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Continuing Medical Education (CME) with maintenance of certification (MOC) Activity Application Form

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| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Name of Primary Contact:**   |  | | --- | |  |   **Email:**   |  | | --- | |  |   **Organization:**   |  | | --- | |  |   **Title of Activity:**   |  | | --- | |  |   **Date(s) of Activity:**   |  | | --- | |  |   **Location of Activity (City, Zip Code) if In-Person:**   |  | | --- | |  | | | | | |
| **What type of activity is this?**  Note: A regularly scheduled series is planned with multiple on-going sessions (e.g., offered weekly, monthly, quarterly) and generally targets the same audience over the whole series. | | **Activity Type (check all that apply):**  Live In-Person Activity  Live Internet Activity  Offered multiple times with the **same** content  Regularly Scheduled Series  Enduring Material  MOC Offered | |
| **Who are the planners, faculty/presenters, and reviewers for this activity?**  Please list all individuals who are in control of content for this activity. Each individual listed should also complete and submit a Faculty Disclosure Form. | | **Planners, Faculty/Presenters, Reviewers:**   |  | | --- | |  | | |
| **What practice-based problem (gap) will this education address?**  Visit: [Addressing Practice Gaps | ACCME](https://www.accme.org/resources/video-resources/accreditation-requirements/addressing-practice-gaps) for more information. **A gap is the difference between current practice and best practice.**  Examples of gaps: *Physicians lack communication skills to interact with immigrant families.* | | **Practice Gap(s):**   |  | | --- | |  | | |
| **What are the educational needs of your learners that will be included in this activity that will address the identified gap(s)?**  Needs are similar to objectives. Needs should be expressed in terms of knowledge, competence, and/or performance.  Examples: *We need strategies to discuss difficult topics with family members; Need better strategies for team collaboration.* | | **Educational Need(s):**   |  | | --- | |  | | |
| **Which competencies will this activity address?**  Select the desirable physician attribute(s) this activity addresses. The list includes the Competencies of: ACGME/ABMS, Institute of Medicine, and Interprofessional Education Collaborative. Check off all that apply, but choose those that are most relevant to the activity.  Refer to the **List of Desirable Physician Attributes** for more information. | | **Provide Patient-Centered Care (IOM)**  **Work in Interdisciplinary Teams**  **Employ Evidence-Based Practice**  **Apply Quality Improvement Professionalism**  **Utilize Informatics**  **Patient Care (ABMS/ACGME)**  **Medical Knowledge**  **Interpersonal and Communication Skills**  **Systems-Based Practice**  **Practice-Based Learning and Improvement**  **Values/Ethics for Interprofessional Practice**  **Roles/Responsibilities**  **Interprofessional Communication**  **Teams and Teamwork** | |
| **Does this educational activity address ONLY non-clinical topics?**  **If you can check “yes”**, you do **not** need to identify, mitigate and disclose relevant financial relationships.  **If you check “No”**, you **must** implement processes for ensuring the integrity and independence of this education, including identifying, mitigating, and disclosing relevant financial relationships. | | Yes, this activity will only address non-clinical skills topics (e.g. leadership or communication skills training).  No, this activity will address clinical skill topics | |
| **What is the format for the activity?**  **Check all that apply.** | | **Lecture/Didactic**  **Panel Discussion**  **Simulation**  **Small Group Discussion**  **Seminar/Workshop**  **Case-based**  **Skills Based/Laboratory (hands on)**  **Other:** | |
| **What type of change do you plan on measuring?**  Please only indicate the type of change you will **measure**, not the impact you desire the education to have.  Note: Performance is typically measured by observing physicians as they perform a skill/procedure or collecting data after they have had time to implement changes in practice. Patient outcomes are typically measured by collecting and analyzing patient data before and after the activity. | | **Type of Change to be Measured: (Check all that apply)**  Learner Competence  Learner Performance  Patient Outcomes | |
| **How do you plan on measuring this change? Will it be self-reported or observed?**  *Examples*: Evaluation forms, electronic health records, observations in practice | | **Plan for Overall Activity Measurement:**   |  | | --- | |  | | |
| **MOC Certifying Board**  Please select the Certifying Board(s) for which you would like to offer MOC, the Program Type(s) and most applicable practice area(s) the activity covers. | | | |
| **American Board of Anesthesiology (ABA)** | | | |
