

# CME Application Form

2026

The continuing medical education (CME) application and activity renewal process is designed to facilitate the planning, implementation, and evaluation of a CME activity. The activity should promote improvement in health care quality and not proprietary interests.

Full compliance with Accreditation Council for Continuing Medical Education (ACCME) essential areas and policies is required for all activities.

## Requestor Information

Activity Chair:

**Please note: the Activity Chair can have no relevant conflicts of interest**

Address:

Phone Number:  E-mail:

Activity Coordinator:

Address:

Phone Number:  E-mail:

Providence Department Requesting Credit:

## Activity Logistics

Activity Title:

Location of Proposed Activity:

Date(s)/Time(s) of Proposed Activity:

## Type of CME Activity

**Regularly Scheduled Series (RSS)** - (Grand Rounds, Tumor Board, Case Conference, Journal Club, etc.)

How often will the CME Activity be held?      Weekly      Monthly      Quarterly      Other: \_\_\_\_\_

**Live Course** (lecture, symposium, conference, virtual)

**Enduring Material** (Printed, Recorded, Computer-presented material that may be used over time)

**Other:** \_\_\_\_\_

## Planning Committee

### Planning Committee

In addition to the Activity Chair and Activity Coordinator, list the names, degrees, titles and e-mails of persons chiefly responsible for the design and implementation of this activity. Use additional sheets if necessary. **All individuals listed will be required to complete a CME disclosure form before the application will be reviewed and approved. Any conflicts of interest must be resolved prior to the start of the activity.**

Name:	<input type="text"/>	Degree(s):	<input type="text"/>
Title:	<input type="text"/>	E-mail:	<input type="text"/>
Name:	<input type="text"/>	Degree(s):	<input type="text"/>
Title:	<input type="text"/>	E-mail:	<input type="text"/>
Name:	<input type="text"/>	Degree(s):	<input type="text"/>
Title:	<input type="text"/>	E-mail:	<input type="text"/>

Check here if a list of additional planning committee members is attached or will be e-mailed separately.

## Planning Committee, continued

**Will your activity include planners or faculty from other professions (e.g. nursing, pharmacy, etc.)? (C23)**

Yes, please specify: \_\_\_\_\_

No

**Will your activity include planners or faculty who are patients and/or public representatives? (C24)**

Yes, please specify: \_\_\_\_\_

No

**Will your activity include planners or faculty who are students of the health professions? (C25)**

Yes, please specify: \_\_\_\_\_

No

## Identification of Needs and Desired Results

C2, 3

**Needs Assessment Data and Sources** (select all that apply - minimum of 2) Please indicate how the need for this activity was brought to your attention. Provide supporting documentation for all boxes checked. **If you cannot provide documentation, do NOT check that source.**

**Review of health care quality data.** *QI data, audit reports, chart reviews*

**Advice from authorities of the field or relevant medical societies.** *List expert names/medical societies AND summary of recommendation(s)*

**Formal or informal requests or surveys of the target audience, faculty or staff.** *Summary of requests, activity evaluations*

**Discussion in departmental meetings.** *Summary of meeting minutes or notes*

**Data from peer-reviewed journals, government sources, consensus reports.** *Abstracts/full journal articles, government produced documents describing educational need and physician practice gaps*

**Review of board examinations and/or re-certification requirements.** *Board review/update requirements*

**New technology, methods of diagnosis/treatment.** *Guidelines, journal articles*

**Legislative, regulatory or organizational changes affecting patient care.** *Copy of the measure/change*

**Joint Commission Patient Safety Goal/Competency.** *Copy of the patient safety goal and/or competency*

**Other, please specify:** \_\_\_\_\_

## Professional Practice Gaps, Educational Needs, Learning Objectives & Desired Results

A **Professional Practice Gap** is defined as the difference between ACTUAL (what is) and IDEAL (what should be) in any area of professional practice: delivery of care, diagnosis, decision making, teaching, research, administration, leadership, communication, etc.

*Example: A review of clinical data indicated inappropriate antibiotic prescribing for upper respiratory infections, which are usually caused by a virus*

An **Educational Need** can be an underlying reason for a gap in professional practice.

**Knowledge** is being aware of what to do

**Competence** is knowing how to do something

**Performance** is defined as what one does in practice

**Patient Outcomes** is the impact of a healthcare service or intervention

*Example: Physicians need additional communication tools to effectively address patient expectations surrounding antibiotic prescribing*

**Desired Results** are what you expect the learners to change in regard to knowledge, competence, performance, or patient outcomes.

