

Course Director's Agreement

The Course or Activity Director for a CME activity serves on the planning committee as a direct liaison between the faculty, CME Specialist, and the Continuing Medical Education Committee in a general advisory capacity, helping to assure the high quality of educational content which will fulfill the needs of the target audience. The Course Director is responsible for being aware of and in compliance with all applicable ingredients governing this educational activity.

I understand and will comply with

- Core Accreditation Criteria established by the (ACCME)Accrediting Council for Continuing Medical Education and Standards for Integrity and Independence in Accredited Continuing Education
- Policies of Continuing Medical Education of Ascension St. John Hospital, which includes your agreement to:
 - ❑ Be on site for the duration of the course to provide supervision, make introductions, and announcements as part of the activity.
 - ❑ Be available for advisory consultations, via meetings, google meets, zoom, or phone conferences, throughout the planning cycle.
 - ❑ Review needs assessment, propose educational objectives, refine course content, review the targeted audience by specialty and geographic location, and recommend faculty.
 - ❑ Assist with the development of effective instructional methods based on the educational objectives.
 - ❑ Actively oversee the content of speaker presentations in order to assure appropriateness for the target audience.
 - ❑ Encourage faculty to assist CME Program in submitting materials, i.e. course agendas, powerpointes, etc, by the assigned deadline.
 - ❑ Provide guidance in obtaining funding through recommendations of vendors.
 - ❑ Advise Continuing Medical Education on additional details, if necessary.
 - ❑ Course/Activity Directors are responsible for reviewing “disclosures” forms from everyone in a position to control the content of the activity and resolve conflicts prior to the program completing a Mitigation Form.

Please review the above responsibilities of the Course Director before committing to this position.

I am aware of the education criteria for Category 1 designation and the administrative requirements of the Continuing Medical Education Committee and accept the responsibility for compliance.

Program Title: _____
Signature _____ Date _____

Revised 5/17/2024
Revised 12/10/18

