**APPLICATION FOR CONTINUING MEDICAL EDUCATION**

**Application Submission Deadline**

In order to receive consideration for approval for continuing medical education credits, this application should be submitted 120 days prior to the date of the activity. .

Please submit the completed application and accompanying documentation to CAMC Institute, Lead Education Specialist, Josh Kent | [josh.kent@camc.org](mailto:josh.kent@camc.org) | p304.388.9963

***Joint Accreditation Statement***

****In support of patient care, this activity has been planned and implemented by the CAMC Health Education and Research Institute. CAMC Health Education and Research Institute is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

**CME APPLICATION**

**ORGANIZATION OR DEPARTMENT NAME:**

**CONTACT NAME:**

**EMAIL:**  **PHONE:**

**EVENT/ACTIVITY INFORMATION – attach documentation as needed**

1. Program/Conference Title:

2. Date:

3. Location:

4. Total anticipated number of education contact hours:

5. Accreditation(s) requested – Indicate with a checkmark which CME accreditations your organization is applying for. NOTE: Additional submission fee of $175 per credit type for requests beyond Joint Accreditation for Physician, Nursing, and Pharmacy CME credits)

**CME CREDIT REQUESTED FOR**

PHYSICIANS 🞏

NURSES 🞏 🞏 Joint Accreditation

PHARMACISTS 🞏

*Additional CE credit*

SOCIAL WORKERS 🞏

DIETITIAN 🞏

PSYCHOLOGY 🞏

**Other** (Please list any other credits you would like CAMC Institute to submit on behalf of your organization)

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5. CAMC Institute Services – Indicate with a checkmark which CAMC Institute services you are considering, fees may apply

CAMC Registration System for conference registration 🞏  
Evaluation tool / electronic evaluation emailed to participants 🞏

Marketing materials / printing 🞏

Other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5. State the specific conference goal to which this activity is directed (Example: This program is designed to introduce current concepts on the clinical diagnosis of outpatient infectious diseases.) **Broad conference goal(s) needed here…**

6. Needs Assessment/Practice Gaps

Describe how the need was determined (**documentation must be provided**):

7. Estimated attendance

Specify the healthcare professional audience to whom the activity is directed:

List other professional groups to be invited:

List specific background requirements of prospective participants (if any):

9. Format(s) to be used: \_\_\_\_Lecture \_\_\_\_ Live Polling / ARS

\_\_\_\_Demonstration \_\_\_\_Panel/group discussion \_\_\_\_Case Presentation \_\_\_\_Simulation

\_\_\_\_ Role Play \_\_\_\_ Other (specify)

\_\_\_\_ Videoconference

10. Faculty Disclosure Forms must be received from all faculty (speakers, planning committee members, moderators, panelists, etc.)

**Please state how you will present financial disclosure information about faculty to the audience** (eg. Individual disclosures will be included in lecture presentations or announced by individual speakers and/or included in marketing materials)

Disclosure information is in the program and will be delivered from the podium during

introductions.

11. List the specific learning objectives to be stated in program advertisement. Objectives must be measureable. **Avoid** words such as “understand”, “learn”, “comprehend”, “know”. (*Further examples found on our website*) Example: At the conclusion of this conference, participants should be able to:

12. Describe the procedure to determine if your objectives are realized (evaluation tool).

*Examples found at camcinstitute.org/education on Continuing Medical Education page*

Our survey instrument will provide documentation of objective realization.

13. Describe procedures for advertising this activity.

Web site and email are our primary marketing tools.

14. Specify registration fees (if any)

Do you expect receipts to equal expenses?

If not, from what source(s) will funds be drawn to cover expenses? (If funding sources include commercial support agencies; Letters of Agreement with these sources must be attached.)

15. Please provide the following documentation:

* Needs assessment / practice gaps documentation
* Final agenda and/or draft brochure
* Resume or bio for each faculty member (speakers, planning committee members, moderators, panelists, etc.)
* Disclosure forms for each faculty member (speakers, planning committee members, moderators, panelists, etc.)
* Letters of Agreement from commercial support agencies who are providing educational grant funding or “in-kind” services/support
* Planning committee meeting minutes
* Proposed evaluation instrument
* Estimated budget

Joint Provider Representative Signature Date

PRINT NAME PRINT TITLE

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(To be completed by the CAMC Health Education and Research Institute Continuing Education Department/CME Committee Member)

Recommendations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Reviewed by Continuing Education/CAMC CME Committee Member

Reviewed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chairman/CAMC CME Committee

Rev 11/18