

## CME Activity Application Form

*This form is designed to guide you through all the steps necessary to plan and develop the proposed CME activity. Completion of all sections of this form is necessary to meet accreditation requirements. The CME staff is available to help you navigate this process. Most do not complete this application in one sitting and it is recommended that you save this document and your work to your computer. Please use the "email" button at the top of the form to submit your completed application.*

### Section 1 of 6: Activity Description

#### Activity Information

Title of activity:

Organization *(list all)*:  Dept/Division:

Start date:  Start time:  End date:  End time:  Location:

#### Type of Activity C5

**Live Course** (symposium, workshop, conference, etc.). NOTE: Agenda with speakers, topics, and times must be provided.

**Regularly Scheduled Series (RSS)** -- Daily, weekly, monthly, or quarterly CME activities that are primarily planned by and presented to the organization's professional staff. NOTE: One application is required per type of RSS (i.e., up to three case conferences can be on one application IF the needs assessment identifies practice gaps appropriate for all).

**Type:**       Grand Rounds       Tumor Board       M&M Conference       Journal Club       Case Conference  
 Other

**Frequency:**     3/wk     2/wk     1/wk     2/mo     1/mo     Quarterly     Other

**Days of Week:**     M       Tu       W       Th       F

If 2/mo, 1/mo, or quarterly please also indicate weeks(s) in month activity meets:     1st     2nd     3rd     4th     5th

**Internet, Live Webinar**

**Home (self) Study/Enduring Material:**     CD-ROM     Internet     Monograph     Other

What Web Portal will be used?

What is the Internet address?

**Sponsorship** *(NOTE: A pharmaceutical company or medical device manufacturer is not a sponsor.)* Joint sponsors need to complete, sign, and attach the Joint Sponsorship Agreement form. An agreement will be prepared for co-sponsorship.

- Directly sponsored (MSD is the accredited provider and sponsor)
- Jointly sponsored (MSD is the accredited sponsor and works with a non-accredited organization)
- Co-sponsored (MSD works with another ACCME-accredited provider)

## Section 2 of 6: Leadership and Administrative Support Staff

### Activity Director

Name:  Degree(s):

Title:  Affiliation/Organization:

Department:  Phone Number  Email:

Address:  City:  State  Zip:

### CME Coordinator (this is usually the person that MSD corresponds with who takes care of administrative details for the event.)

Name:  Degree(s):

Title:  Affiliation/Organization:

Department:  Phone Number  Email:

Address:  City:  State  Zip:

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#### MSD Use Only

Received Date:  Reviewed by:  Approval:  Yes  No Approval Date:

## Section 3 of 6: Planning

**Identify Needs Assessment Data and Sources for compliance with ACCME Criterion C2:** *the educational needs (of knowledge, competence, or performance) that underlie the professional practice gap of learners are incorporated into CME activities.* Effective CME activities are planned to address areas of professional practice or behavior(s) that need improvement. In order to identify the problems or issues that are causing gaps in the targeted participants knowledge, competence or performance, it is important to review available data to make evidence-based decisions about the needed content.

Please indicate the data sources that brought the need for this activity to your attention. Select all that apply and **provide supportive documentation for all sources identified below (required).** If you cannot provide documentation, do not check that source. Please identify which practice gap, after you complete the next page, that the data source documentation supports. The Worksheet for Practice Gaps, Learning Objectives and Supporting Documentation (see MSD Website) is highly recommended to help in completing this section.

