

**Application for approval of *AMA PRA Category 1 Credits* ™ for CME**

**Sponsoring Department/Organization**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Activity Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Event Day and Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Location:\_\_\_\_\_\_\_\_\_\_\_\_\_

**Course Director:** **Phone:** ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-Mail**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Administrative Contact:**  **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-Mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Target Audience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Range of promotional reach: (regional, state, USA, International) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Activity Format: ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Live Activity, Live internet Activity in real time, Pre-Recorded-Enduring Material/watch on demand)**

**For Enduring Material please see the list of requirements for the material to be approved.**

**List certificate types that will be requested for this activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Funding Source: (list all income types) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Estimated Attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This activity was developed in the context of which outcomes and competencies; please check all that apply: Outcomes: (comment if applicable)

|  |  |  |
| --- | --- | --- |
| Designed to change Competence? | \_\_\_YES \_\_\_NO |  |
| Designed to change Performance? | \_\_\_YES \_\_\_NO |  |
| Designed to change Patient Outcomes? | \_\_\_YES \_\_\_NO |  |
| Changes in Competence evaluated? | \_\_\_YES \_\_\_NO |  |
| Changes in Performance evaluated? | \_\_\_YES \_\_\_NO |  |
| Changes in Patient Outcomes evaluated? | \_\_\_YES \_\_\_NO |  |

**ACGME/ABMS**

* Patient Care and Procedural Skills
* Medical Knowledge
* Practice-based learning and Improvement
* Interpersonal and Communication Skills
* Professionalism
* Systems-based Practice

**Institute of Medicine**

* Provide patient-centered care
* Work in interdisciplinary teams
* Employ evidence-based practice
* Apply quality improvement
* Utilize informatics

**Inter-professional Education Collaborative**

* Values/Ethics for Inter-professional Practice
* Roles/Responsibilities
* Inter-professional Communication
* Teams and Teamwork

**AMA PRA SKILLS and Procedures (please make sure you have the documentation to back up your responses.)**

* Verification of Attendance
* Verification of Satisfactory Completion of Course Objectives
* Verification of Proctor Readiness
* Verification of Physician Competence to Perform the Procedure

**Other Competencies/No Competencies**

|  |  |  |
| --- | --- | --- |
| Changes in Patient Outcomes evaluated? | \_\_\_YES \_\_\_NO |  |

**Comments:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Gap Analysis: Provide information regarding why the planning team decided on the content for the activity: Tell us what tool you used to identify and define current health care issues. A gap analysis clarifies the discrepancy between current reality in health care and the desired or optimal health care situation and identifies an opportunity that may be addressed in the CME activity. The identified gap should have helped define the curricular goal of the activity.**

 **Identified Discrepancy**

**What is happening now**  **What should be happening**

 **What are you going to teach the participants?** **Content Goals for the CME Activity**

**Select the fields that are needed for assessment and any barriers related to this activity. (Choose all that apply, provide documentation for each selection) If you do not have documentation then do not select that item.**

* Evidence-based, peer-reviewed literature
* Outcomes data that supports team-based education
* Quality care data
* Issues identified by colleagues
* Problematic/uncommon cases
* Ongoing consensus of diagnosis made by physician on staff
* Advice from authorities of the field or societies
* Formal or informal survey results of target audience, faculty or staff
* Discussion in departmental meetings
* Government sources or consensus reports
* Board examinations and/or re-certification requirements
* New technology, methods or diagnosis/treatment
* Legislative, regulatory, or organizational changes impacting patient care
* Joint Commission Patient Safety Goal/Competency

**What is the identified gap as it relates to knowledge, skill, competence, practice, or patient outcomes? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What source or sources did you use to identify the Gold Standard or Best Practice that your scope of learners should be doing for better patient outcomes? (LIST and attach the sources)**

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**Barriers (choose none or all that apply)**

**None**

**Provider**

* Clinical Knowledge/Skills/Expertise
* Recall/Confidence/Clinical Inertia
* Peer Influence
* Motivation
* Cultural Competence
* Fear/Legal Concerns

**Team**

* Roles and Responsibilities
* Shared Values and Trust
* Communication
* Team Structure
* Competence
* Consensus

**Patient**

* Patient Characteristics
* Patient Adherence

**System/Organization**

* Work Overload
* Practice Process
* Referral Process
* Cost/Funding
* Insurance Reimbursement
* Culture of Safety

**Other**

* Lack of Opportunity
* Not Enough Time

Comment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACCME Commendation Criteria. Select all that apply to the activity you are planning.

