

Tennessee Medical Association

CME Joint Providership

APPLICATION FORMS + CHECKLIST



tnmed.org/CME

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This document collects all information necessary to plan and have your proposed educational activity certified for **AMA PRA Category 1 Credit(s)TM**. Completion of the entire form is necessary to meet accreditation requirements and be approved for continuing education credit. Submit your application several months prior to your planned activity to ensure proper planning and coordination, and to have the time you need to promote your activity once accreditation has been approved.

Save this PDF to your computer with the file name “TMA_CME Application_[DATE]_[INSTITUTION].pdf”. Enter the requested information and responses, and send completed application and required attachments to education@tnmed.org.

Tennessee Medical Association is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Date Submitted: _____ Host Organization: _____

Proposed Activity Information

Activity Type : Course Regularly Scheduled Series (RSS) or Class (RSC)
 Internet Enduring Internet Live
 Other (explain) _____

Activity Title:

Purpose Statement:

Activity Date(s): Begin: _____ End: _____

Frequency of Meeting: One Time Weekly Twice Monthly Monthly
 Quarterly Other: _____

Location (facility name and address):

Hours of instruction: _____ Hours AMA PRA Category 1 Credit(s)TM _____

Medical Activity/Course Director (MD or DO) *The physician with overall responsibility for ensuring this activity is educational for the target audience and that the planning, developing, and implementation are in accordance with CME policies.*

Name: _____ MD DO

Address (city/state/zip code): _____

Phone: _____ **Email:** _____

Program/Activity Coordinator. *The Program/Activity Coordinator is the individual responsible for the operational, logistical and administrative coordination of the certified CME activity.*

Name: _____

Address (city/state/zip code): _____

Phone: _____ **Email:** _____

Content and Design

According to the ACCME, CME must be: 1) Designed specifically for your Physicians, 2) Unbiased by Commercial Interests, 3) Educational, 4) Evidence-Based, and 5) Free from Promotion.

Target Audience. *CME activities must be designed and directed to serve the clinical and professional performance of practicing physicians. What is the target audience for this activity? (please check all that apply)*

- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> Physicians | <input type="checkbox"/> Allied Health Professionals | <input type="checkbox"/> Medical Students |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Nurses | <input type="checkbox"/> Other _____ |

Fit with TMA CME Mission. *Please explain how this CME activity will align with [TMA CME Mission Statement](#). (please check all that apply)*

- Aligns with TMA goals and/or mission
- Designed to assist physicians and healthcare professional gain competency & improve performance
- Evaluations
- Promotes the practice of evidence-based medicine and healthcare
- Designed to assist in the dissemination of new medical health care knowledge
- Other (please explain) _____

Professional Practice Gaps. *A professional practice gap is the difference between current practice and optimal practice. It can also be described as the difference between what actually occurs and what should occur to give the best possible care to patients. CME is intended to be designed to address gaps in knowledge, competence or performance.*

State the professional practice gap(s) of your learners on which the activity was based. (maximum 100 words)

Describe the evidence of the practice gap(s) that led you to plan this activity. Identify the source(s). Sources may include evaluation of previous CME, survey of the target audience, focus group results, regulatory or legislative issues, patient satisfaction data, expert opinion from faculty, national guidelines, specialty society guidelines, hospital QI information, research findings, etc. **Evidence of the needs assessment data must be retained in the activity file and be available to accrediting bodies upon request.** (Aa) (optional attachment)

State the educational need(s) that you determined to be the cause of the professional practice gap(s) that you found. (maximum 50 words each) Then identify if the need is in the area of knowledge, competence or performance.

Educational Need	Need of
	<input type="checkbox"/> Knowledge <input type="checkbox"/> Competence <input type="checkbox"/> Performance
Educational Need	Need of
	<input type="checkbox"/> Knowledge <input type="checkbox"/> Competence <input type="checkbox"/> Performance
Educational Need	Need of
	<input type="checkbox"/> Knowledge <input type="checkbox"/> Competence <input type="checkbox"/> Performance
Educational Need	Need of
	<input type="checkbox"/> Knowledge <input type="checkbox"/> Competence <input type="checkbox"/> Performance

State what this CME activity was designed to change in terms of learner's competence or performance or patient outcomes. (please check all that apply)

- Competence Performance Patient Outcomes

Explanation (maximum 50 word explanation):

Indicate the desired results/attribute(s) (i.e., competencies) this activity addresses. *The ACCME requires us to report how the CME activity is designed in context of desirable physician attributes. Which desired physician attributes from the below list of education authorities will your activity meet? (please check all that apply)(see [description of desirable attributes](#))*

ACGME/ABMS Competencies

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

Institute of Medicine Competencies

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

Interprofessional Education Collaborative

- Values/Ethics for Interprofessional Practice
- Roles/responsibilities
- Interprofessional Communications
- Teams and Teamwork

Other Competencies

- Please check if competencies other than those listed were addressed (*and list*).