Select All That Apply	Supports Practice Gap # from Next Pages	Needs Assessment Data Source
<input type="checkbox"/>	<input type="text"/>	Continuing review of changes in quality of care as revealed by medical audit or other patient care reviews. <i>Potential sources of documentation: audit reports, chart reviews</i>
<input type="checkbox"/>	<input type="text"/>	Ongoing review of recurring diagnoses made by physicians on staff. <i>Potential sources of documentation: summary of notes, minutes of meetings</i>
<input type="checkbox"/>	<input type="text"/>	Advice from authorities in the field or relevant medical societies. <i>Potential sources of documentation: list of expert names/affiliations/title, corresponding summary of recommendation(s); with evidence based support of recommendations such as peer reviewed literature, patient data, evaluation summary reports.</i>
<input type="checkbox"/>	<input type="text"/>	Formal or informal requests or surveys of the target audience, faculty or staff. <i>Potential sources of documentation: summary of requests or surveys. Note, must show information related to areas of educational need/topics of interest (not logistical summaries - i.e., food, venue, etc.).</i>
<input type="checkbox"/>	<input type="text"/>	Discussion in departmental meetings. <i>Potential sources of documentation: summary of meeting minutes showing information discussed was related to areas of educational need/topics of interest (not logistical summaries - i.e., food, venue, etc.).</i>
<input type="checkbox"/>	<input type="text"/>	Data from peer-reviewed journals, government sources, consensus reports. <i>Potential sources of documentation: abstracts/full journal articles, government produced documents describing educational need and physician practice gaps (a bibliography of sources is adequate, you do not have to send entire journal articles).</i>
<input type="checkbox"/>	<input type="text"/>	Review of board examinations and/or re-certification requirements. <i>Potential sources of documentation: board review/update requirements.</i>
<input type="checkbox"/>	<input type="text"/>	New technology, methods of diagnosis/treatment. <i>Potential sources of documentation: description of new procedure, technology, treatment, etc.</i>
<input type="checkbox"/>	<input type="text"/>	Legislative, regulatory or organizational changes affecting patient care. <i>Potential sources of documentation: copy of the measure/change.</i>
<input type="checkbox"/>	<input type="text"/>	Joint Commission Patient Safety Goal/Competency. <i>Potential sources of documentation: copy of the safety goal and/or competency.</i>
<input type="checkbox"/>	<input type="text"/>	Other (please specify): <input data-bbox="649 1822 1567 1921" type="text"/>

## Identify Professional Practice Gaps, Educational Needs, Learning Objectives, and Desired Results for compliance with ACCME

**Criterion C2 and C3:** CME activities/educational interventions incorporate educational needs that underlie professional practice gaps, and are designed to change competence, performance or patient outcomes.

- A **professional practice gap** is defined as a problem or issue that needs to be addressed - a gap in what learners are doing now, and what you want them to be able to do after your educational activity.
- An **educational need** is defined as the underlying cause of the gap -- a deficit of knowledge (specific information or a strategy), ability to apply knowledge (competence), or actually use knowledge in practice (performance).
- **Learning objectives** are what you want learners to be able to do or accomplish by participating in the activity. Objectives should be written using action words and bridge the gap between the identified gap and the desired result. Objectives must be measurable. See List of Verbs for Writing Learning Objectives on see MSD website for suggestions.
- **Desired results** are what you expect the learner to do in his/her practice setting. Indicate what will change for your learners in terms of their:
  - \* **Competence** is defined as learner **ability to apply** knowledge, skills, and judgment in practice (knowing how to do something).
  - \* **Performance** is defined as what learners **actually do in practice** after the CME activity - (implementing knowledge or skill).
  - \* **Patient Outcomes** are defined as **patient improvements** that can be measured through data/learner observations after the CME activity (improving patient health).

### Professional Practice Gap #1:

Professional Practice Gap	Educational Need	This is a Need of:
What is the problem or issue that needs to be addressed? <i>For RSS please list global professional practice gaps for the series.</i>	Why does the gap exist? In other words, what is the underlying cause of the gap?	<i>(see definitions above and check all that apply)</i>
		<input type="checkbox"/> Knowledge <input type="checkbox"/> Competence <input type="checkbox"/> Performance

**Learning Objective Related to this Gap:**  
(see definition above)

#### Desired Result:

Describe the ideal outcome if need of knowledge, competence or performance is met:

Check all boxes that apply to what you want to CHANGE:  
*(see definitions above)*

- Competence     Performance  
 Patient Outcomes

### Professional Practice Gap #2:

Professional Practice Gap	Educational Need	This is a Need of:
What is the problem or issue that needs to be addressed? <i>For RSS please list global professional practice gaps for the series.</i>	Why does the gap exist? In other words, what is the underlying cause of the gap?	<i>(see definitions above and check all that apply)</i>
		<input type="checkbox"/> Knowledge <input type="checkbox"/> Competence <input type="checkbox"/> Performance

**Learning Objective Related to this Gap:**  
(see definition above)

#### Desired Result:

Describe the ideal outcome if need of knowledge, competence or performance is met:

Check all boxes that apply to what you want to CHANGE:  
*(see definitions above)*