| **ABA Program Types:** | | | |
| Lifelong Learning | Patient Safety | |  |
| **ABA Practice Areas:** | | | |
| Ambulatory/Outpatient | Neuro Anesthesia | | Regional Anesthesia/Acute Pain |
| Cardiac Anesthesia | Neurocritical Care | | Sleep Medicine |
| Critical Care Medicine | Obstetric Anesthesia | | Thoracic Anesthesia |
| General Operative Anesthesia | Pain Medicine | | Trauma |
| Hospice and Palliative Medicine | Pediatric Anesthesia | |  |
| **American Board of Internal Medicine (ABIM)** | | | |
| **ABIM Program Types:** | | | |
| Medical Knowledge | Practice Assessment | | Patient Safety |
| **ABIM Practice Areas:** | | | |
| Adolescent Medicine | Geriatric Medicine | | Nephrology |
| Adult Congenital Heart Disease | Hematology | | Neurocritical Care |
| Advanced Heart Failure and Transplant Cardiology | Hospice and Palliative Medicine | | Pulmonary Disease |
| Cardiovascular Disease | Hospital Medicine | | Rheumatology |
| Clinical Cardiac Electrophysiology | Infectious Disease | | Sleep Medicine |
| Critical Care Medicine | Internal Medicine | | Sports Medicine |
| Endocrinology, Diabetes, and Metabolism | Interventional Cardiology | | Transplant Hepatology |
| Gastroenterology | Medical Oncology | |  |
| **American Board of Otolaryngology – Head and Neck Surgery (ABOHNS)** | | | |
| **ABOHNS Program Types:** | | | |
| Self-Assessment | Improvement in Medical Practice | | Patient Safety |
| **ABOHNS Practice Areas:** |  | |  |
| Allergy | Otology | | Sleep Medicine |
| Facial Plastic & Reconstructive Surgery | Rhinology | | General Otolaryngology |
| Head & Neck | Neurotology | |  |
| Laryngology | Pediatric Otolaryngology | |  |
| **American Board of Pathology (ABPath)** | | | |
| **ABPath Program Types:** | | | |
| Lifelong Learning | Improvement in Health and Healthcare | | |
| **ABPath Practice Areas:** |  | |  |
| All Practice Areas (e.g., ethics) | Forensic Pathology | | Neuropathology (incl. Neuromuscular) |
| Blood Bank/Transfusion Medicine | GI (incl. Liver, Pancreatic, Biliary) | | Patient Safety |
| Breast | Head & Neck/Oral | | Pediatric Pathology |
| Cardiovascular | Hematology (Blood, BM) | | Placenta |
| Chemical Pathology | Hematopathology (LN, Spleen) | | Pulmonary, Mediastinum |
| **American Board of Pediatrics (ABP)** | | | |
| **ABP Program Types:** |  | |  |
| Lifelong Learning and Self-Assessment | | | |
| **ABP Practice Areas:** |  | |  |
| Adolescent Medicine | Neurodevelopmental Disabilities | | Pediatric Nephrology |
| Child Abuse Pediatrics | Pediatric Cardiology | | Pediatric Neurology |
| Developmental-Behavioral Pediatrics | Pediatric Critical Care Medicine | | Pediatric Pulmonology |
| General Pediatrics | Pediatric Emergency Medicine | | Pediatric Rheumatology |
| Hospice & Palliative Medicine | Pediatric Endocrinology | | Pediatric Transplant Hepatology |
| Hospital Medicine | Pediatric Gastroenterology | | Sleep Medicine |
| Medical Toxicology | Pediatric Hematology-Oncology | | Sports Medicine |
| Neonatal-Perinatal Medicine | Pediatric Infectious Diseases | | Professionalism/Patient Safety/Other Skills |
| **American Board of Surgery (ABS)** | | | |
| **ABS Program Types:** |  | |  |
| Accredited CME | Self-Assessment | |  |
| **ABS Practice Areas:** |  | |  |
| Complex General Surgical Oncology | Neurocritical Care | | Vascular Surgery |
| Hand Surgery | Pediatric Surgery | | General Surgery |
| Hospice & Palliative Medicine | Surgical Critical Care | |  |
| **American Board of Orthopaedic Surgery (ABOS)** | | |  |
| **ABOS Program Types:** | | |  |
| Accredited CME | Self-Assessment Examination | |  |
| **ABS Practice Areas:** |  | |  |
| Adult Reconstruction | Orthopaedic Sports Medicine | | Surgery of the Hand |
| Foot and Ankle | Orthopaedic Trauma | | Surgery of the Sprin |
| General Orthopaedics | Pediatric Orthopaedic Surgery | |  |
| Musculoskeletal Oncology | Shoulder and Elbow | |  |
| **Accredited CME with Evaluation and Feedback**  **Complete this section if the activity will offer MOC for the following boards and Credit Types:**  ABIM – Medical Knowledge ABOHNS – Self-Assessment  ABP – Lifelong Learning & Self Assessment ABS – Self-Assessment | | | |
| **Evaluation: How do you plan on measuring the competence or performance of the individual learner?**  MOC activities must assess individual learner competence or performance.  For more examples of evaluation methods, participation thresholds, and feedback see p. 19 of the **CME for Maintenance of Certification Program Guide** or pages 11-12 of the **Guide to the CME with MOC Application.** | | **Plan for Individual Measurement:**   |  | | --- | |  | | |
| **Participation Threshold: What will be the participation threshold?**  The participation threshold is what learners needs to achieve or complete to earn MOC credit. The provider must determine and communicate the participation threshold to learners prior to their engagement in the activity.  *Examples:* Learners must achieve 85% on a post-activity quiz.  Learners must actively participate in the conversation as judged by a group leader or observer. | | **Participation Threshold:**   |  | | --- | |  | | |