Educational Format. *How will the CME activity be designed to facilitate a change in the learners? Adult learning principles and the physician learning and change process should be considered when selecting the appropriate method. (please check all that apply)*

- Lecture Case Study Small Group Discussions
 - Panel Discussion Enduring Materials Internet
 - Simulations Observing a procedure Hands-on Workshop
 - Take away messages (summaries, best practices) Other (please specify)
-

Explain why this educational format is appropriate for the activity. (maximum 25 words)

Course Objectives. Based on your identified educational needs, what are the objectives and/or the purpose of this activity? Your objectives should be measurable and state specific improvements or tasks your learners should be able to do as a result of what they learn from this activity (specific outcomes). **Learning objectives should be provided to learners at your activity.**

The number of objectives is not as important as the accuracy of intended outcomes. Below, list objectives and describe each in the space provided. Please use verbs for writing operational/behavioral objectives. (see [Bloom's Taxonomy Verb List](#)) For events involving multiple sessions, please submit objectives for each session on the [Multi-Session Objectives Form](#). (Ab) (required attachment when applicable)

Objective 1:

Objective 2:

Objective 3:

Potential barriers that may prevent learners from achieving desired results. These may be perceived or real barriers preventing the learners from achieving expected changes in competence, performance or patient outcomes. (please check all that apply)

- Lack of time to assess or counsel patients
- Lack of administrative support/resources
- Cost
- Lack of consensus on professional guidelines
- Insurance/reimbursement issues
- Patient adherence issues

No barriers

Other _____

Please explain how you will try to address potential barriers with this CME activity.

Other supplementary strategies. *Are there strategies that could be used to enhance change in your learners as an adjunct to this activity? Examples include patient surveys, patient information packets, email reminders to the learners (i.e., summary points from the lecture, new information, posters throughout the hospital, pocket guides).*

Yes (list strategies that will be included)

No (please explain)

Please list any other internal or external groups/organizations that may be able to work with you to address this same issue.

Activity Evaluation. *You are required to measure the outcomes of this educational activity. Evaluations are a tool used to determine if the desired educational results were achieved and objectives met for the learners. Only one form of evaluation is required. Evaluation tool should clearly list the name of the activity, speaker(s), and objectives. Please check the methods of outcome measurement that will be used to measure change in the learners' knowledge, competence, performance or patient outcomes. (A1) (required attachment – draft of evaluation method) (template available)*

Written Evaluation

Online Evaluation Survey

Post Conference Eval (4-6 weeks)

Pre-test

Post-test

Quality Data

Other (please explain) _____

Activity Planners and Speakers

Planners and Speakers List. *Enter the names and roles/affiliations of all individuals (planners and speakers) for this activity on the **Planners and Speakers Roster** and submit a CV, bio or resume for **each**. This will include the activity medical director and coordinator, planning committee members, and anyone in a position of control or influence over the planning, speaker selection, topic selection, content, agenda, evaluation, etc. for this educational activity. This form will also serve as a checklist for providing additional information for planners and speakers referenced later in the application. (A2) (required attachment – [Planners and Speakers Roster](#)) and (A3) required attachment(s) CV, bio or resume for each individual listed)*

Honorarium. If any speaker is receiving an honorarium for their participation, include proposed amount in the space provided on the **Planners and Speakers Roster**. All honorariums must comply with [TMA Policy on CME Honorarium](#).

Are proposed honoraria within policy requirements established by TMA? Yes No N/A

Faculty recommended due to (please check all that apply)

Subject matter expert Excellent teacher/communicator Experienced in CME
 Other (please explain) _____

Disclosure Forms: The ACCME requires that anyone who has the opportunity to influence the content of the CME activity disclose any and all **financial relationships** (or the lack thereof) they or their significant other has with a commercial interest; and that any potential conflicts of interest be resolved before the activity occurs. The name and type of commercial interest should be identified on the **Planners and Speakers Roster**.

