

Application for Continuing Medical Education

Direct and Joint Providership

Revised July 2024

Central Michigan University College of Medicine (CMED) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. As an ACCME accredited provider, CMED adopts, adheres to and abides by all the ACCME's accreditation requirements, criteria, policies, procedures and the [2020 Standards for Integrity and Independence in Accredited Continuing Education](#). In addition, CMED CME is governed by the American Medical Association's (AMA) credit and designation requirements. CMED is responsible for ensuring that all accredited activities, direct and jointly provided, meet ACCME and AMA requirements.

Continuing medical education is defined by the ACCME and the AMA as:

... educational activities that serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships a physician uses to provide services for patients, the public, or the profession. CME represents that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

Per the ACCME, accredited CME courses must protect learners from promotion, marketing, and commercial bias. Your planned CME educational course content must conform to the generally accepted standards of experimental design, data collection, analysis and interpretation. Content cannot be included in accredited education if: 1) it promotes practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning; 2) it is based on recommendations, treatments, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

Completed applications are due 45 days in advance of the requested CME activity.
Additional fees apply if applications are received less than 45 days. See fee schedule on page 7.
Handwritten and incomplete applications are not accepted.
Please contact the CME office if you have questions.

APPLICANT INFORMATION

Organization

Department

Address

City, State, Zip

Activity Director: *The person 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. Submit a signed disclosure with application.*

Name & Degree

Email

Title & Affiliation

Phone

Activity Coordinator: *The person responsible for the operational, logistical, and administrative coordination of the certified CME activity.*

Name

E-mail

Title & Affiliation

Phone

ACTIVITY INFORMATION

Activity Title

Planners/Planning Committee:

List planners and anyone in a position to control educational content. Submit a signed disclosure for each person listed.

Name, Title & Email

Speakers/Moderators/Presenters:

List speakers, moderators, and/or presenters who control content. Submit a signed disclosure and CV for each person listed.

Name, Title & E-mail

Description: Briefly explain the topic and set expectations for your learners.

Educational Objectives:

Identify what you expect the learners to understand from this activity?
Minimum of 3.

After participating in this session, attendees should be able to: (ex: differentiate, examine, formulate, assess, explain)

See the AAMC Writing Learning Objectives at <https://www.cmich.edu/academics/colleges/college-of-medicine/education/cme/application-documents>

Activity Type: Select one.

Live Activity – Single Occurrence: Date Start Time End Time

Live Activity – Reoccurring (same event, held various dates/times)
Planned Dates Start Time End Time

Live Activity – Regularly Scheduled Series (RSS)* : (Grand Rounds, Tumor Boards, Quality Assurance, Morbidity & Mortality)

Frequency	Weekly	Twice Monthly	Monthly	Other
Begin Date	End Date	Start Time	End Time	

*This application will serve as the Master Application; submit an RSS application for each activity.

Enduring Material. Can be approved for 3 years; with an option to renew for 3 more years

Begin Date End Date

Where will the material be housed/accessed? CMU CME Online Other:

For Live Events- Facility Name

Room

Address:

City, State, Zip

Virtual

CME Credit AMA PRA Category 1 Credit™ requested: (per event)
Credits are designated in quarter hour (15 minute) increments, such as 1.0, 1.25, 1.5, 1.75

Social Work Credit

CMU COM Applications: We will forward your application to CMU Social Work Program.

A \$50 pass through fee applies.

Non CMU COM Applications: Please contact [Michigan Social Work CE Collaborative](#)

Other Credit Requested

Fees may apply.

Maintenance of Certification (MOC) and/or Continuing Certification (CC) are available from ABMS

Boards collaborating with the ACCME. Visit the [ACCME webpage](#) to review the MOC requirements.

If this activity applies and the requirements are met, specify the ABMS Board you would like MOC/CC credit.

American Board of Anesthesiology (ABA)

American Board of Internal Medicine (ABIM)

American Board of Orthopaedic Surgery (ABOS)

American Board of Otolaryngology - Head and Neck Surgery (ABOHNS)

American Board of Pathology (AB Path)

American Board of Pediatrics (ABP)

American Board of Surgery (ABS) -- select the appropriate practice area(s):

Bariatric Surgery

Hospice & Palliative Medicine

Surgical Critical Care

Complex General Surgical Oncology

Neurocritical Care

Vascular Surgery

Hand Surgery

Pediatric Surgery

General Surgery

American Board of Thoracic Surgery (ABTS)

Recording: Is this CME activity suitable for recording / livestreaming? Yes No

Does the speaker agree to have the event recorded for educational purposes as an enduring material? Yes No

If the speaker agrees to recording the event, our office may contact you and/or the speaker if the activity is selected to become an enduring material.

