



**Application/Planning Form for Category 1 CME Credit**

**Primary Activity Director/Faculty Contact**

Additional Primary Activity Director /Faculty Contacts can be added later in the application

Email Address: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Degree: \_\_\_\_\_ Other(specify): \_\_\_\_\_

Address 1: \_\_\_\_\_ City: \_\_\_\_\_

Address 2: \_\_\_\_\_ State: \_\_\_\_\_

Address 3: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Staff Coordinator**

Check here if same info as above

Email Address: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Degree: \_\_\_\_\_ Other (specify): \_\_\_\_\_

Address 1: \_\_\_\_\_ City: \_\_\_\_\_

Address 2: \_\_\_\_\_ State: \_\_\_\_\_

Address 3: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Activity Information:

### Activity Title:

**New or Repeat:**  New  Repeat

**Activity Type:**  Conference/Course  
 Grand Rounds  
 Tumor Board  
 M&M Conference  
 QA/QI  
 Enduring Material  
 Other (specify)

### Activity Dates and Location:

Start Date: \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

End Date: \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

Day of Week: \_\_\_\_\_

Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_

Frequency: \_\_\_\_\_

Location: \_\_\_\_\_

(Please include City & State, add additional Start/End Dates & Locations if applicable)

Have you previously applied for CME credits for this program with another CME provider?

Yes      No

If yes, and you were denied accreditation, please describe the circumstances: **Please attach file**

### Program/Schedule

**Please insert a completed schedule, which includes dates/topics/speakers.**

**Please attach file or include text:**

**Credits:** How many credits are you requesting?

### Faculty / Planning Committee:

*The ACCME prohibits the use of employees of ineligible companies as faculty for accredited CME. Ineligible companies are defined as: "those whose primary business is producing, marketing, selling, re-selling, or distributing health care products used by or on patients." Planners of accredited CME that have relationships with ineligible companies must recuse themselves from planning those aspects of the CME activity content/speakers, that relate to their area of conflict. Either the Program Director or Co-Program Director for the CME activity should not have a relationship with any ineligible company so they can participate in planning the full activity.*

### RSS Description:

*Please provide a description of your RSS series as a whole:*

**List of faculty/presenters:** Please include any students, residents, patients/ public or other health professionals that will contribute to teaching.

**List of planners and their professions:** Please include any students, residents, patients/ public or other health professionals that will contribute to planning.

*ACCME considers it to be best practice to include a resident (or other student) and more than one profession among BOTH faculty and planners. If you intend to invite a non-physician speaker, please consider including someone from the same profession as a planner. This doesn't require committee membership.*

**Registration Fee:**

M.D. \$ .00 (indicate 0 if no fee) Other Health Professions \$ .00 (indicate 0 if no fee)

**Estimated Attendance #:**

MDs/DOs: Non-MDs:

**Presenting Department:**

Department: Other (specify):

**Providership and Collaboration:**

The Office of CME directly provides activities conducted by departments within our institution. OCME jointly provides programs with non-CME accredited organizations. Is this activity:

- Directly Provided by OCME
- Jointly Provided with a non-CME accredited organization  
Please list Name(s) of Joint Provider(s):
- Unknown at this time

Are you collaborating with any other entities, institutions or organizations to help improve population health or healthcare quality or patient or community health, e.g., community groups, health department or other government agencies, foundations or societies, etc.?

*Note: Collaboration relates to three ACCME commendation criteria.*

- Yes  No

If yes, who?

**If Jointly Provided:**

1) All entities, institutions or organizations may not qualify as a joint provider. According to the [Guidelines](#), do you qualify as joint provider?

- Yes  No

2) Have you read the Joint Providership Guidelines and will you abide by them?

