



**Joint Providership CME Application and Activity planning for AMA PRA  
Category 1 Credit™**

**Purpose:**

This document is designed to ensure that CME activities considered for certification meet the Accreditation Council for Continuing Medical Education (ACCME) criteria.

**Instructions:**

Please fill this out completely and include the required attachments. For conference/symposium **please allow at least six months** to assure adequate planning and coordination. If you need additional information, please contact the CPD office:

**Organization:**

**Meeting Name:**

**Location & Date(s):**

**Main Contact Information:**

**Name:**

**Role:**

**Street Address:**

**Phone Number:**

**Email Address:**

**Full Application Materials**

*Pre-Meeting materials MUST be submitted with this full application*

- 1) Course Director and Faculty Disclosure Information
- 2) Educational Planning Information
  - a. Target Audience
  - b. Educational Needs and Objectives
- 3) Please attach a final program
- 4) Commercial Supporter Information

Please submit these forms to Danielle Marsh (Danielle@asmbs.org)  
If you have any questions, please call 352-331-4900

## COURSE DIRECTOR/ PLANNING COMMITTEE

**Planning Committee Disclosures:** The Planning Committee must complete their disclosure forms prior to the first planning meeting. To be in compliance with the Disclosure Policy, the Planning Committee meeting minutes **MUST** reflect the Chair of the Committee stating that those members who have indicated a potential conflict of interest will be required to recuse themselves from any discussion where there is a potential for the stated conflict to influence the content of the program.

Please see our complete CME Policy, including disclosure policy online here:

<http://asmbs.org/professional-education/cme-policies>

Disclosure forms must be submitted electronically prior to the submission of this application for the course director and planning committee. Speaker disclosures will be required before the conference takes place. To submit disclosure: <http://asmbs.org/facultypresenter-online-disclosure-form/>

Disclosure of conflict of interest and/or lack of conflict of interest must be acknowledged to the audience. The ASMBS has two mechanisms in place to acknowledge conflicts of interest and the lack of conflicts of interest:

- 1) In the printed course materials and/or via PowerPoint slide
- 2) Verbal disclosure prior to the start of the activity

I, [ \_\_\_\_\_ ] as the course director attest that I, as well as the planning committee members and faculty (listed below) have been informed of the American Society and Metabolic Surgery CME Disclosure Policy

**Signature of Course Director:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**List of Planning Committee Members & Faculty:**

- 1)
- 2)
- 3)
- 4)
- 5)

**Faculty Disclosures:** Speaker disclosures will be required before the conference takes place. To submit disclosure: <http://asmbs.org/facultypresenter-online-disclosure-form/>

**Resolution of Conflict of Interest:**

- 1) **Presentation Review:** the ASMBS CPD Compliance Coordinator for possible conflicts of interest must review all presentations in advance. **As part of the Course Director Attestation Form, course director will attest that all presentations were reviewed prior to activity and did not contain material, which created any real or perceived conflicts of interest.**
- 2) **Evaluation:** Attendees must be queried regarding their impressions concerning bias within activity.
- 3) **Elimination:** Course directors, planning committee members, speaker/faculty, teachers, and/or authors who are perceived as either manifesting conflicts of interest or being biased may be eliminated from consideration as resources in this activity and subsequent CME activities.
- 4) **Employees of Commercial Interest-** Please see the attached checklist

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## EDUCATIONAL PLANNING

**Target Audience:** What is the target audience? Check all that apply.

Bariatric Surgeons	Integrated Health Professionals
Primary Care Physicians	Nurse Practitioner
Pharmacists	Registered Nurse
Specialty Physicians (specify below)	Other (specify below)
Physician Assistant	

Specialty Physicians (if checked above) \_\_\_\_\_  
 Other (if checked above) \_\_\_\_\_

**Educational Needs:** The expected result of our educational activities is that participating physicians enhance their knowledge and skills in the subject area(s) offered, and apply the knowledge and skills to improve performance and patient outcomes in their practice settings<sup>1</sup>

List each of the education needs of your target audience based on the professional practice gap that was found. Then identify if the need is in the area of knowledge (facts and information acquired by a person through experience or education), competence (having the ability to apply knowledge skills or judgment in practice if called upon to do so), or performance (what a physician actually does in practice) – check the box.