- Competence     Performance  
 Patient Outcomes

## Professional Practice Gap #3:

Professional Practice Gap	Educational Need	This is a Need of:
What is the problem or issue that needs to be addressed? <i>For RSS please list global professional practice gaps for the series.</i>	Why does the gap exist? In other words, what is the underlying cause of the gap?	<i>(see definitions above and check all that apply)</i>
		<input type="checkbox"/> Knowledge <input type="checkbox"/> Competence <input type="checkbox"/> Performance

Learning Objective Related to this Gap:	Desired Result:
(see definition above)	Describe the ideal outcome if need of knowledge, competence or performance is met:
	Check all boxes that apply to what you want to CHANGE: <i>(see definitions above)</i>
	<input type="checkbox"/> Competence <input type="checkbox"/> Performance <input type="checkbox"/> Patient Outcomes

**The CME content should reflect both the gaps you identified and learning objectives associated with that gap, for compliance with ACCME Criteria C2 and C3. Thus, the content of educational activities/interventions should be designed to change the competence, performance or patient outcomes that underlie the cause of the practice gaps. Describe how the content will address the identified practice gaps.**

Professional Practice Gap: <i>List the gaps identified on pages 4 &amp; 5)</i>	Presentation Content: <i>Based on your learning objectives from pages 4 &amp; 5, what topic(s) will be included that will address this gap</i>	Educational Method: <i>Assists in ensuring compliance with ACCME Criterion 5. Select the best methods to engage learners in your activity:</i>	Describe the Speakers Who have been Selected and Why <i>NOTE: (RSS activity planners: you may need to address this in general terms since you may not have your speakers selected at the time of application)</i>
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Gap #1:		<input type="checkbox"/> Didactic Lecture <input type="checkbox"/> Multi-media AV <input type="checkbox"/> Panel Discussn <input type="checkbox"/> Roundtbl Discussn <input type="checkbox"/> Simulatn Skills Lab <input type="checkbox"/> Q&A sessions <input type="checkbox"/> Case Presentation	
Gap #2:		<input type="checkbox"/> Didactic Lecture <input type="checkbox"/> Multi-media AV <input type="checkbox"/> Panel Discussn <input type="checkbox"/> Roundtbl Discussn <input type="checkbox"/> Simulatn Skills Lab <input type="checkbox"/> Q&A sessions <input type="checkbox"/> Case Presentation	
Gap #3:		<input type="checkbox"/> Didactic Lecture <input type="checkbox"/> Multi-media AV <input type="checkbox"/> Panel Discussn <input type="checkbox"/> Roundtbl Discussn <input type="checkbox"/> Simulatn Skills Lab <input type="checkbox"/> Q&A sessions <input type="checkbox"/> Case Presentation	

Additional page is attached.

**Identify the target audience for compliance with ACCME Criteria C4:** *Activities/educational interventions are generated around content that matches the learners' current or potential scope of professional activities (what your learners do now or will potentially do in their professional practice).*

**Please describe your target audience (learners) by selecting all that apply (at least 1 box from geographic location, provider type, and specialty must be selected). Click the appropriate box next to each item.**

**Geographic Location:**

- Internal Only
- Local/Regional
- National
- International

**Provider Type:**

- Primary Care Physicians
- Specialty Physicians
- Research Physicians
- Pharmacists
- Psychologists
- Physician Assistants
- Nurses
- Nurse Practitioners
- Other (please specify):

**Specialty:**

- All specialties
- Anesthesiology
- Dermatology
- Emergency Med
- Family Medicine
- Geriatrics
- Internal Med
- Neurology
- OB/GYN
- Ophthalmology
- Orthopaedics
- Otolaryngology
- Pathology
- Pediatrics
- Psychiatry
- Radiology
- Radiation Onc
- Surgery

**Describe how the content topics identified on page 5 will match the learners' current or potential scope(s) of practice. If the target audience includes learners from different provider types and specialties, provide a description for each.**

<b>Provider Type(s):</b>		How content will match the learners' current or potential scope of practice:
<b>Specialty:</b>		

**The planning process must be independent of commercial interests for compliance with ACCME Criteria C7**  
**Standard 2:** *Activities/educational interventions are developed independent of commercial interests.*

1. Who identified the speakers and topics? (select all that apply)
  - Activity Director
  - CME Associate
  - Planning Committee
  - Other (provide names)
2. What criteria were used in the selection of speakers (check all that apply)
  - Subject Matter expert
  - Experienced in CME
  - Excellent teaching skills/effective communicator
  - Other (specify)
3. Were any employees of a pharmaceutical company and/or medical device manufacturer involved with the identification of speakers and/or topics?
 