Learners: Who may attend? Open to All Limited to Certain Participants

CME Calendar: Would you like your event added to the CMU Calendar/Announcement? Yes No

Target Audience - Select all that apply

MD/DO

Advanced Clinical Practitioner (RN, NP, PA)

Pharmacist

Social Worker

Other:

Educational/Teaching Format: Check all that apply.

Lecture Presentation

Simulation

Demonstration

Hands-On Workshop

Case Study

Patient Simulation

Panel Discussion

Journal Club/Literature

Poster Presentation

Q&A

Morbidity & Mortality

Research/Abstracts

Other:

Explain and/or describe Why the education formats selected above are appropriate for this activity.

Include your rationale for the format selected, strategies used to focus competence and performance.

Agenda/Brochure/Flyer

Attach a preliminary or final agenda, brochure, and/or flyer. All promotional materials must be approved by CMED CME prior to distribution. Prior to accreditation approval, only a **Save the Date** notice or flyer may be disseminated with the event title, location, date and time. Do not include speaker names, credits, or statement that accreditation is pending.

If you are not including an agenda/brochure/flyer, please explain:

EDUCATIONAL INFORMATION

Practice Gap: A practice gap refers to a problem that exists in practice, or an opportunity for improvement in knowledge, skill, and/or practice. See [Guidelines for CME Planning and Applications](#) to assist in completing the following sections.

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

What is happening vs what should happen? *Examples: Lack of knowledge in prescribing opioids or Substance Use Disorder; Improve care coordination; better communication with patients and families; introduce new HIV treatments.*

Educational Need(s): What is the reason for the professional gap(s)?

Select the educational need(s) and describe what has been determined to be the cause of the profession practice gap(s).

Knowledge (does not know):

(example: To provide learners with the knowledge needed to have an evidence-based approach to treating GI infections.)

Competence (does not know how):

(example: Will enable learners to recognize common GI infections based on the information and knowledge provided.)

Performance (does not do):

(example: Will assist learners in utilizing first line therapies in treating common GI infections.)

Designed to Change: Explain what competence, performance, or patient outcome this activity was designed to change.

Competencies: Select the desirable physician attribute(s) this activity addresses.

ACGME/ABMS

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

Institute of Medicine

Provide Patient-Centered Care	Quality Improvement
Work in Interdisciplinary Teams	Utilize Informatics
Employ Evidence-Based Practice	

Interprofessional Education Collaborative

Values/Ethics for Interprofessional Practice	Interprofessional Communication
Roles/Responsibilities	Teams and Teamwork

Other: List and Describe:

DOCUMENTATION SOURCES

What sources were used to support the gap(s)/needs assessment. *Check all that apply.*

Expert Needs

Clinical Practice Guidelines
New Diagnosis/Treatment Methods
Professional Society Guidelines
Peer -Reviewed Literature
Research Findings

Observed Needs

Medical Record Analyses
Database Analyses
QA Audit Data Analyses
Morbidity and Mortality
Data Epidemiologic Data
National Clinical Guidelines

Participant Needs

Needs Assessment Survey
Focus Panel Discussions and Interviews
Previous Related Evaluations
Other Physician Requests

Environment

Public Health Initiatives
Government Regulations and Mandates
Industry Press

List the sources used to support the gap(s)/needs assessment and either a copy of the document or a link to the document.

List the Documentation Resources/References used to support your content. *Minimum of 3.*

If textbook references are used, refer to exact pages. If utilizing a Journal Article, provide a link to the article.

Please answer the following questions regarding the clinical content of the education.

If your topic is non-clinical, you can skip this section.

1. Are recommendations for patient care based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options? Yes No
2. Does all scientific research referred to, reported, or used in this educational activity in support or justification of a patient care recommendation conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation? Yes No
3. Are new and evolving topics for which there is a lower (or absent) evidence base, clearly identified as such within the education and individual presentations? Yes No
4. Does the educational activity avoid advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning Yes No
5. Does the activity exclude any advocacy for, or promotion of, unscientific approaches to diagnosis or therapy, or recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients? Yes No

Comments

Learner Evaluation

How do you plan to evaluate / assess changes in learner's competence, strategies, performance and/or patient outcomes?