Educational Needs	Need of:
	Knowledge Competence Performance

**Scope of Practice:** Explain why this activity is a good match for the target audience’s scope of practice?

Do you hope to make a change in the target audience's (*you must check at least one, but all may apply*)

Competence

Performance

Patient Outcomes

**Objectives:** What are the objectives and/or purpose of this activity? *Terminology for educational objectives usually begins with, "Following this activity, the participant should be able to..." followed by the phrases that communicate a performance capability by the participant. Use verbs such as: describe, analyze, discuss, compare, differentiate, examine, formulate, propose, assess, measure, select, and choose.*

<b>Objective 1:</b>	
<b>Objective 2</b>	
<b>Objective 3:</b>	
<b>Objective 4:</b>	
<b>Objective 5:</b>	

**Format:** What is the education format of this educational program?

Lecture/Didactic

Hands-on Workshops

Question & Answer Sessions

Case Studies

Break-out Sessions

Other (specify):

Panel Discussions

Explain how this format supports your objectives and your desired result(s) (i.e. changes in competence, performance or patient outcomes).

**ACGME/ABMS Competencies:** Please indicate the ACGME/ABMS competencies that are associated with the activity's content.

Patient Care

Interpersonal and Communication Skills

Medical Knowledge

Professionalism

System-Based Practice

Practice-Based Learning and Improvement

## Evaluation and Improvement

**Evaluation:** Evaluations are tools used to determine if the result you intended for learners has actually been achieved. The choice of which evaluation tools to use depends on 1) the goal of the activity, 2) the mode of education, 3) applicability of the tool, and 4) available resources. For this activity the ASMBS will utilize the following evaluation tool:

Method Selected	Rationale
Post-Activity Evaluation (measures learner satisfaction)	It has been determined by the ASMBS CPD department that the assessment tool will be a post-meeting evaluation form completed by the attendee after participation in the CME event. If you choose to use additional methods, i.e., audience response system, pre/post –test, etc., we would welcome the data that you obtain.

In order to assess **improvements** in competence, performance, or patient outcome, the ASMBS will be sending outcome assessment surveys to all participants within 3-6 months following activity. If you choose to use additional methods to follow up on the impact that the education offered during this activity had on the learners and/or their patient's outcomes, we would also welcome the data that you obtain.

**Note:** The ASMBS office will share the evaluation and outcome assessment results with you.

**Educational Barriers:** Please list System or Educational Barriers and how you plan to address them (e.g., formulary restrictions, time not allotted for implementation of new skills, insurance doesn't reimburse for treatments, organization doesn't support educational efforts, lack of resources, policy issues within organization, etc.).

## Commercial Support (if applicable)

**Financial Support:** Please list the companies for which you have secured or requested financial support. You will need to collect a letter of agreement from all commercial supporters and provide a copy to ASMBS.

**Budget:** You must be able to produce accurate documentation detailing the receipt and expenditure of the commercial support.

**Acknowledgment:** Educational materials that are part of a CME activity, such as slides, abstracts and handouts, cannot contain any advertising, corporate logo, trade name or a product-group message of an ACCME-defined commercial interest.

*I confirm that there is a clearly identified educational need for this CME activity. I assure that the presentation(s) will be balanced and free of commercial bias and that all ASMBS CME Policies and Procedures will be followed. I also certify that relevant financial relationships with any commercial interests will be disclosed to participants prior to the activity.*

Signature of Activity Medical Director: \_\_\_\_\_ Date: \_\_\_\_\_

*I understand that within 30 days after completion of the activity, all post-activity paperwork must be submitted to the ASMBS CPD Coordinator. This includes, but is not limited to, the following:*

1. Final printed hard copy of the program book, agenda, outline, supporter recognition marketing material, disclosure reports, etc., that was distributed at your meeting
2. Any other materials distributed such as email blasts/brochures.
3. Final registration roster in Excel, including attendee breakdown of physician vs. integrated health.
4. Final attendance accounting breakdown, including revenue, expenses, commercial support, exhibitor and advertising income, total net revenue/loss, and total expenses of entire CME unit for this program

*I understand that we must retain all records of this meeting for 6 years to be available for ACCME audits and review. Including, but not limited to program, disclosures, evaluations, attendee records, and financial support documentation.*

Signature of Activity Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_