



Bahamas Medical Council

Bahamas Medical Council Application for CME Accreditation


Instructions: Submit payment to the Bahamas Medical Council (details below). After confirmation of payment is received, complete this form for each activity. Complete all sections applicable for the activity, and assemble attachments, marking each attachment with the appropriate number. For submission, assemble a **single** PDF file that includes this form and the required attachments with each attachment bookmarked. Submit the abstract/attachments via e-mail to gknowles@bahamasmedicalcouncil.org.

Eligibility: Does your firm produce, market, resell or distribute healthcare products used by or on patients?
 Yes – **Stop:** your organization is a commercial interest as defined by the Bahamas Medical Council, and is not eligible to submit, or participate in the development, planning or implementation of BMC accredited CME activities.
 No – Please complete and submit the BMC CME application.

Organization's Contact Information					
Organization Name:					
Contact Name:	First name:	Last Name:		Degree:	
Email address:					
Activity Information					
Activity Title:					
Activity Date	MM	DD	YYYY	Commercial Support Received or Expected	YES NO Not Yet Determined
Total number of Bahamas Medical Council CME Points that this activity will be designated for is _____ points <small>Number</small>					

<p>BMCC1 State the specific gap in healthcare processes or healthcare outcomes on which the activity is based (maximum 100 characters)</p>	
<p>BMCC2 State the knowledge, ability or practice performance deficit the activity is designed to change. (maximum 50 words)</p> <p style="text-align: right;">Knowledge need <i>and/or</i></p>	

Ability need <i>and/or</i>	
Performance need <i>and/or</i>	
BMCC3 Describe what information you will collect to evaluate or measure the impact of this activity (maximum 50 words)	

	ATTACHMENTS
Attachment 1	The activity topics/content , e.g., agenda, brochure, program book, or announcement.
Attachment 2	The form, tool, or mechanism used to identify relevant financial relationships of all the individuals in control of content (including teacher(s) and organizer(s)/planner(s)) of the course. Examples: disclosure form and/or email communication.
Attachment 3	Attach a copy of the form or evaluation that shows what information you will collect to evaluate or measure the impact of this activity
Attachment 4	Show us an example of what you will disclose to learners about relevant financial relationships for all the individuals in control of content (including teacher(s) and organizer(s)/planner(s)) of this activity.
Attachment 5	Attach the activity slides and/or detailed outline of the CME content.
If you are planning on receiving or have received commercial support, please attach the following:	
Attachment 6	Show us an example of what you plan to show to learners regarding the source of any commercial support.
Attachment 7	Attach a projected budget including what you will receive and how you will spend the commercial support for this activity.

Note: If this activity is an enduring material, journal-based CME, or Internet CME, please include the actual CME product (or a URL and access code – if applicable) with your performance-in-practice.

Payment:

Each activity application review fee is \$648.00. Payment must be submitted by check payable to the Bahamas Medical Council.

Send to:

*Ms. Gregoriya Knowles
Council Administrator
Bahamas Medical Council
P.O. Box N-9802 Nassau, N.P. The Bahamas*