicize the program:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Individual mailings | <input type="checkbox"/> Monthly conference calendar | <input type="checkbox"/> Journals               |
| <input type="checkbox"/> Newsletters         | <input type="checkbox"/> Hospital signage            | <input type="checkbox"/> Newspapers             |
| <input type="checkbox"/> email               | <input type="checkbox"/> Websites                    | <input type="checkbox"/> KM List/Redi-Data Inc. |

**Certificates of Completion:** Certificates are issued through EEDS. Every attendee will be able to obtain one certificate for each cme activity they attend Physicians will need to have a free profile in EEDs, in order for certificates to be available to them. The AMA requires that physicians receive a **“Certificate of Completion”** and non-physicians receive a **“Certificate of Attendance”**.

## **SECTION I - EEDS**

**PLEASE HAVE ALL PHYSICIANS/ATTENDEES/PLANNERS, ETC CREATE THEIR FREE PROFILE IN EEDS ASAP** - see instructions below

When creating an eeds account for the first time, we recommend initially setting up your account using your Laptop, computer, or mobile web browser at [www.eeds.com](http://www.eeds.com). Scroll to the bottom of the home page and Select **“Create an Account Now”**

Enter the required information to create your free account. Once your account has been created, it will be reviewed typically within 24 hours and you should receive an email notification that your account is ready to use. You will then receive a welcome and your PIN number. *(Questions: contact CME Specialist)*

**SECTION J - Application Checklist:**

**Pre-Conference (submit with application)**

- Gap Analysis Documents
- Educational Objectives
- Program Schedule
- Faculty, Moderator & Planning Committee
- Evaluation form
- Draft Brochure/promotional materials
- Proposed Budget w itemized honoraria
- Commercial Support Agreements
- Financial Disclosure Forms ( processed in EEDS)
- Joint Sponsorship Fee (determined by CME)

**Post-Conference**

- Attendance Sign-in Sheets
- Evaluation Summary
- Financial Report (if applicable)
- Documentation of Commercial Relationships Disclosure to the Audience
- Final Brochure/Promotional materials
- Documentation of the Activities' Commercial Support Disclosure to the Audience

**SECTION K - Approval Procedure:**

*By signing, I agree to develop this activity in line with ACCME & MSMS Core Accreditation Criteria, the Standards for Independence & Integrity of Accredited CE, and St. John Hospital Policies and Procedures. I also understand that I must notify the CME department of any changes, additions/deletions of any dates, times, locations etc. I further agree that the required documentation for this activity will be completed and submitted in a timely manner.*

**This form must be complete and submitted to the Office of Continuing Medical Education not less than 12 weeks prior to the presentation date. Submission of an application does not indicate CME/CE approval will be granted.**

**Please return completed application to:** Ascension St. John Hospital, Continuing Medical Education, Attn: Nancy DeRita, CME Specialist, 19251 Mack Ave., Ste. 340, Grosse Pointe Woods, MI 48236

Submitted for Category 1 Credit

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Signature: Activity Director/Course Director

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Signature: Executive Director of CME

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Signature: CME Committee Chair

**FOR CME OFFICE USE ONLY**

- Approved for \_\_\_\_\_ hours Category 1 American Medical Association Physician's Recognition Award credit
- Disapproved

**Revised 4/25/2024**  
REVISED 8/11/2023  
REVISED 8/30/2019  
REVISED 12/8/2018

