

**Accredited CME Application Submission**

**Timeframe(s):** Accredited CME Application to be submitted three (3) to six (6) months ahead of activity launch (dependent on activity type and other circumstances, i.e., commercial support).

**Process Steps (Program Managers):**

1. Complete the *Activity Planning Form* (APF), which will be required for uploading into the Smartsheet Form.
2. Access the [ACR CME Application Smartsheet Form](https://app.smartsheet.com/b/form/64b3b3e207af4445a09974786c5cc2f2).
3. Complete all fields in the application form.
4. All planners/managers, activity directors, course chairs, etc. must complete a disclosure form. This must be done via the link included in the above application form. **Reminder**: Check the database first before collection; DO NOT SEND if disclosure is already in the database.
5. You are required to upload the following documents (when applicable). Please see the ACR CME Application Packet for templates.
	1. Completed APF, ***required***
	2. Planning Committee Template, ***required***
		1. List of planning committee members, credentials, e-mail, and phone
	3. Tentative Agenda, ***if applicable*** (live courses only)
	4. Honoraria, ***if applicable***
		1. Provide a list of the individuals to receive honoraria and the amount to be given
	5. Commercial Support, ***if applicable***
		1. Provide a list of potential commercial supporters and type of commercial support to be solicited (monetary or in-kind)
6. Submit the CME Application for review and approval.

**Please Note**: If any of the above items are incomplete or missing, this will delay approval of the activity. Please ensure each item is fully complete and accurate.



**ACR Activity Planning Form**

**Activity Title**: Click or tap here to enter text.

**Activity Purpose:** This activity has been designed to change physician [ ]  competence, and/or [ ]  performance, and/or [ ]  patient outcomes.

|  |
| --- |
| **Identification of Professional Practice Gaps, Educational Needs and Learning Objectives** *C2, C3* |

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Practice**What are the physicians I am targeting NOT doing regarding the topic area that they should/could be doing?  | **Better or Best Practice**What is the current standard of care for the topic area? (as defined by specialty or other guidelines, or documentation that a new procedure is superior to an older procedure etc.) What should the physicians you are targeting be doing? | **Educational Need1**Once you have identified the practice gap(s) you must decide Why this gap exists. Is it due to your target audience’s lack of:• Knowledge (factual information, being aware of something new), • Competence (Strategies for, knowing how to perform a specific task), or • Performance (making a change in their practice, actually doing something new)? | **Learning Objectives2**The learning objectives should then be designed to help achieve the activity goal. These objectives should be specific and measurable and relate directly to reducing the identified practice gap. |
| <INSERT> (Please include source) | <INSERT> (Please include source) | [ ]  Knowledge[ ]  Competence[ ]  Performance | <INSERT> |
| <INSERT> (Please include source) | <INSERT> (Please include source) | [ ]  Knowledge[ ]  Competence[ ]  Performance |
| <INSERT> (Please include source) | <INSERT> (Please include source) | [ ]  Knowledge[ ]  Competence[ ]  Performance |

 ***An educational need*** *is defined as “the need for education on a specific topic identified by a gap in professional practice.”*

2 ***Learning objectives*** *are the take-home messages; what should the learner be able to accomplish after the activity? Objectives should bridge the gap between the identified need/gap and the desired result.*

**ACCME Performance-in-Practice (C2, C3)**

|  |  |
| --- | --- |
| **C2:** State the professional practice gap(s) of your learners on which the activity was based (maximum 100 words): | Click or tap here to enter text. |
| **C2:** State the educational need(s) that you determined to be the cause of the professional practice gap(s). Check all that apply and provide narrative (maximum 50 words each): | [ ]  **Knowledge** need and/orPlease explain: Click or tap here to enter text.[ ]  **Competence** need and/orPlease explain: Click or tap here to enter text.[ ] **Performance** need Please explain: Click or tap here to enter text. |
| **C3:** State what this CME activity was designed to change in terms of competence, performance or patient outcomes (maximum 50 words): | Click or tap here to enter text. |
| **C5:** Explain why this education format is appropriate for this activity (maximum 25 words) | Click or tap here to enter text. |



**Planning Committee Template**

|  |  |  |  |
| --- | --- | --- | --- |
| **First and Last Name, Credentials** | **Individual’s Role(s) in Activity (planner, manager, course director, etc.)** | **E-Mail Address** | **Phone Number** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |



**Agenda**

**Sample Agenda:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Start time** | **End time** | **Presentation Title** | **Faculty** | **Format** |
| *3/19/05* | *3:00 pm* | *3:15 pm* | *Welcome and Overview* | *Joe Smith, MD PhD* | *Didactic* |
|  | *3:15 pm* | *4:00 pm* | *Indications and Implementation of Punch Biopsies* | *Patricia Jones, MD* | *Hands-on* |
|  | *4:00 pm* | *4:15 pm* | *Break* |  |  |
|  | *4:15 pm* | *5:00 pm* | *Hands-on Experience with Performing Punch Biopsies* | *Bob Wright, MD PhD*  | *Hands-on* |
|  | *5:00 pm* | *5:15 pm* | *Question and Answer* |  | *Interactive* |
|  | *5:15 pm* | *5:20 pm* | *Adjourn* |  |  |

**Please include the agenda for the educational activity below (add rows as is necessary):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Start Time** | **End Time** | **Presentation Title** | **Faculty/ Presenter** | **Format** (e.g., lecture, panel, etc.) |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Presentation Title | Click or tap here to enter text. | Click or tap here to enter text. |
|  |  |  |  |  |  |
|  |  |  |  |  |  |



**Honoraria**

*Complete this section, if Honoraria will be provided to individuals in control of content (add rows as necessary). If honoraria will be provided, please be prepared to provide a CV/Bio for each individual to receive honoraria.*

*\*If honoraria will not be provided, please skip this section.*

|  |  |  |
| --- | --- | --- |
| **Speaker Name, Credentials** | **Amount of Honoraria Provided** | **Presentation Title** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |



**Commercial Support**

*Complete this section only if commercial support will be solicited for the activity. If no commercial support will be solicited, please skip.*

* Please review the [**ACCME’s *Standards for Integrity and Independence in Accredited CE***](https://www.accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce).
* Formal requests for commercial support must be coordinated through ACR.
* Terms of commercial support must be documented in a signed, written agreement (Letter of Agreement) between the commercial supporter, ACR and any educational partners.
* Commercial supporters may not directly pay faculty honoraria, faculty expenses, catering, or other expenses.
* Commercial support may not be used to pay for personal expenses of non-faculty participants of the activity.
* No other payment shall be given to the director of the activity, planning committee members, faculty, or any others involved with the supported activity.
* Documentation detailing the receipt and expenditure of commercial support must be maintained and submitted to ACR per the project timeline.
* The source of commercial support must be acknowledged to the audience prior to the start of the activity.

**Please list ALL potential sources of commercial support funding for this activity and the amount to be solicited (*Note:* All independent medical education grant funding must be solicited and managed in collaboration with the CME Manager, utilizing appropriate proposal forms and templates.)**

|  |  |
| --- | --- |
| **Name of Grantor** | **$ Support** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |