

CME Activity Request Application

Today's Date: _____

**Please complete the application below with suggested recommendations for this educational activity; if information is undetermined specify as "TBD".*

Requested Activity Title: _____

Suggested Speaker (s) & Title (s): _____

Proposed Date (s): _____

Physician Requesting Activity, Name, Phone # & Email: _____

What is the desired goal of this activity for CME?

As a result of this educational activity, attendees will modify behavior when indicated to use the current scientific techniques and best practices presented in the activity. This continuing medical education activity will provide current resources and information that is reflected where possible in improvement of outcomes and safety in patient care. An informal survey will be sent three months after this date to lecture attendees for data that reflects improvements or changes in practice.

Target Audience: _____ Physician's, Nurses and Allied Healthcare Practitioners

Duration of presentation: _____ () hours (minimum one-hour required for continuing education credit)

DEMONSTRATED NEEDS ASSESSMENT

(CME Committee will research each topic and share below as available)

EDUCATIONAL OBJECTIVES (suggest three objectives subject to approval and revisions by CME Committee):

Upon completion of this activity, the healthcare professional will be able to:

1. _____
2. _____
3. _____

EDUCATIONAL METHODS:		EDUCATIONAL AIDS:		EQUIPMENT NEEDED:	
<input checked="" type="checkbox"/>	Didactic	<input checked="" type="checkbox"/>	Slides	<input checked="" type="checkbox"/>	LCD Projector
	Case Presentations		X-Rays		Laptop
	Demonstration		Handouts	<input checked="" type="checkbox"/>	Screen
	Film/Videotape		Film/Videotape		Slide Projector
	Other	<input checked="" type="checkbox"/>	Post Test (included in this packet)		Overhead Projector
Other Equipment Needed: _____					Laser Pointer
					Microphone

Submit for CME review, needs assessment and objectives approval:

Donna Conrad, CME Coordinator

LETTER OF AGREEMENT ~ PAGE 1 OF 2

CENTER OF EXCELLENCE IN EDUCATION (CEE)

Regarding terms, conditions and purposes or an Educational Grant between CEE and

Commercial Company Name

Activity Date:	Registration Time:	Activity Time:	Duration:
<hr/>			
Activity Title:	<hr/>		
Speaker/Instructor (s):	Email Address & Phone #:		
Activity Location Name:	Location Address & Phone #:		
Suggested Caterer:	Email & Phone #:		
Commercial Supporter:	# of Attendees Expected:		
Contact Person:	<hr/>		
Contact Address:	<hr/>		
Phone (include area code):	Fax:		<hr/>
Email:	<hr/>		
Meal served at activity :	Breakfast	Lunch	Dinner <input checked="" type="checkbox"/>
			Horsd'oeuvres
			Other _____
Other Contact or Facilitator, Name, phone, address & email:	<hr/>		

Please confirm the CEE activity fees by contacting the CME Coordinator. The above listed company wishes to provide an unrestricted educational grant for the above named continuing medical education activity. A budget will be compiled and should reflect:

1. Payment for faculty to include:

Speaker (s) Name & Title:

Honorarium Requested: \$

2. Other Support (specify):

Other Expenses: \$

Travel Only: \$

3. Cost of Production (all fees are subject to change; discuss large events with the CME

Amount: \$

Coordinator for pricing):

- 50 attendees and up to two speakers, \$800.00
- Add \$800 for 50 - 100 attendees = \$1600.00
- Add \$800 for 100 - 150 attendees = \$2400.00
- Add \$200 per additional speaker above 2 (ie: 3 speakers = \$200 + \$800 (up to 50 attendees) = \$1000.
- **\$200 cancellation fee is charged if the activity is canceled.**

4. Unrestricted education grant for support of the CME activity in the **estimated amount (*)** of:

***TOTAL GRANT Estimate:** \$

LETTER OF AGREEMENT ~ PAGE 2 OF 2
CENTER OF EXCELLENCE IN EDUCATION (CEE)

Proposed Title, Date (s) & Location: _____

CONDITIONS:

1. **This activity is for scientific and educational purposes and will not promote the company's product directly or indirectly.**
2. *The following agreement is set forth by and between The Center of Excellence in Education (CEE), the Sponsor and the unrestricted educational grant provider. Payment from the unrestricted educational grant provider is expected two weeks prior to the CME activity date. Delay of payment could result in cancellation of the CME Activity. Any changes to these arrangements after the grant letter has been submitted will result in a \$200 administrative service charge.*
3. The Center of Excellence in Education (CEE) is responsible for control of content and selection of faculty and moderators. Planning and implementation of these activities are done in compliance with the Standards for Commercial Support of the IMQ/CME and ACCME. All parties involved with any aspect of CME will comply with these standards and regulations.
4. Faculty will declare to the audience that they or their spouse/partner **has a financial interest or other relationship** with commercial supplier(s) of services or products. This financial interest or relationship is specified and lists all companies and relationships (current and those of the previous 12 months).
5. **Guidelines for Promotional Materials:** All promotional materials must be reviewed by the CME Committee or delegate prior to distribution. This includes preliminary postcards, brochures, fliers, journal ads, etc. CME related printed materials must include the following specific to the activity:
 - Identification of target audience
 - Identification of education outcomes
 - Description of educational objectives
 - Activity details, location, date and time, etc
6. The faculty will disclose financial or other relationships between the commercial supporter and the speaker. This information will be provided in writing to the CME Coordinator. It is advised that the faculty present a slide at the beginning of the lecture to disclosure commercial support companies for whom they receive funding for lectures (list **ALL** companies that they lecture for including speakers bureau, consult, share holder, etc.)
7. CEE will ensure disclosure to the audience of a company funding (i.e., educational grant provided) and any significant relationship between the sponsor and the company (i.e., grant recipient) or between individual speakers or moderators and the company.
8. There will be no "scripting", emphasis or influence on contract by the company of its agents.
9. No promotional activities will be permitted in the same room or obligate path at the education activity.
10. A cancellation fee of \$200 will be charged upon cancellation of any CME activity in addition to any deposits or other charges incurred by the CEE during the planning of this activity.
11. CEE will require that presenters disclose when a product is not approved in the United States for the use under discussion.
10. Contributed funds:
 - a) Unrestricted educational grants will be received payable to CEE prior to this educational activity. These funds include all fees (food, meeting room, honorarium, etc.) related to this activity.
 - b) No other funds from the commercial company will be paid to the activity director, faculty, or others involved with the CME activity (additional honoraria, extra social events, etc.)

AGREED:

Commercial Company Representative:

Signature **Date:** _____

Print Name

Center of Excellence in Education Designee:

Donna Conrad, CME Coordinator **Date:** _____

Revised June 16, 2006

The Center of Excellence in Education

QUESTIONS? Contact, Donna Conrad, CME Coordinator • donnaconrad@shasta.com •

• P.O. Box 308 • Chico, CA 95927 • 530/276-9164 (phone) •

Let the paperwork begin . . .

A simple explanation of “what & why.”

	<u>Forms we need</u>	<u>Why we need them</u>
1	CME Activity Request Form	<p>The Activity Request form provides a starting point to review needs as indicated below:</p> <ul style="list-style-type: none">- DEMONSTRATED needs ~ strong link between CME and quality improvement and performance improvement info.- EXPRESSED needs ~ Audience input; suggestions for future topics or focus from activity evals.- PRESUMED needs ~ committee member ideas. <p>Identifies the requesting physician and may further identify a recommended speaker and potential learning objectives.</p>
2	Letter of Agreement	<p>The Letter of Agreement defines the conditions under which the CME activity will be presented, meeting criteria for CME Category I CE credit.</p>