



Application for Joint Providership of a CME Activity for Physicians

Applicant Organization Information

Name of Organization _____ Tax ID _____

Address _____

City, State, Zip _____

Phone _____ Website _____ Fax _____

Contact Information

Name _____ Title _____ Email _____

Office Phone _____ Cell Phone _____

Please indicate your experience level in developing and executing medical education activities in which CME was awarded.

- New Some experience in meeting requirements Experienced as a non-accredited provider

Target Audience for Proposed Activity and Estimated Number of Enrollees

Physicians _____ Nurse Practitioners _____ Physician Assistants _____

Fellows _____ Researchers _____

Other Medical Professionals (*please specify*) _____

Physician Medical Specialty and Proposed Percentage of Enrollment

Estimated Total Enrollment: _____

Internal Medicine _____ Neurology _____ Psychiatry _____

Family Medicine _____ Pulmonary _____ Sleep Medicine _____

Other _____

Conference or Activity Title

Estimated Number of Content Hours _____

Please exclude time for meals, breaks, welcoming remarks and incidental information not related to program content.

Please attach or upload an outline that includes the title of each presentation or each topic covered.

The ACCME defines a practice gap as “when there is a gap between what the professional is doing or accomplishing compared to what is "achievable on the basis of current professional knowledge,"

Identify the gap(s) that this medical education activity will address

What is the educational need(s) that underlies the professional practice gap described above? *This educational need will be addressed by your activity to help close the practice gap.*

Continuing Medical Education is about change in practice for the physician learner. The need that you have established above will be translated into a medical education activity that is intended to change the physician learner in terms of knowledge, competence (*the ability to do something in practice – “knowledge in practice”*) performance (*“competence turned into action; performance implies in practice.”*) or patient outcomes (*the application of performance*).

From the need(s) stated, the activity will be created through the development of specific, measurable objectives that will advance the learner toward positive outcomes in terms of change in competence, performance, or patient outcomes. Please indicate how change will be accomplished:

Competence Performance Patient Outcomes

Objectives: *(please see Appendix for action verbs that accurately describe learning initiatives.)*

Sample objective: *To review and evaluate the strengths and weaknesses of polysomnography and Home Sleep Testing (HST) for diagnosing sleep disorders.*

Please indicate the activity design and format:

Live: Course Conference Internet Live Course
 Lecture Panel Discuss Case Based Analysis Other (*explain below*)

Date(s) _____

Repeat Dates (s) _____

Enduring: Internet Enduring Material Print Journal Based CME

Launch Date _____

Anticipated Duration of Activity _____

What method will you use for outcomes assessment, i.e. how will you measure change in competence, performance or patient outcomes? Indicate if a third party will be employed.

What method will you use to measure learner satisfaction with the activity? Please attach a copy of your proposed activity evaluation. Be sure that your document includes the following questions for the learner to evaluate:

- 1) Were learning objectives (*included on the evaluation document*) met?
- 2) Was the activity free from commercial bias? (*If "no", please explain.*)

Note: ACCME Criteria indicates that activities must be developed in the context of desirable physician attributes. Please see the attachment which describes core competencies for the Institute of Medicine (IOM), the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS).

Disclosures of Faculty and Planners:

Name Credential(s) and Primary Affiliations of Planner(s)

Complete a disclosure for each planner and submit with application. (*See appendix for disclosure form*)

Note: A list of a planner's affiliations with any commercial entity will not be accepted. You must address the question of potential conflict as it pertains only to the content covered in this specific medical education activity.

Name, Credential(s) and Primary Affiliations of Course Director, and Instructors/Speakers:

Complete a disclosure for the course director and each instructor or speaker. (See appendix for disclosure form)

Note: A list of a speaker's affiliations with any commercial entity will not be accepted. You must address the question of potential conflict as it pertains only to the content covered by the speaker in this specific medical education activity.

Commercial Support

List any known or anticipated commercial or in-kind support for this proposed activity:

- Acknowledgement that the accredited provider, Atlanta Progressive CME, must sign all Letters of Agreement (LOAs) of commercial support.

The undersigned agrees that all medical education activities jointly provided by Atlanta Progressive CME (APCME) must comply with the following (click on each bullet to be directed to the site) :

- ACCME Accreditation Criteria
- ACCME Standards for Commercial SupportSM: Standards to Ensure Independence in CME Activities
- CME Clinical Content Validation
- ACCME Policies
- AMA Physician's Recognition Award and Gifts to Physicians from Industry (Opinion 8.061).

Specific responsibilities of the accredited provider and the non-accredited provider are further elaborated upon in the Joint Providership Agreement.

Applicant

Date



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