- Yes  No

**Target Audience:**

Target Audience including their health profession. (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> MD/DOs        | <input type="checkbox"/> NP/PAs                 |
| <input type="checkbox"/> Pharmacists   | <input type="checkbox"/> Nurses                 |
| <input type="checkbox"/> Psychologists | <input type="checkbox"/> Social Workers         |
| <input type="checkbox"/> Technicians   | <input type="checkbox"/> Scientists/Researchers |
|  | <input type="checkbox"/> Other (specify)        |

Please indicate specialty(s):

**Needs Assessment:**

*The ACCME describes a professional practice gap as the difference between what the target audience does now vs. ideal or best practices. Please describe the professional practice gap that this educational activity will address, e.g. why do the physicians need to learn about this topic? In other words, state the professional practice gap(s) of your learners on which this activity is based. Please attach file or include text:*

Describe the educational need(s) specific to this educational activity that you determined to be the cause of your professional practice gap(s):

- Knowledge needs** (areas where there is lack of understanding)  
Specify:
  
- Competence needs** (areas where they don't have a strategy or know how to apply the knowledge)  
Specify:
  
- Performance needs** (areas not implemented or applied in practice)  
Specify:

How did you determine or identify the educational needs (knowledge, competence or performance) of the target audience? (check all that apply, minimum of two)

- ACGME/ABMS Competencies
- County sources
- State sources
- Federal sources
- Expert faculty opinion
- Focus groups
- National Academy of Medicine
- Practice guidelines
- Literature review
- Medical record review
- Morbidity and mortality data
- New medical knowledge
- Patient outcome
- Patient safety data
- Competence (knowing how to do something)
- Performance (what is done in practice)
- Prior activity feedback
- Quality improvement data
- Research finding
- Survey (such as questionnaire or interview)
- Admission/Discharge diagnosis data
- Referral patterns
- Specialty curriculum requirements for training, certification or maintenance of certification
- Licensure requirements
- Risk management
- Other (specify)

Please indicate the types of outcomes this activity is designed to change: (check all that apply). **Increased knowledge alone is not sufficient for a certified CME activity.**

- Increased Knowledge
- Increased Competence
- Improved Performance
- Improved Patient Outcome
- Increased Community/Population Health
- Other (specify)

With respect to the **specific content** of your CME activity, describe **what** the CME activity was designed to change in terms of the above learner's competence performance and/or patient outcomes; e.g. outcome measures: **Please attach file or include text:**

**Accreditation Commendation Criteria:**

**Promotes Team-Based Education:**

This CME activity includes: (check all that apply)

- Planners from more than one profession (represented in the target audience)
- Faculty from more than one profession (represented in the target audience)
- Activities designed to change competence and/or performance of the healthcare team
- Planners who are patients and/or public representatives
- Faculty who are patients and/or public representatives
- Planners who are students of the health professions (includes residents)
- Faculty who are students of the health professions (includes residents)

**Address Public Health Priorities:**

This CME activity: (check all that apply)

- Teaches about collection, analysis, or synthesis of health/practice data
- Uses health/practice data to teach about healthcare improvement
- Teaches strategies that learners can use to achieve improvements in population health
- Creates or continues collaboration with one or more healthcare or community organizations
- Demonstrates that the collaborations augment our ability to address population health issues

**Enhances Skills:**

This CME activity provides: (check all that apply)

- Communication skills training
- Evaluation of observed communication skills
- Formative feedback to the learner about communication skills
- Technical and/or procedural skills training
- Evaluation of observed technical or procedural skills
- Formative feedback to the learner about technical or procedural skills

**This CME activity designed to:** (check all that apply)

- Utilize support strategies (e.g. reminders) to enhance change as an adjunct to CME activities
- Conduct periodic analysis to determine the effectiveness of the support strategies and plan improvement
- Track the learner's repeated engagement with a longitudinal curriculum/plan over weeks or months
- Provide individualized feedback to the learner to close practice gaps

**Achieves Outcomes:**

This CME activity provides: (check all that apply)

- Measures performance changes of learners
- Demonstrates improvements in the performance of learners
- Collaborates in the process of healthcare quality improvement
- Demonstrates improvement in healthcare quality
- Collaborates in the process of improving patient or community health
- Demonstrates improvement in patient or community outcomes

**Core Competencies**

CME activities should address core competencies as determined by national or specialty society, specialty credentialing boards, or other sources of national priority. Please indicate the competency and/or other desirable physician attributes that will be used/addressed in the development of this activity.

**Check all that apply (must include at least one of the following):****Accreditation Council for Graduate Medical Education (ACGME)/American Board of Medical Specialties (ABMS)**

- Patient care** that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.
- Medical Knowledge** about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social behavioral) sciences and the application of this knowledge to patient care.
- Practice-based learning and improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
- Interpersonal and communication skills** that result in effective information exchange and teaming with patients, their families, and other health professions.
- Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
- Systems-based practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value.