Evaluation	Post Test	Written Responses	Survey
Audience Response System	Simulation	Pre and Post Test	Quiz
Case Discussion	Other		

Describe how you will discuss with learners the changes they intend to make to their strategies, performance and/or patient care that will result from this activity and list those changes below:

Financial Information

Participant Fee: Will this activity charge a fee? Yes No

If yes, a final budget will need to be submitted after the event.

Exhibitor Fee: Will this activity have exhibitors? Yes No

If yes – 1. Submit [Exhibitor Application](#) with the application

2. Submit an estimated budget with the application; a final budget/report is required within 30 days post event.

Private or Grant Funding: Will you receive any monetary funds from private or grant funds? Yes No

If yes, a final budget report will need to be submit to our office.

Commercial Support: Will this activity accept commercial support from an [ineligible company](#)? Yes No

If yes, a Letter of Agreement for Commercial Support must be submitted with your application. Please contact our office for further instructions.

Mission Statement

Central Michigan University College of Medicine Continuing Medical Education is committed to fostering an environment rich in professional development opportunities for physicians and interprofessional healthcare teams as they pursue lifelong learning in medicine. Based on the context of desirable physician attributes and competencies, we provide state-of-the-art, evidence-based, innovative, and impactful healthcare education and research to improve physician knowledge, competence, performance and, ultimately, patient health and outcomes.

Does this activity meet our Mission: Yes No

Commendation Information - Optional

Does this activity Promote Team-based Education? *Engages Teams, Patients/Public, Students of the Health Professions*

If yes, please describe:

Does this activity Address Public Health Priorities? *Advances Data Use, Addresses Public Health and Collaborates Effectively*

If yes, please describe:

Does this activity Enhance Skills? *Optimizes Communication Skills, Optimizes Technical/Procedural Skills, Creates Individualized Learning Plans, Utilizes Support Strategies*

If yes, please describe:

Does this activity Demonstrate Educational Leadership?

Engages in Research/Scholarship, Supports CPD for CME Team

If yes, please describe:

Does this activity Achieve Outcomes?

Improves Performance, Improves Healthcare Quality, Improves Patient/Community Health

If yes, please describe:

Providership, Affiliation and Fee Schedule

Direct Providership – CMU College of Medicine or CMU Medical Education Partners

Joint Providership – Organizations outside of CMU College of Medicine

Complete and submit a [Joint Providership Agreement](#) with your application.

Joint Providership Affiliation Fees

Affiliates are defined as organizations, hospitals and private practice, where our medical students and physician residents are taught and practice.

Non-Affiliates are organizations outside of our medical educational network and can be local, regional or national.

	Affiliate Fees			Non-Affiliate Fees		
	45 days	30 days	10 days	45 days	30 days	10 days
Application	\$200.00	\$250.00	\$300.00	\$400.00	\$450.00	\$500.00
Per Credit	\$150.00	\$175.00	\$200.00	\$200.00	\$300.00	\$400.00

Final Checklist

When submitting your application, the following documents must be attached:

Incomplete applications are not accepted and will be returned.

N/A Yes

Disclosure for all speakers, planners, anyone in a position to influence content

CV for all speakers

Preliminary or final agenda, brochure, and/or flyer

Resource documentation (ie: Journal Articles), if applicable

List of Exhibitor(s) / Exhibitor Forms, if applicable

Preliminary Budget, if applicable

Commercial Support Letter of Agreement, if applicable

Joint Providership Agreement

After your event has been approved, you may need to provide a Disclosure / Accreditation Slide, if this information is not included on your agenda, brochure or flyer. This slide must be presented to your learners at the onset of your presentation. If giving a powerpoint presentation, the disclosure slide should be placed immediately after the title slide.

Post Event Documentation

The following document will be submitted to the CME office, 30 days post event, if applicable and not already submitted:

1. Attendance Sheet designating MD/DOs and All Other Healthcare Professionals
2. Disclosure Verification of Planner and Speaker
3. Completed evaluation forms
4. Final Budget/Financial Report
5. Final list of exhibitors. Signed Vendor/Exhibitor Forms.
6. Copies of all handouts

Attestation / Signatures / Approval

Activity Director: By checking this box, I have reviewed this application in its entirety and hereby certify, to the best of my knowledge, it meets all of the current requirements for designation/certification of CME credit.

Type your name

Date

For Office of Continuing Medical Education Use Only

Date Application Received:

Approved

Not Approved

Comments:

*AMA PRA Category 1 Credit(s)*TM

Other Credits:

Approved by:

Date:

Email completed application, in PDF format, to cmecme@cmich.edu

Office of Continuing Medical Education
CMU College of Medicine | CMU Medical Education Partners
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