No     Yes, (please explain):

**Develop an agenda for compliance with ACCME Criteria C4:** Activities/educational interventions are generated around content that matches the learners' current or potential scope of professional activities (what your learners do now or will potentially do in their professional practice) and C5: Educational formats are appropriate for the setting, objectives and desired results of the activity.

- Agenda is attached (required)
  Agenda is NOT attached (explain why not)

**Align your activity with the MSD CME Mission (see MSD website) for compliance with ACCME Criteria C3:** activities/educational interventions are designed to change competence, performance, or patient outcomes as described in the mission statement. **This activity aligns with the MSD CME mission in that it (select all that apply):**

- Consists of 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.
- Provides the opportunity for physicians to maintain state licensure, incorporate new knowledge into their practices, and ultimately to improve medical care in Delaware and/or the surrounding states.
- Assists physicians in carrying out their professional responsibilities more effectively and efficiently.

**Identify barriers for compliance with ACCME Criteria C18:** factors outside your control that may impact on patient outcomes are identified; and C19: educational strategies to remove, overcome or address these barriers are implemented.

What potential barriers do you anticipate attendees may have incorporating new knowledge, competency, and/or performance objectives into practice? Select all that apply by clicking in the appropriate checkbox (select 1 at minimum).

- |   |   |
|---|---|
| <input type="checkbox"/> Cost   | <input type="checkbox"/> Lack of time to assess/counsel patients      |
| <input type="checkbox"/> Lack of administrative support                 | <input type="checkbox"/> Lack of consensus on professional guidelines |
| <input type="checkbox"/> Lack of equipment/resources                    | <input type="checkbox"/> Cultural/language                            |
| <input type="checkbox"/> Treatment-related adverse effects for patients | <input type="checkbox"/> No perceived barriers                        |
| <input type="checkbox"/> Insurance/reimbursement issues                 | <input type="checkbox"/> Other (specify):                             |
| <input type="checkbox"/> Patient compliance issues                      | <input style="width: 150px; height: 20px;" type="text"/>              |

**Please describe how you will attempt to address these identified barriers in the educational activity.** Example: If the identified barrier is cost, you would attempt to address the barrier by stating that discussion of cost effectiveness and new billing practices will be included in the content.

What other non-educational strategies will you include in order to enhance your learners' change as an adjunct to this activity?

**Build Bridges with Other Stakeholders for compliance with ACCME Criteria C20:** *bridges with other stakeholders are built through collaboration and cooperation. Occasionally there are other internal and/or external stakeholders working on similar issues with which you can collaborate.*

**Are there others within your organization working on this issue?**  No  Yes, and who?

**If yes, could they be included in the development and/or execution of this activity?**  
 No  Yes, in what ways?

**Identify the Desirable Physician Attributes/Core Competencies associated with your activity for compliance with ACCME Criteria C6:** *activities/educational interventions are developed in the context of desirable physician attributes.*

**Click on all American Board of Medical Specialties (ABMS)/Accreditation Council for Graduate Medical Education (ACGME) or Institute of Medicine (IOM) core competencies that will be addressed in this activity. (See MSD website for descriptions of the core competencies).**

- |   |  |
|---|--|
| <input type="checkbox"/> Provide patient-centered care                  | <input type="checkbox"/> Systems-based practice          |
| <input type="checkbox"/> Medical knowledge                              | <input type="checkbox"/> Work in interdisciplinary teams |
| <input type="checkbox"/> Practice-based learning and improvement        | <input type="checkbox"/> Apply quality improvement       |
| <input type="checkbox"/> Interpersonal and communication skills         | <input type="checkbox"/> Utilize informatics             |
| <input type="checkbox"/> Professionalism                                | <input type="checkbox"/> Employ evidence-based practice  |
| <input type="checkbox"/> Cognitive expertise                            | <input type="checkbox"/> Compassionate patient care      |
| <input type="checkbox"/> Evidence of evaluation/performance in practice | <input type="checkbox"/> Commitment to lifelong learning |