| **Feedback: How will you provide feedback to learners?**  Feedback includes communicating learner results with rationales for correct answers or attainment of applicable skill(s). | | **Feedback to Learner Mechanism:**   |  | | --- | |  | | |
| **Accredited CME Improvement Activity**  **Complete this section if the activity will offer MOC for the following boards and Credit Types:**  ABIM – Practice Assessment ABOHNS – Improvement in Medical Practice  ABPath – Improvement in Medical Practice | | | |
| **How will the activity address a quality or safety gap?** | | **Quality or Safety Gap:**   |  | | --- | |  | | |
| **How is the activity designed to assess or improve quality of practice?** | | **Improving Quality of Practice:**   |  | | --- | |  | | |
| **What are the specific measurable aims for improvement?**  Aims should be written as statements. These reflect the improvement that is hoped to be achieved as a result of this activity and other initiatives. They should be very specific and measurable. The activity should be associated with at least one aim. | | **Aims:**   |  | | --- | |  | | |
| **What are the interventions intended to result in improvement?**  Based on the aims identified, what interventions will be included in this activity to help reach those goals? | | **Interventions:**   |  | | --- | |  | | |
| **How will the data collection and analysis assess the impact of the interventions?**  What is the plan for collecting data? What data will be collected and from where to analyze the improvement being made towards the identified goals? How will you know this intervention has had an impact towards reaching the improvement goals? | | **Assessment of Impact:**   |  | | --- | |  | | |
| **Accredited Patient Safety CME**  **Complete this section if the activity will offer MOC for the following boards and Credit Types:**  ABA – Patient Safety ABIM – Patient Safety ABOHNS – Patient Safety | | | |
| **How will this activity address either foundational knowledge of patient safety or prevention of adverse events?**  Describe the intentions of the activity towards addressing patient safety. | | **Addessing Patient Safety:**   |  | | --- | |  | | |
| **The Final Section should be completed for ALL activities** | | | |
| **How many CME credits will be offered for the activity?**  This is the number of CME credit hours requested. Please exclude any time that is not CME.  CME credits are calculated based on activity hours. 1 hour = 1 credit; 15 minutes = .25 credits. | | CME Credits Requested: \_\_\_\_\_\_ credits.  *Please indicate credits in .25 increments.* | |
| **How many MOC credits will be offered for the activity?**  This is the number of MOC credit hours requested. The number of MOC credits may be less than the number of CME credits, but not more.  Like CME, MOC credits are calculated based on hours. 1 hour = 1 credit; 15 minutes = .25 credits. | | MOC Credits Requested: \_\_\_\_\_\_ credits.  *Please indicate credits in .25 increments.* | |
| **Does this activity offer CME on opioids, chronic pain, or opioid addiction or prescribing?**  Refer to the **CME and** **Joint Provider Statements** document if offering opioid medication education. | | Yes  No  If yes, include the Opioid Prescribing Education statement on any materials intended for learners (e.g., brochures, agendas, evaluations) as well as the CME certificate. | |
| **How many Opioid Prescribing Education Credits will be offered for the activity?**  The number of Opioid Prescribing Education credits may be less than the number of CME credits, but not more. | | Opioid Prescribing Credits Requested: \_\_\_\_\_\_ credits.  *Please indicate credits in .25 increments.* | |
| **Is there a registration fee for this activity?**  The Hanley Center is reponsible for reporting income received from registration fees. Income reported by the Hanley Center is reported as a yearly total and not for individual activities. | | Yes  No  If yes, please provide the total income amount from registration fees on the Post-CME Activity Report form following the activity. | |
| **Will this activity receive commercial support in the form of grants or donations from ineligible companies?**  Commercial support is defined as monetary or in-kind contributions that is used to pay all or part of the costs of a CME activity. Refer to the **Definition of Ineligible and Eligible Companies**. Advertising and exhibit income is not considered to be commercial support. | | Yes  No  If yes, please include **commercial support letter(s) of agreement** with this application.  If yes, please complete and submit the **Commercial Support Tracker** and submit **proof of Commercial Support Disclosure to learners** following the activity. | |