## **Institute of Medicine (IOM) National Academy of Medicine (NAM)**

- Provide patient-centered care** – identify, respect and care about patient differences, values, preferences and expressed needs; relieve pain/suffering; coordinate continuous care; listen to, clearly communicate with and educate patients; share decision making and management; continuously advocate disease prevention, wellness, healthy lifestyle promotion, including focus on population health.
- Work in interdisciplinary teams** – cooperate, collaborate, communicate and integrate care in teams to ensure care is continuous and reliable
- Employ evidence-based practice** – integrate best research with clinical expertise and patient values for optimum care, and participate in learning and research activities to the extent feasible.
- Apply quality improvement** – identify errors and hazards in care; understand and implement basic safety design principles, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs; and design and test interventions to change processes and systems of care, with the objective of improving quality.
- Utilize informatics** – communicate, management, knowledge, mitigate error, and support decision making using information technology.

## **Interprofessional Education Collaborative Competencies**

- Values/Ethics for Interprofessional Practice**
- Roles/Responsibilities**
- Interprofessional Communication**
- Teams and Teamwork**
  
- American Medical Association’s Code of Ethics**
  
- Specialty Specific**
  
- Other (specify)**

## **Objectives:**

Based on the need/professional practice gap identified, **what are the learning objectives of this activity?** These objectives should be measurable and include the increased competence and/or improved performance and/or improved patient outcome that you wish to address in this activity. Please use [How to Prepare Educational Objectives](#) to formulate.

At the end of this CME activity, participants should be able to: **Please attach file or include text:**



Objectives must be communicated to the *potential participants* of this educational activity. Please indicate how these objectives will be communicated: (check all that apply)

- Brochure/Flyer
- E-mail
- Other (specify)

**The final galley proof of brochures and/or written announcements must be approved by the Office of CME prior to printing.**

### **Format/Methodology/Design**

Considering the setting, objectives and desired results, what format(s) will you use to promote the changes identified in your objectives? (check all that apply)

- Live Activity
- Internet Webinar – live activity
- Hybrid (in person & virtual)
- Remote (or virtual) only
- Enduring Material (e.g. web based, monograph)
- Performance Improvement activity
- Internet Searching and Learning
- Other (specify)

Please indicate the instructional methods that you intend to use: (check all that apply)

- Lectures with questions & answers
- Panel discussion
- Skill-based training
- Case presentations
- Workshop
- Simulated or Standardized Patients
- Live Patients
- Laboratory activity (e.g. animal lab)
- Small group discussion
- Audience response system
- Symposium
- Train-the-trainer
- Solicitation of peer reviewed papers\*
- Other (specify)

\*Please describe the methods for soliciting papers and presentations. Describe the peer review process used to select presentations. Describe how papers are grouped, topic objectives developed and then communicated to potential attendees.

### **Format/Methodology/Design**

Explain why the above educational format is appropriate to this educational activity: Please attach file or include text:

### **Support Strategies Enhance Change as an Adjunct to CME:**

In the process of planning this activity, what support strategies will you utilize to enhance changes as an adjunct to CME? (check all that apply)

*Note: This is ACCME commendation criterion.*

- Provider Reminders
- Provider Feedback
- Patient Surveys
- Standing Orders
- Instructional Materials
- Clinic Protocols
- Apps
- No Support Strategies will be used
- Other (specify)

### **Evaluation and Outcomes:**

The Stony Brook University CME mission and the ACCME require that every CME activity be designed to change physician competence, and/or performance and/or patient outcomes. Which of the following outcomes is this activity designed to facilitate? (check all that apply)

- Increased Competence
- Improved Performance
- Improved Patient Outcomes
- Increased Community/Population Health

**Note:** Follow up reports/data will be required for each item selected above. The ACCME requests evidence that measurement of competence, performance, and/or patient health improvement actually took place for each activity. For example, if your activity is designed to improve physician performance, you also need to measure if physician improvement occurred and provide pertinent follow-up data upon request.

ACCME asks us to specify if our outcome evaluation method is Objective (O) or Subjective (S) as indicated next to each method below. An example of an objective method is medical records or registry data. An example of a subjective method is physician self-report on a survey or evaluation form.