**Will your CME activity be provided within an Institutional System Framework for Quality Improvement (ACCME Criteria C21)?** *It is important to relate activities/educational interventions to quality findings or quality goals established by hospitals, specialty societies or other national authorities. You are encouraged to contact your hospital QI department and/or reference clinical practice guidelines relative to the topic in planning CME activities and ask for assistance in tracking outcomes.*

**I have contacted and will work with my organization's QI department/resources**  Yes  No  NA

Identify who:  **If yes, will they be included in the development and/or execution of this activity?**  No  Yes **If Yes, in what ways?**

**What organizational quality findings will this activity address?**  NA

**Will this activity address quality standards (new or current) put forth by national specialty societies or other authoritative national organizations?**  Yes  No  NA

If Yes, which standard-setting organization(s) have been accessed?

Indicate the clinical guidelines or consensus statements you are using as your "best practices."



## Section 4 of 6: Evaluation and Outcomes

**Evaluate and Measure Outcomes for compliance with ACCME Criteria C11:** *Changes in learners (competence, performance or patient outcomes) as a result of the activity/educational intervention are measured and analyzed. All CME activities must be measured for changes in learner competence, performance or patient outcomes. **Changes in competence** are usually measured while learners are still at the activity at its conclusion or immediately after individual sessions in a conference. **Changes in learner performance** are usually measured post-activity with follow-up surveys, interviews or focus groups about actual changes in practice at predetermined intervals, such as four to six weeks. **Changes in patient outcomes** are usually measured using chart audits, QA Department data, or follow-up surveys on observed changes in patient outcomes at predetermined intervals, such as four to six weeks.*

All activities must utilize the standard CME Educational Outcomes Evaluation Form (see MSD website) and at least one additional method. Based on what you indicated as what you want to change for your learners on page 4, choose at least one method to measure changes in competence, performance or patient outcomes. Click on all that apply.

### Methods to Measure Improvements in Competence

- |   |   |
|---|---|
| <input type="checkbox"/> Standard MSD Evaluation  | <input type="checkbox"/> Physician show of hands survey                       |
| <input type="checkbox"/> Audience response system                                       | <input type="checkbox"/> Customized pre- and post-test                        |
| <input type="checkbox"/> Post test of strategy question(s) with multiple choice answers | <input type="checkbox"/> Post-test case vignette with multiple choice answers |

Other, specify:

### Methods to Measure Improvements in Performance

- |   |   |
|---|---|
| <input type="checkbox"/> Follow-up survey with commitment to change in practice question at specified intervals | <input type="checkbox"/> Follow-up interviews about actual change in practice at specified intervals  |
| <input type="checkbox"/> Other, specify:  | <input type="checkbox"/> Follow-up focus group about actual change in practice at specified intervals |

### Methods to Measure Improvements in Patient Outcomes

- |   |  |
|---|--|
| <input type="checkbox"/> QI Department data | <input type="checkbox"/> Follow-up survey question on observed changes in patient outcomes |
| <input type="checkbox"/> Other, specify:    | <input type="checkbox"/> Chart audits  |

## Section 5 of 6: Disclosure of Financial Relationships and Resolution of Conflicts of Interest

**DISCLOSURE OF FINANCIAL RELATIONSHIPS** is required for compliance with ACCME Criteria C7 Standards 2 & 6: *activities /educational interventions are developed independent of commercial interests*. It is the policy of MSD to ensure balance, independence, objectivity, and scientific rigor in all sponsored or jointly sponsored educational activities.

All individuals who are in a position to control the content of the educational activity (planning committee members, speakers, authors, content reviewers, and moderators of CME) must disclose all relevant financial relationships they have with any commercial interest(s) in any amount occurring within the past 12 months and the nature of the relationship. Employees of commercial interests cannot control the content of a CME activity and therefore cannot perform any of these roles.

The ACCME describes **relevant financial relationships** as those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. **Financial benefits** are usually associated with roles such as employment, management position, independent contractor, (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. **Commercial interest** is defined as any entity producing, marketing, reselling, or distributing health care goods or services consumed by, or used on, patients. Providers of clinical service directly to patients are not considered to be commercial interests. Financial relationships of the individual's spouse or partner must also be disclosed. *Individuals who refuse to disclose will be disqualified from participation in the development, management, presentation, or evaluation of the CME activity.*

- The Disclosure of Relevant Financial Relationships Form (see MSD website) is the mechanism used by the MSD to gather information about relevant financial relationships with commercial interests.