| **Will this activity receive advertising or exhibit income?**  The Hanley Center is reponsible for reporting income received from exhibitor fees. Income reported by the Hanley Center is reported as a yearly total and not for individual activities. | | Yes  No  If yes, please provide the total income amount from advertising/exhibits on the Post-CME Activity Report form following the activity. | |
| **Is this activity open or closed to outside attendees?** | | Open  Closed to our group | |
| **Can this activity be advertised on the Hanley Center CME Events calendar and included on CME Passport?**  CME Passport allows physicians to search for CME activities by area and type. Find out more at <https://www.cmepassport.org/> | | Yes  No  If yes, please provide a website where learners can find more information about this activity:   |  | | --- | |  | | |
| **CME and MOC Approval Materials**  *Along with this application,* please submit the following:   1. **Fee** made payable to Hanley Center for Health Leadership and Education. If a check is not included, an invoice will be sent to the primary contact and the fee may be paid by credit card. 2. **CVs or Resumes or Bios** for each speaker 3. **Faculty Disclosure** for each person involved in planning, presenting, or reviewing    1. Mitigation Form ***if***there are relevant financial relationships 4. **Brochure/Announcement/Agenda** for the activity    1. A joint providership statement, AMA Credit Designation Statement, and MOC Recognition Statement needs to be included on literature    2. **Note**: CME credits *cannot* be included on any materials distributed to learners until the activity has been approved.    3. For Enduring Materials, the landing page where learners will access the material must be submitted 5. **Evaluation Form** to be used that includes the Joint Providership Statement, AMA Credit Designation Statement, Opioid Prescribing Education Statement, if applicable, and MOC Recognition Statement. 6. **Certificate of Completion** to be awarded to learners that includes the Hanley Center Accreditation Statement, AMA Credit Designation Statement, Opioid Prescribing Statement, if applicable, and MOC Recognition Statement. 7. **Letters of Agreement** ***if*** Commercial Support was received   **This application will not be considered complete and cannot be approved until all of the above materials are received.**  Additional materials and documents can be found on the MMA website at <https://www.hanleyleadership.org/clinicaleducation/cme-activity-approval-program/>.  Upon review of materials, you will either receive a Letter of CME and MOC Activity Approval, a notification that additional materials are required, or a Letter of Notification that the activity requested can not be approved for CME. | | | |
| **Post-Activity Materials**  *After the activity,*pleasesubmit **the following within 45 days for live activities and RSS sessions (enduring materials must submit on a quarterly basis or more frequently):**   1. **Post-CME Activity Report** 2. **Attendance List** that includes the **names** of **all** attendees (both physicians and non-physicians) 3. **Physicians Claiming CME Spreadsheet** completed with the information for participants who wish to claim CME Credits and MOC Credits. 4. **Evaluations** for the activity (either a copy of all evaluations or a summary) 5. **Proof of disclosure of the presence and/or absence of relevant financial relationships to learners.** (e.g., a slide that presented the disclosure, disclosure on a sign in sheet, for verbal disclosures provide a verbatim record). The disclosure must account for all individuals in control of content (i.e., planners and presenters) and be presented to learners prior to their engagement with the educational content. See the Standards for Integrity and Independence for more information on disclosures. 6. **Commercial Support Materials –** Submit the following if commercial support from an ineligible company was received for this activity.    1. Commercial Support Tracker    2. Proof of Commercial Support Disclosure to learners that contains the name(s) of the ineligible company(ies) that gave the commercial support, and the nature of the support if it was in-kind. The disclosure must be given prior to the learners engaging in the education. The disclosure must not include the ineligible companies’ corporate or product logos, trade names, or product group messages.   **It is the responsibility of the Joint Provider (your organization) to issue CME Certificates and Certificates of Attendance to participants.**  Please note that failure to submit post-activity materials could be cause for non-approval of future activities. | | | |
| **Materials** **should be sent to:** | | | |
| **Mail:**  Elizabeth Ciccarelli  Director of Continuing Medical Education  Hanley Center for Health Leadership and Education  PO Box 190  Manchester, ME 04351 | **Fax:**  207-622-3332  Attention: Elizabeth Ciccarelli | | **Email:**  [eciccarelli@mainephysicians.org](mailto:eciccarelli@mainephysicians.org) |