The course director, planning committee members, staff, speakers, authors, moderators, etc, must complete a **Disclosure Form**. Disclosure forms for speakers not yet identified and/or confirmed must be submitted at least 1 week prior to activity start date. (A4) (required attachment for each planner or speaker – [Disclosure Form](#))

Conflict of Interest Resolution(COI): If a **conflict of commercial interest** is identified, please submit a **COI and Resolution Form**. If applicable, TMA CME staff will reach out to discuss and complete the COI form and any needed actions (i.e. presentation slide review, etc.) (Ac) (required attachment if applicable – [COI and Resolution Form](#))

Disclosure to Learners Statement: The ACCME requires that disclosure of all financial relationships (or the lack thereof) for anyone who has control over CME content is communicated to the CME audience **prior** to the activity. **How will disclosure information be conveyed to the audience?** Attache a copy of your **disclosure statement**. For verbal disclosure statement, please submit script used and name and title of individual giving the statement. (A5) (required attachment – [draft disclosure to learners statement](#)) (template available)

If in written format: Handouts Slides Other, describe _____
If verbally, by: Speaker Moderator Other, describe _____

Detailed Activity Agenda. Please submit an activity schedule/agenda showing all sessions (CME and non-CME) with exact start and end times provided for each topic/presentation or activity including method of instruction and name of speaker(s) for each. Include any planned break times during or between sessions, and any related social events. (A6) (required attachment – [detailed activity agenda](#)) (template available)

Attestation of Attendance. If your activity has 2 hours or more of CME at each session, you must use an attestation form to allow attendees to confirm which sessions they attend and for what length of time. (Ad) (required attachment if applicable – [draft attestation form](#))

Summary Actions – Planners and Speakers. All of the following steps of the planning process must be taken independent of commercial interests. All persons in a position to control content must disclose all relevant financial relationships with a commercial interest.

1. Planners and Speakers Roster is completed and Attached. (A2) Yes No
2. CV, Bio or Resume for all Faculty and Planning Committee are attached. (A3) Yes No
3. Disclosure forms for all Faculty and Planning Committee are attached. (A4) Yes No

4. When applicable, COI Resolution forms are attached. (Ac) Yes No
5. Draft Disclosure to Learners is attached. (A5) Yes No
6. Detailed activity schedule/agenda for each topic/presentation is attached. (A6) Yes No

Event Financials

Will a registration fee be charged? Yes No

If yes, please specify amount: _____

Do you plan to seek educational grant(s) for this activity? Yes No

If **yes**, please specify companies you will be applying for and the amount of each request.

As a part of your closing activity report, you will be asked to submit basic financial information which includes:

1. Total **advertising and exhibit income** received in support of your Program
2. Total **registration fees** received (includes registration, subscription or publication fees received from activity learners)
3. Total **government monetary grants** received (monetary grants received from federal, state, or local governmental agencies in support of your Program)
4. Total **private monetary donations** received (monetary donations received from the private sector, including foundations, in support of your Program)

Disclosing Commercial Support

Commercial support is monetary or in-kind contributions from a commercial interest that is used to fund all or part of the costs of your CME activity. (commercial interest is an entity that produces, markets, re-sells, or distributes health care goods or services consumed by or used on patients) (see ACCME's [Standards for Commercial Support](#) and [TMA CME Commercial Support and Disclosure Policy](#))

Management of Commercial Support: Is there any possibility that this Conference will receive support from any commercial interest(s) during this approval period? Yes No Not Certain

Commercial Support Letters of Agreement (LOA): The ACCME requires a LOA for Commercial Support for all educational grants received from a commercial interest to support CME. LOA's must be signed by the company's representative and the CME Provider and/or, in some cases, the joint sponsor/educational partner, if applicable. Signed copies of all LOA's must be maintained in the CME Department. *(Ae) required attachment if applicable - [Letter of Agreement](#)*

Management of Commercial Support: The ACCME requires that all commercial support be appropriately managed by the CME Provider. A financial budget statement is required for each activity where commercial support is received. The budget information must be submitted at the conclusion of the activity.

Acknowledgement of Commercial Support: The ACCME requires that all commercial support be acknowledged to the CME audience prior to the activity. *(Af) (required attachment if applicable - disclosure of commercial support)*

How will the audience be informed about the commercial support?

