

AMERICAN ACADEMY OF PHYSICIAN EDUCATION
(AA-PE)

APPLICATION FOR CME JOINT SPONSORSHIP

PLEASE NOTE: IN ADDITION TO COMPLETING AND SIGNING THIS APPLICATION, THE FOLLOWING ITEMS MUST BE INCLUDED

The following must be submitted with the application:

- Full description of the needs assessment data
- Copies of all completed planning committee disclosure forms
- Planning Committee minutes or narrative verifying compliance with disclosure process
- Summary of the program planning process {committee roster and pertinent meeting minutes}
- The learning objectives of the activity
- Cite the learning outcomes the activity will accomplish
- The complete program outline, timetable, and invited speakers
- \$300 application fee (check payable to American Academy of Physician Education)
The application fee is non-refundable.

COMPLETED APPLICATIONS SHOULD BE MAILED TO:

Bretten Gordeau
AA-PE
706 Pro-Med Lane, Suite 230
Carmel, IN 46032

Or

Email all documents in Microsoft Word and Excel to bgordeau@MDedu.org

APPLICATION PROCEDURE

The responsible staff member of the applying organization should call AA-PE as early in the planning process as possible to ensure that planning and implementation occur in conformance with ACCME, AMA, FDA and other relevant standards.

Call: Bretten C. Gordeau at 317- 663-3312.

AA-PE requires a consultative phone call followed by receipt of a completed application a minimum of 2 months prior to event for a one-day event or less, and minimum 4 months prior for events of two days or more. This is to ensure fulfillment of ACCME requirements that AA-PE, as accredited provider, has time for sufficient involvement. ACCME and AMA standards prohibit you from promoting your event as designated for CME until approved. (Only “save the date” announcements, without reference to CME credit, are permitted prior to approval.) **Keeping this in mind, applicants may want to submit in considerable advance of these deadlines.**

Should your project be underway before contact with AA-PE, your application must document that work was accomplished consonant with ACCME and AMA requirements. There should be evidence of a planning committee and documentation of the planning, such as thorough minutes, e-mails, or a letter from the committee chair.

AA-PE recognizes that application for funding may proceed in parallel with planning for a CME activity. While planning proceeds, AA-PE will advise on language to use in approaching potential commercial supporters and will accept letters of agreement and start a file. AA-PE will then sign the letters of agreement once AA-PE has approved a completed application. While phrases such as “CME applied for” may not be used in promotion (AMA), it is advisable to let your potential commercial supporter know *at your earliest contact* that you have applied to AA-PE for CME designation and that AA-PE is an ACCME-accredited provider.

AA-PE is always available for informal consultation before during and after CME designation.

AA-PE will endeavor to review completed applications within two weeks of receipt.

A Post Activity report based on ACCME requirements is due at AA-PE 30 days after the event. A completed and approved Application commits the organization to submitting that report to AA-PE. The report must include:

1. Copies of all speaker disclosure forms
2. Documentation of “managed” disclosures
3. Two examples of completed evaluations
4. Evaluation summary
5. Attendee list with number of credits claimed by each attendee—AMA Regulation
6. Expense and Revenue Report
7. A copy of the Final Program Book

Upon approval, AA-PE will provide the following documents:

1. Faculty Disclosure and Management Forms
 2. Commercial Support/Educational Grant Forms
 3. Evaluation Forms
 4. Accreditation and Credit Statements
 5. CME certificate template
- {Non-AA-PE forms may be used with prior approval from AA-PE.}

APPLICATION FORM

1. GENERAL INFORMATION

A. The Activity

i. Name or organization:

ii. Full title of CME activity:

iii. Date(s) of CME activity:

iv. Location of CME activity (city and state):

v. Number of credits applied for:

vi. Tax ID and name of organization able to accept grant funding obtained for this activity:

vii. Is more than one activity planned with this application form?

viii. Is this a live activity, enduring materials or both?

ix. Target audience

Physicians: Specific Specialty _____

Allied Health: Specific Specialty _____

Estimated Attendance: Physicians _____ Allied Health _____

B. The Responsible Person

i. Name:

ii. Title:

iii. Organization Name:

iv. Address:

v. Telephone:

vi. Fax:

vii. Email

2. PLANNING COMMITTEE

The responsibilities of your planning committee include:

- (1) Document a needs assessment through a variety of sources.
- (2) Select a teaching format tailored to a target audience.
- (3) Establish content areas and learning objectives based on the needs assessment.
- (4) Recruit faculty with final firm offer subject to your disclosure review and sign off by AA-PE.
- (5) Comply with AA-PE honoraria policy
- (6) Review faculty disclosures and manage any perceived bias or conflict of interest. AA-PE must review planning committee and faculty disclosures prior to designating the event for CME credit. Therefore, we recommend mailing to potential faculty the required disclosure forms with a due date for their return to the planning committee when initial offer is made. This date should allow you time to meet your application deadline and provide sufficient lead time to adequately publicize the event as conferring CME credits.
- (7) Monitor presentation(s) for scientific rigor and lack of bias, intervening as necessary to assure an evidenced based presentation to the public.
- (8) Assure proper disclosure to the audience including disclosures of faculty substituted in emergencies.
- (9) Evaluate the activity.
- (10) Consult with ATS as necessary.

All members of the Planning Committee should be provided with copies of ACCME Updated Standards of Commercial Support available at: <http://www.accme.org/> and be familiar with Standards 1, 2, 5 and 6 independence, resolution of personal conflicts of interest, content and format without commercial bias, and disclosures relevant to potential commercial bias.

A. Provide the name, job title/position, address, telephone, fax and email for each member of the planning committee.

AA-PE recommends at least two physicians to avoid the perception of bias.

It is AA-PE's policy that employees of pharmaceutical or medical device companies not serve as members of the planning committee to avoid perception of conflict of interest.

B. DEFINE THE NEED

Identify the sources used to assess the educational need for this activity. {Check all that apply}

Summary of previous CME evaluation data

Request from Committee/Council/Board

Audience survey

Literature review

New medical findings

Healthcare data

Reports and/or studies

Other _____

PROGRAM DESIGN

What formats will be utilized in the program? (Check all that apply)

- Lecture
- Panel discussions
- Computer assisted instruction
- Hands-on workshop
- Other _____

How was the teaching format/teaching method selected? How does it tie into the needs assessment and learning objectives

C. Learning Objectives

What are the learning objectives for this activity?

D. PROJECTED BUDGET

Revenue

- Tuition/Registration Fees \$
- Projected Commercial Support/Other Funding \$
- Non-commercial Educational Grants \$
- Other Sources of Funding \$

TOTAL REVENUE \$

Expenses

- Honoraria \$
- Travel/Subsistence \$
- Print/Promotional Costs \$
- Project Management \$
- Venue Rental \$
- Food & Beverage \$
- Audio Visual \$
- Other

TOTAL EXPENSE \$