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CONTINUING MEDICAL EDUCATION APPLICATION FOR REGULARLY SCHEDULED SERIES CATEGORY 1

Category 1 Continuing Medical Education (CME) is planned education with specific educational objectives in mind, resulting in an activity, which is subsequently evaluated for effectiveness. The CME activity must conform to the MSMS/ACCME Core Accreditation Criteria. www.accme.org

****This application must be completed annually. Date:*** _____

1. RSS Title _____
2. RSS Department _____
3. RSS Date/Day (e.g. 1st Monday, Monthly) _____
4. RSS Time(s) _____ Number of Category 1 credits requested per session: _____
5. RSS Begins (e.g. Jan 2024) _____ Through (e.g. Dec 2024) _____
6. RSS Location _____
7. RSS Target Audience _____
8. **Indicate the desirable physician attribute(s) (i.e., competencies) this activity addresses. (ACCME Competencies)** May select more than one)

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

9. **Appropriate Format: (Educational Planning & Evaluation)** 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"/> Teaching Rounds | <input type="checkbox"/> Workshops | <input type="checkbox"/> Website |
| <input type="checkbox"/> Journal/Enduring Material | <input type="checkbox"/> Other, please describe _____ | |

10. **Planning Member(s) Course Directors, etc for your RSS (who determines the content)**

*** Planning Members, Speakers etc or anyone in control of content must complete a disclosure statement in "eeds".**

11. **State the professional practice gaps(s) of your learners on which the activity was based (*Educational Needs*)** Please provide evidence for these gaps. Please give actual hard copy numbers with trends and not just references to other sites. You may attach these separately.

The ACCME requires documentation of the following: The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners. Check all that apply **AND** were used to determine the educational needs of your RSS's learners.

- | | | |
|---|---|--|
| <input type="checkbox"/> Survey | <input type="checkbox"/> Audience Input | <input type="checkbox"/> Peer Review |
| <input type="checkbox"/> Perception of Faculty | <input type="checkbox"/> Med Audit/UR | <input type="checkbox"/> Journals/Current Literature |
| <input type="checkbox"/> Maintenance of Certification Requirement | <input type="checkbox"/> Direct Observation | <input type="checkbox"/> Meeting Minutes |
| <input type="checkbox"/> Other (please specify) _____ | | |

State the educational need(s) that you determined to be the cause of the professional practice gap(s) (*Educational Planning & Evaluation*):

Designed to Change: List the expected outcomes in terms of changed physician knowledge, skills, performance in practice and/or patient health status: (*Educational Planning & Evaluation*)

12. **Which Learning Objectives Does Your RSS Target?:** (These could include the following example categories, (1) Changes and attitude in approach of the learner to the solution of medical problems, (2) Updating of knowledge, (3) the explication of new knowledge in specific areas, (4)the introductions to and/or mastery of specific skills and techniques, and (5) Alteration and habits of the learner ***Please be specific to your dept.- Please do not list 1-5, etc)***

13. **Annual CME Evaluation Report:** : This will be requested annually and includes **a yearly report of topics, speakers, JCAHO requirements, and Disclosure of Pharmacy Sponsored CME activities. Topics are also required for M&Ms, Journal Club, & Interesting Cases, etc. If these are not provided with your yearly report, they must be available upon request for audits. Also, necessary is the number of physicians versus non-physicians.**

14. **Forms &Attendance:** All Disclosures and Mitigation Forms are now completed in our platform "eeds". As well as attendance, evaluations, certificates, transcripts, etc

15. Will any activities be supported by an educational grant(s) or Display Fees? No Yes

*If yes, a form (available from the Med Ed office) must be completed for each company from which you are seeking commercial support. **PLEASE NOTE:** The department chief/department designee is responsible for obtaining and completing their own grant requests from pharmaceutical companies. The Director of Medical Education will sign these grants once completed by the department. Checks are to be forwarded to CME for deposit. If assistance is needed, questions should be directed to the CME Specialist.*

16. If developing a flyer, email, schedules, etc, the following accreditation statement **MUST** appear on all promotional materials:

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)*

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

17. What are the desired outcomes of the activity and how will they be measured? Please attach documentation.

- Pre/Post Tests Post Program Evaluation Chart audit Case studies
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18. Agreement Section:

Disclosure of Financial Relationships: I understand that it is our responsibility to ensure that all disclosures are completed, mitigated/resolved and communicated to learners in advance of each meeting.

Compliance: I understand that I am responsible for ensuring the series will comply with MSMS/ACCME Core Accreditation Criteria, Policies, and ACCME Standards for Independence and Integrity of Accredited CE as well as St. John Hospital CME policies and procedures to the best of our abilities. www.accme.org

Notification of Changes: I understand that I must notify the CME department of any changes/additions/deletions of any dates, times, locations, etc and faculty in a timely manner.

Failure to comply with the above may result in the appropriate sessions(s) not being certified and participants not receiving CME credit.

I attest that all information provided above is accurate and complete. I also understand that I have submitted this document and my accompanying signature to St. John Hospital, indicating that I have read, understood and will abide by the policies and regulations addressed in this application. Please sign below.

Physician Responsible for Activity _____

Physician Signature _____

Address _____

Email Address _____ Telephone# _____

Administrative Contact _____

Email Address _____ Telephone# _____

Address _____

Revised 5/2024

Revised 8/28/2017

Revised 1/9/2018

Revised 12/18/2018

Revised 8/30/2019

Revised 12/11/2020

Revised 12/7/2021

SJH CME Committee Action: Approved Disapproved

Number of AMA PRA Category 1 Credit(s) _____ (per-session)

Expiration Date: _____

Executive Director, CME Committee

Date