In writing Verbally Other (explain below) _____

Summary Action – Disclosure to Learners. *The disclosures listed below must be provided to learners of this activity. It is suggested that these items be incorporated into a general handout.*

- Learning Objectives (*from the grid completed p 5*)
- AMA Credit Statement, ACCME Accreditation and TMA logo (*see Joint Providership Promotional Material referenced below p 9*)
- Disclosure Statement (*acknowledging relevant financial relationships (or the lack thereof) of all planners and speakers must be provided **prior** to the start of your educational activity*) (p 7)
- Disclosure of Commercial Support received for the educational activity must be disclosed to learners in writing prior to the activity. (*the use of logos, trade names or a product-group message of an ACCME defined commercial interest on statements and handouts is prohibited*) (p 8)

Enduring Materials. *Enduring materials have additional requirements. Access to bibliographic resources for further study must be made available. The course review date, original release date, and termination date must be included on the enduring material. Enduring materials must be reviewed at least every three years. For enduring activities, TMA CME staff will contact you regarding additional guidelines and requirements.*

Please contact me with further details regarding enduring materials. Yes No

Marketing and Promotion

Promotion Methods. *How will you market or promote this activity to potential participants? Indicate what methods will be used.*

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Save-the-Date Announcement | <input type="checkbox"/> Brochure/Flyer or Handout | <input type="checkbox"/> Invitation |
| <input type="checkbox"/> Online or Print Newsletter | <input type="checkbox"/> Webpage | <input type="checkbox"/> Email |
| <input type="checkbox"/> Online or Print Advertisement | <input type="checkbox"/> Poster or Sign | <input type="checkbox"/> Other _____ |

Approval of Promotional Materials. *TMA’s CME Office **must review** and approve all materials associated with the activity **prior** to having them produced and distributed. ACCME/AMA will allow simple save-the-date announcements to be mailed prior to CME designation provided CME is not mentioned. The phrases “CME has been applied for” or “CME is pending” are not allowed. Any other promotion (website, press release, newsletter, etc.) **cannot mention CME until TMA has approved this activity for CME/AMA credits.***

The AMA Credit statement, Accreditation statement and the [TMA logo](#) must be included on all promotional materials with the exception of simple save-the-date announcements, as mentioned previously.

(A7) required attachment(s) – draft copy of all marketing or promotional materials (printed and/or digital) for this activity

Materials Content. *Marketing materials must identify the target audience, learning objectives, program faculty and presenters, agenda, TMA identified as the sponsor, sources of financial support, accreditation and designation statements. Use the [Joint Providership Promotional Materials](#) list included in this packet when creating your marketing and promotional pieces.*

CME Certificates and Activity Closeout

*An Activity Closeout Report must be completed at the completion of this activity. **CME certificates will not be issued until all documentation is complete for both this application and the close out report.** The closeout report includes total hours of CME provided through the activity, participation data, content confirmation, information regarding prescribing education (if applicable), disclosure forms, documentation of disclosure statements, summary of evaluations, financial data (including information related to commercial support, if applicable), and options for distribution of certificates.*

Required Attachments

Be sure you have attached the following or this document will be returned without review.

- (A1) Draft of Evaluation Method
- (A2) Planners and Speakers Roster
- (A3) CVs, Bios or Resumes of proposed faculty and planning committee
- (A4) Disclosure Form for each planner or speaker
- (A5) Draft Disclosure to Learners Statement
- (A6) Detailed Activity Agenda/Schedule
- (A7) Draft Promotional Materials (and/or screenshots)

Additional Documentation and/or Attachments

- (Aa) Gap analysis documentation (evidence for need must be **available** upon request) (p 4)
- (Ab) Multi-Session Objectives Form (**required with application**, if applicable) (p 5)
- (Ac) COI and Resolution (required, if applicable) (p 7)
- (Ad) Draft Attestation of Attendance (required, if applicable) (p 7)
- (Ae) Letter of Agreement for Commercial Support (required, if applicable) (p 8)
- (Af) Disclosure of Commercial Support (required, if applicable) (p8)

I understand and agree to the terms set by the requirements in this agreement for Category 1 credit.

Printed name: _____

Signature: _____
Conference Director

Date: _____

I understand that within 30 days after completion of the activity, all post-activity paperwork must be submitted to the Office of CME, and that certificates for CME and attendance will not be distributed until after the Closeout Report is submitted and documentation is complete.

Printed name: _____

Signature: _____
Conference Coordinator

Date: _____

Save PDF with file name "TMA_CME Application_[DATE]_[INSTITUTION].pdf" and send completed form to education@tnmed.org

Continuing Education Office USE ONLY

- Approved
- Not Approved
 - Insufficient Planning
 - Needs Assessment insufficient
 - Proposed program incomplete
 - Not in keeping with Institutional/CME/ Mission

Director, CME: _____

Signature: _____ **Date:** _____