- *Failure to return a disclosure form is equal to refusing to disclose.*

- Conflicts of interest must be resolved using the Resolution of Conflict of Interest (RCOI) on the reverse side of the Disclosure form **BEFORE the activity occurs**, preferably during the early planning stages.

- It is the responsibility of the Activity Director to ensure that **1) all of the disclosure forms are collected, 2) reviewed for relevant financial relationships with commercial interests, 3) all conflicts of interest resolved, 4) disclosure forms sent to the MSD, and 5) disclosure information is provided for the participants prior to the content delivery.**

- Disclosure forms and documentation of how relevant financial relationships were explored and how any conflicts of interest were resolved must be submitted to the MSD well before the activity begins. The disclosure to the participants should be conveyed in a written form and the text must be approved by the MSD prior to the event.

Disclosure must be made to participants of all relevant financial relationships, and/or the lack of relevant financial relationships, prior to the start of the activity. **The text for the disclosure to participants must be approved by the MSD prior to the activity.**

I have read the above regarding Disclosure of Financial Relationships and Resolution of Conflicts of Interest and I understand my responsibilities for collecting disclosure information, resolving all conflicts of interest and reporting the disclosed information to the participants.

Yes  No, explain why:

### Disclosure Plans

1. How were planners and faculty informed about the need to ensure balance, independence, objectivity and scientific rigor and the need to disclose all financial relationships with commercial interests?

Faculty Letter or e-mail (preferred, see MSD Website for template)

Faculty and Planner Agreement (**Required** - see MSD Website)

2. How will the participants be provided disclosure of financial relationships, or lack thereof, information gathered from the above planners, faculty, speakers, etc.? *The text for disclosure to the participants must be approved by the MSD prior to the CME activity.*

WRITTEN PREFERRED

Handouts

Slides

Signs

Other:

Verbal by:

Speaker

Moderator

*(Verbal disclosure requires providing a written transcript of what was communicated to the participants and a signed attestation by a participant of the CME activity. This transcript must accompany the closing report.)*

Identify all planners and staff, speakers, authors, content reviewers and moderators to assist you in complying with the ACCME Standards for Commercial Support and the MSD CME Commercial Support Policy (see MSD website).

## Planners and Staff - Disclosure Information

Provide a complete list of all the planners. A disclosure form is required for all.

NAME	AFFILIATION	DISCLOSURE FORM ATTACHED?	COI BEEN RESOLVED (ROCI)?
		<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
		<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
		<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
		<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
		<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
		<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
		<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
		<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
		<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA

More space is needed, a complete list of planners is attached with the above information indicated.

## Speakers, Authors, Content Reviewers and Moderators - Disclosure Information

Provide a complete list of all speakers, authors, content reviewers and moderators. A disclosure form and CV/bio is required for all.

NAME & PROFESSIONAL DESIGNATION	AFFILIATION	CV/BIO ATTACHED?	DISCLOSURE FORM ATTACHED?	COI BEEN RESOLVED (ROCI)?
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA

More space is needed, a complete list of presenters is attached with the above information indicated.

**Identify Commercial Support for compliance with ACCME Criteria C8: commercial support is appropriately managed.** The ACCME defines commercial support as financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of a CME activity. Commercial interest is defined as any entity producing, marketing, reselling, or distributing health care goods or services consumed by, or used on, patients. Providers of clinical service directly to patients are not considered to be commercial interests. **The MSD CME Commercial Support Policy and ACCME Standards for Commercial Support define the roles and requirements when commercial support is received (see MSD website).**

**Will you apply for educational grants or commercial support to help fund this activity?**

**Yes**, please list below all for which you have applied or for which you plan to apply. Indicate if the grant is from a commercial interest.

Indicate the status of the grant. For all commercial support grants, a *properly executed written Letter of Agreement (LOA)* must be sent to the MSD (see MSD website).

**No**

Name of Company <i>[indicate if commercial support (CS)]</i>	Grant Request Funded?	Signed LOA Attached?	Copy of Check Attached?
<input type="checkbox"/> CS	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Pending	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> CS	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Pending	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> CS	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Pending	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> CS	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Pending	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> CS	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Pending	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> CS	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Pending	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

More space is needed, a complete list of grants applied for is attached with the above information indicated.