How will you measure if changes in competence, performance or patient outcomes have occurred? (check all that apply)

**Learning/Competence Examples:**

- Evaluation/Self Assessment (Required for CME credit) \* (S)
- Audience Response System (S)
- Customized pre/post test including case examples (O)
- Physician or patient surveys and evaluations (S)
- Other (specify) \_\_\_\_\_ (indicate if O or S)

**Performance Evaluation Examples:**

- Adherence to guidelines (O if measured pre/post)
- Case-based studies (indicate O or S)
- Registry data (O)
- Medical Record Data (O)
- Customized follow-up survey/interview/focus group about actual change in practice at specified intervals (S)
- Direct observation (O)
- Physician or patient feedback, surveys and evaluations (S)
- Reminders and feedback (O)
- Other (specify) \_\_\_\_\_ (indicate if O or S)

**Patient/Population Health Examples:**

- Change in health status measure (O)
- Change In quality/cost of care (O)
- Measure mortality and/or morbidity rates (O)
- Patient feedback and/or surveys (S)
- Other (specify) \_\_\_\_\_ (indicate if O or S)

The impact of this educational activity will be demonstrated by the performance of:  
(check all that apply)

- Individual health professionals
- Process improvement
- Health of patients/ communities

\*Evaluation of an activity is required. Stony Brook University CME uses standardized measures for each CME activity, in the form of questions that are electronically sent to all confirmed attendees.

## Additional Information

### Conflict of Interest/Disclosure:

All activity planners, faculty/presenters and staff who control the educational content of this activity must complete a [Faculty Disclosure Form](#). Disclosure forms must be updated every 12 months. Email [som\\_cmeoffice@stonybrookmedicine.edu](mailto:som_cmeoffice@stonybrookmedicine.edu) or call 631-444-2094 if you have any questions.

**CME Credit will not be awarded for this activity until all Disclosure forms are received and reviewed. All completed forms must be sent to the CME Office either electronically or faxed or mailed to the address below:**

**Dorothy S. Lane, M.D., MPH  
Associate Dean for CME  
School of Medicine, Office of Continuing Medical Education  
HSC, Level 2, Room 142  
Stony Brook, NY 11794-8222  
FAX: 631-444-2202  
Email [som\\_cmeoffice@stonybrookmedicine.edu](mailto:som_cmeoffice@stonybrookmedicine.edu)**

### Commercial Support

Will this CME activity receive commercial support from a pharmaceutical, medical device company or other ineligible company? An ineligible company is defined as an entity whose primary business is producing, marketing, selling, reselling, or distributing health care products used by or on patients. Support includes financial and in-kind grants or donations. Exhibit fees are NOT considered educational program commercial support.

Yes     No

If yes, please review the [ACCME Standards for Integrity and Independence in Accredited Continuing Education](#). Do you agree to abide by them?

Yes     No

Will there be exhibitors?

Yes     No

### Letters of Agreement for Commercial Support

Letters of Agreement are **required** for all commercial support. You may use Stony Brook University's Letter of Agreement below or Letters of Agreement from commercial supporters if they contain required language. All Letters of Agreement (LOAs) for educational grants **must** be completed and signed by Stony Brook University CME (accredited provider) and the commercial supporter (exhibitors exempt) and then returned to Stony Brook CME **prior to the start of the activity**. Letters can be faxed directly to 631-444-2202 or emailed to [som\\_cmeoffice@stonybrookmedicine.edu](mailto:som_cmeoffice@stonybrookmedicine.edu), to expedite approval/signatures.

[Written Agreement for Commercial Support](#)

**Honoraria**

Will speaker(s) receive an honorarium and/or reimbursement

- Yes     No

If yes, payments must be made in compliance with OCME’s written [Policy on Honoraria and Reimbursement](#) as well as the ACCME Standards for Integrity and Independence in Accredited Continuing Education (see above link).

If yes, what is the source of payment?

- Commercial Support
- Department Funds
- Other (specify)

For Jointly Provided activities, payments must be made in compliance with OCME’s written [Jointly Provided Policy on Honoraria](#) as well as the ACCME Standards for Integrity and Independence in Accredited Continuing Education (see above link).

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Activity Director Signature

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Date