CHICAGO MEDICAL SOCIETY

CME ACTIVITY
CATEGORY 1 CREDIT APPLICATION

A completed application must be submitted at least 75 days prior to the CME activity to be reviewed for credit.
(Incomplete applications and/or applications submitted less than 75 days before the activity will not be reviewed.)

A. CME Mission and Activity Information:

To provide CME activities that will focus on the professional practice gaps of our physician audience by integrating improvements in the participants' competence or performance. The activities will focus on evidence-based medicine [i.e. clinical and new concepts in medical diagnosis, therapeutics, rehabilitative or preventive medicine] or public health topics as well as on non-clinical education such as: practice management, risk management, emergency preparedness, medical technologies, regulatory topics, and legislative issues.

Note: Applications must be electronically typed (no handwritten applications will be accepted).

Title:

Activity Date: Time:

Location: No. of Hours of Instruction (CME credits):

Application Fee: (See fee schedule included in application packet)

B. Joint Provider Information

Name of Joint Provider:

Submission Date:

Name & Title of Individual Preparing this Form:

Phone: E-Mail:

Please check if your organization qualifies for non-profit status:

**If checked "Yes" and a new applicant, a copy of your organization's IRS exemption letter is required.*

C. Course Director Information

Course Director's Name: Signature:

Address: Phone:

Fax:

E-Mail:

D. Educational Needs (Professional Practice Gap)

A professional practice gap is the ***difference*** between actual and ideal performance. Please identify and describe the professional practice gap (the problem) based on your needs assessment. A descriptive, short summary of the results of your needs **MUST** be included in the section below.

1. Description of the identified Professional Practice Gap:

2. Identify and attach documentation of the evidence-based data that supports this educational need such as: (check one):

Other (please specify here):

3. Identify the educational need (competence or performance) for this activity by determining whether the physician learners need to:

☐ A. Learn how to do something or develop strategies for doing something (competence)?

☐ B. Modify or improve something in their practice (performance)?

E. Target Audience:

Based on the current or potential scope of practice recognized in the educational needs, identify your target audience **(check all that apply):**

☐ All Physician Members (serving multiple patient groups)

☐ Medical Specialty (serving *specific* patient groups, for example: Gynecologists, Pediatrics, etc.*)*

Please specify:

☐ Other Healthcare Professionals *(example: Nurses, Hospital Administrators, Physician Executive Staff, Medical Office Staff, Public Health Professionals, Residents, etc.)*

Please specify:

F. Educational Strategies or Interventions (specifically designed to change competence or performance)

Check below whether this activity is designed to change one of the following:

Formulate below the educational strategies or interventions for this activity that are derived from the professional practice gap identified in section "D." Based on the desired learning outcomes, this CME activity is designed to empower the learner to make the following changes:

G. Speaker/Author/Planning Member Information

Name of Speaker(s)/Author(s) / Planning Member(s) & Credential(s):	**The following documents must be included for all speakers, authors and planning members with the CME Application:**	
1.	☐ Curriculum Vitae (CV) or Bio	☐ COI Disclosure
2.	☐ Curriculum Vitae (CV) or Bio	☐ COI Disclosure
3.	☐ Curriculum Vitae (CV) or Bio	☐ COI Disclosure
4.	☐ Curriculum Vitae (CV) or Bio	☐ COI Disclosure
5.	☐ Curriculum Vitae (CV) or Bio	☐ COI Disclosure
6.	☐ Curriculum Vitae (CV) or Bio	☐ COI Disclosure
7.	☐ Curriculum Vitae (CV) or Bio	☐ COI Disclosure

NOTE: Please include additional speakers per attachment.

H. Educational Formats

The following learning format(s) were chosen for this activity:

Change in Competence:

☐ Live Lecture ☐ Webinar ☐ Case Studies ☐ Panel Discussion with Q & A ☐ Review of Training Methods

☐ Online CME ☐ Other (specify):

Change in Performance:

☐ Hands-on-Applications or Demonstrations ☐ New Clinical Interventions ☐ Simulation ☐ Role Playing

☐ Incorporation of New Skills and/or Technologies ☐ **Other (Specify below)**

Briefly explain below how the above selected educational format(s) is ***appropriate*** for the setting and desired learning outcomes for the activity:

I. Indicate Desirable Physician Attributes (IOM, ACGME, ABMS, AMA, ACP, AHA, etc.)

Please check all of the physician attributes associated with the content of this activity:

☐ Patient-Centered Care ☐ Interpersonal/Communication Skills

☐ Practice-Based Learning and Improvement ☐ Utilization of Informatics

☐ Professionalism ☐ Evidence-Based Medical Knowledge

☐ Systems-Based Practice (i.e., QI, interdisciplinary teams, patient safety, etc.)

☐ Other Competency (please specify, list source and describe below):

J. CMS Policies & Evaluation Methods

Please read below and initial to indicate your organization's, (including faculty member's/author's, course director's, and planners') understanding of the attached CME policies, evaluation methods, and CME planning processes and your agreement to abide by and follow up with all required CME activity planning and compliance requirements, and the collection of participant data and information as follows:

*In order to analyze changes in the learners' competence or performance, the joint provider **MUST** administer the Chicago Medical Society's CME evaluation forms of a pre- and post-survey (attached). This step will allow CMS to track achieved desired changes and to perform an analysis as a result of the overall programs' activities/educational interventions. The data and information collected from this evaluation method will enable CMS to determine if its CME mission has been met and to conduct a program-based analysis to identify, plan and implement needed or desired changes for the overall improvement of its CME program.*

I agree to review and abide by all attached Joint Provider CME Policies while planning and presenting a CME activity and will incorporate the CME Joint Providership Pre- and Post-Surveys at the CME activity by announcing its purpose and distributing it to the physician learners. **(Initial here)**

Also, please indicate below if any additional evaluation methods will occur (only if applicable):

☐ Written Test / Quiz ☐ Other ***(specify):***

K. Disclosure of Commercial Support and Identification of Conflict of Interest (COI)

Will this educational activity receive outside commercial support?

**If yes, a fully signed Letter of Agreement MUST accompany this application in order to be considered for approval.*

Is there any Conflict of Interest (COI) associated with this activity?

If yes, you MUST state and describe the COI below *(see Conflict of Interest Explanation Sheet):*

L. Exhibits

Will this educational activity provide exhibits?

If yes, please incorporate the following paragraph into your exhibitor agreements as follows and have signatures and dates for both the company representative as well as your organization's representative:

Upon signing this agreement, the Exhibitor and the [name of your organization] understand and agree that Chicago Medical Society (accredited provider) policy will not allow [name of joint provider] to accept any advice or services from the Exhibitor concerning speakers, authors, participants or other CME matters, including content, as conditions of the exhibit fee, exhibit placement and/or sponsorship selection. In addition, both parties fully understand and agree that this agreement, and therefore the conference, is free from any commercial bias or control due to the separation of the designated exhibitor and sponsorship area, and related activities, from the CME planners, authors, speakers and CME sessions.

Also, please be sure to disclose the following information on your CME meeting notice and/or meeting agenda:
[*Insert name of joint provider] would like thank the following exhibitors for their participation at this event*:
Company X, Company Y, Company Z (for example).

M. Activity Budget

AMOUNT	REVENUE	AMOUNT	EXPENSES
	Tuition/Registration Fees		Honoraria
	Education Grants		Travel/Lodging
	Exhibits		Promotional Costs
	Other Funding (specify)		Catering
			Other Expenses (specify)
$ 0.00	**Total**	$ 0.00	**Total**

Net: $ 0.00

****If expenses and revenue are not equal, you MUST explain the difference and how these funds are to be used*.**

Estimated Audience Attendance: Non-Physicians: Physicians:

Lastly, remember to attach a copy of your draft meeting notice exactly as it would appear when printed (*refer to the Meeting Notice/Brochure Preparation document for full instructions*).

Submit all CME applications to:
Chicago Medical Society
Attn: Haydee Nascimento
515 N. Dearborn Street
Chicago, IL 60654
or E-mail: hnascimento@cmsdocs.org

www.cmsdocs.org