**Provide MSD with Exhibit Information for compliance with ACCME C9: A separation of promotion from education is maintained.** Arrangements for commercial exhibits do not (1) influence planning or interfere with the presentation and (2) are not a condition of the provision of commercial support for CME activities.

Will there be exhibits?  Yes  No *If yes, exhibitors must be provided with the MSD Exhibiting Rules, Regulations and Information and sign an Exhibitor Agreement Form (see MSD website).*

**Attestation of Having Read the Commercial Support Policies and Procedures**

**If you answered yes to grants or exhibits above you must attest to the following:** I have read both the Standards for Commercial Support, the MSD Policy on Commercial Support and the MSD Exhibiting Rules, Regulations and Information, and I understand the policies and procedures for receiving commercial support and my role and responsibilities.

Yes  No (please explain why):

**Acknowledge Commercial Support for compliance with ACCME Criteria C7: activities/educational interventions are developed independent of commercial interests.**

How will the audience be provided acknowledgement of receipt of commercial support? *Commercial support must be acknowledged to the participants prior to the content presentation. The text for the acknowledgement to the participants must be approved by the MSD prior to the CME activity.*

WRITTEN PREFERRED  Brochure  Syllabus/handout  Slides  Signs  Other:

Verbal by:  Speaker  Moderator *(Verbal requires a transcript of what was communicated and attestation signed)*

**Prepare a Preliminary Budget for compliance with ACCME Criteria C8: commercial support is appropriately managed.**

**You must submit MSD's Preliminary Budget Form (see MSD website) with the application. A final budget that line items ALL expenses will be required post-activity with the closing report.** You will need to submit documentation for payment of all speaker expenses. **Please note:** *Commercial interests cannot directly pay any conference expenses. Commercial entities can only provide educational grants. All commercial support funds must either be received by and disbursed by the MSD or the joint sponsor consistent with the approved budget and no other direct payment from an ACCME-defined commercial interest may be given to or received by the activity director, planners, speakers, authors, content reviewers, moderators, joint sponsors or other person involved in the activity.*

**How will activity expenses be paid? (check all that apply)**

- Internal department funds       State or federal grant       A preliminary budget is attached (required)
- Participant registration fees       Commercial support
- Other, identify:

**This area left deliberately blank**

## Section 6 of 6: Marketing and Administrative

**Provide your Promotional Material for MSD Approval for compliance with ACCME Criteria C7: activities/educational interventions are developed independent of commercial interests.**

All promotional materials must be approved by the MSD prior to distribution to potential participants. There are required elements and statements that must be used in all promotional materials. MSD will provide you with these statements when your CME activity is approved. If you fail to get prior approval for the materials and elements are missing or are incorrect, you will be required to make the necessary corrections and redistribute the materials to potential participants (even if this requires reprinting.)

“Save the dates” may be sent at any time as long as there is no reference to *AMA PRA Category 1™ Credit* until the CME activity is approved by MSD. **DO NOT** use wording on any promotional material, including “Save the Dates,” indicating that “CME credit has been applied for.” This is **strictly prohibited** by the ACCME.

The MSD CME Promotional Materials Guidelines are available on the MSD website.

### How will notification of this educational activity be distributed to the participants prior to the activity?

Save the Date

Website (URL link):

Brochure

Journal

E-Mail

Flyer

Other, identify:

A proof of the promotional material is attached

A proof of the promotional material will be sent later

### CME Administrative Fees - Please include payment with the application.

#### Method of payment:

Check (attached), made payable to MSD Office of Professional and Public Education

Payment is not included, please explain below:

## Attachment Checklist

- Needs Assessment Documentation for each source item checked
- Disclosure forms for All Planners
- Disclosure forms for all Speakers, Moderators, Authors and Content Reviewers (can send later)
- Copy of Speaker Letter
- Speaker bios of CVs for all faculty (can send later)
- Resolution of Conflict Forms (if applicable)
- Agenda (Non-RSS live CME activities)
- List of commercial interests from which applying for grants (if applicable)
- Signed Letters of Agreement received to date (if applicable)
- Preliminary Budget
- Proof copy of promotional materials (Non-RSS activities can be sent later; RSS applicants send copy of sample announcement)
- CME fee