**Promotes Team-based Education:**

* C23 Members of interprofessional teams are engaged in the planning and delivery of Interprofessional continuing education (ICEP)
* C24 Patient/public representatives are engaged in the planning and delivery of CME
* C25 Students of the health professions are engaged in the planning and delivery of CME

**Addresses Public Health Priorities:**

* C26 The provider advances the use of health and practice data for healthcare improvement
* C27 The provider addresses factors beyond clinical care that affect the health populations
* C28 The provider collaborates with other organizations to more effectively address population health issues

**Enhances Skills:**

* C29 The provider designs CME to optimize communication skills of learners
* C30 The provider designs CME to optimize technical and procedure skills of learners
* C31 The provider creates individualized learning plans for learners
* C32 The provider utilizes support strategies to enhance change as an adjunct to its CME

**Demonstrates Educational Leadership:**

* C33 The provider engages in CME research and scholarship
* C34 The provider supports the continuous professional development of its CME team
* C35 The provider demonstrates creativity and innovation in the evolution of its CME program

**Achieves Outcomes:**

* C36 The provider demonstrates improvement in the performance of learners
* C37 The provider demonstrates healthcare quality improvement
* C38 The provider demonstrates the impact of the CME program on patients or their communities

**Provide a list of objectives that tie back to the content. Objectives should be written in measurable terms so the participants can review the objectives and know exactly what the content will cover. The participants should be able to determine if this educational content will help them improve the discrepancy. Do not use words such as understand, increase knowledge, comprehend, know, and learn. Suggested approved terms such as adjust, classify, diagnose, apply, compare, predict, solve, choose, develop, formulate, manage etc.…**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does any of your content cover socio-economic, racial, religious, or cultural disparities?**

**If yes, List how your educational content identifies and address issues to diversify and eliminate disparities. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please list the names of anyone that was in control of content and/or helped with choosing speakers.**

**Planning Committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check list: (do not submit without all of the required information/attachments/signature)**

\_\_\_\_\_\_ Application signed and dated by course director (next page)

Required attachments

\_\_\_\_\_ proof of needs assessment, attached (surveys, articles, evaluations, expert opinion, etc…)

\_\_\_\_\_ budget estimates for expenses and income

\_\_\_\_\_ schedule/outline with time frames including welcome remarks, breaks, lunch, breakout sessions

\_\_\_\_\_ attach completed required forms for course director and planning committee (speakers, moderatos, lab faculty, panelist, etc… can send in forms at a later date but no later than 30 days prior to the activity)

Disclosure form

content validation form

 current CV

**From the Accreditation Council for Continuing Medical Education (ACCME)**

*If a course director or planner has a conflict of interest, consider having them recuse themselves from participating in planning the part of the activity related to the conflict, and identify a non-conflicted co-director who will assume that responsibility.*

When above check list is complete the course director(s) should sign and date. If questions regarding the application are unresolved please contact the CME office for further discussion. CME@SLU.edu or Phone: (314) 977-7401

**COURSE DIRECTOR’S SIGNATURE (REQUIRED):**

Signed: Date:

Print Name:

Email complete packet to: **CME@health.slu.edu**or mail to the CME Office (hand written or faxed applications will not be reviewed)

SAINT LOUIS UNIVERSITY SCHOOL OF MEDICINE, Young Hall, SLU CME Office, Room 106

3839 LINDELL BLVD., ST. LOUIS, MO 63108

*DO NOT WRITE BELOW THIS LINE*

DATE RECEIVED:

Initial Review by: Date:

□ Recommend for Approval □Approval with Changes □Disapproved/Incomplete

COMMENTS:

REVIEWED AND APPROVED DATE

L. James Willmore, M.D.

Professor of Neurology

Saint Louis University School of Medicine

SLU CME Program Accrediting Director

Activity Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Activity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date entered into PARS report \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date entered into CME database \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activity code as assigned in database \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please reference activity code on all promotional and course materials. This code will be used on the AMA certificates for designation of continuing education audits.