*Example: Reduced frequency of antibiotic prescription for upper respiratory tract infection diagnoses*

Briefly state the **professional practice gap(s)** of your learners on which the activity is based

State the <b>educational need(s)</b> that you determined to be the cause of the professional practice gap(s)	Knowledge need <b>and/or</b>
	Competence need <b>and/or</b>
	Performance need <b>and/or</b>
	Patient Outcomes/ Population

Briefly state what the CME activity is designed to change in terms of learners' competence or performance or patient outcomes

**Learning Objectives** are the take-home message; 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. (See Conflict of Interest Disclosure Form to list each instructor's learning objectives)

### Audience & Formats

**Target Audience:** (Select all that apply--at least 1 box from each category must be selected)

Geographic Location:	Provider Type:	Specialty:	
Internal Only	Primary Care Physicians	All Specialties	Oncology
Local/Regional	Specialty Physicians	Anesthesiology	Orthopedics
National	Pharmacists	Cardiology	Pediatrics
	Psychologists	Dermatology	Psychiatry
	Physician Assistants	Emergency Medicine	Radiology
	Nurses Practitioners	Family Medicine	Radiation Oncology
	Nurses	Internal Medicine	Surgery
	Allied Health Professionals	Neurology	Other (Specify):
	Other (Specify):	OB/GYN	

Anticipated number of participants:

### Desirable Physician Attributes/Core Competencies (select all that apply)

CME activities should be developed in the context of desirable physician attributes. The American Board of Medical Specialties (ABMS) and the Accreditation Council for Graduate Medical Education (ACGME) have determined that there are six critical competencies that physicians must master in order to provide optimal clinical care. Select all core competencies that apply, completing the following statement:

This activity will "define the specific knowledge, skills and attitudes required and provide educational experience as needed in order for physicians to demonstrate ":

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

## Educational Design / Methods (select all that apply)

C5

Please indicate the educational method(s) that will be used to achieve the stated goals and objectives.

- |                        |                          |                                |
|------------------------|--------------------------|--------------------------------|
| Didactic lecture       | Q & A sessions           | Case presentations/discussions |
| Panel discussions      | Simulations              | Other, specify:                |
| Roundtable discussions | Hands on Skills Training | _____                          |

**Explain why this educational format is appropriate for this activity:**

**What support strategies can you implement to enhance change as an adjunct to the educational activity? The goal is to incorporate into the planning, something that reinforces or extends the learning that takes place during the CME activity (C32)**

- Post activity follow-up with supplemental materials - e.g. email of key points from the lectures/discussion
- Resources made available on Providence's Intranet - e.g. algorithms, protocols, etc.
- Epic reminders/tools
- Other: \_\_\_\_\_
- None

**Will you include any innovations or creative approaches (e.g. new educational design or assessment, use of technology)? (C35)**

- Yes, please specify:
- No

**Will you include any health/practice data to teach about healthcare improvement? (C26)**

- Yes, please specify:
- No

**Will you collaborate with another healthcare or community organization to more effectively address population health issues? (C28)**

- Yes, please specify:
- No

## Evaluation and Outcomes Measurement (select all that apply)

C3, 11

Accredited activities are generally planned to change competence, performance and/or patient outcomes. Indicate one or more of the outcomes that you intend to measure during or after your activity. **Also indicate if you will be using objective or subjective measures.** Note: measuring change in knowledge, alone, is not sufficient for compliance with accreditation requirements. **Please do not select an option other than "Evaluation Form" unless specific plans are made to gather the data.**

Knowledge/Competence Learner shows how to do	Performance Learner demonstrates in practice	Patient Outcomes/Population Effects of what learner has done for a few/many
Evaluation form <b>(REQUIRED)</b>	Adherence to guidelines	Patient chart audit
Customized pre- and post-test	Case review with analysis of decisions	QI data
Physician and/or patient surveys	Peer review, direct observation	Mortality/morbidity data
Audience response system (ARS)	Follow-up survey/focus group about actual change in practice at specified intervals	Patient feedback and survey
Other:	Other:	Other:
<input style="width: 280px; height: 40px;" type="text"/>	<input style="width: 280px; height: 40px;" type="text"/>	<input style="width: 280px; height: 40px;" type="text"/>

**This activity measures\*:**      Competence/Knowledge      Performance      Patient Outcomes/Population

**Objective/Subjective/both?**      Objective measurement (e.g., observed, tested)      Subjective measurement (e.g., self-reported)

\*\* Please select all that apply \*\*

## Financial and Commercial Support

C7, 8, 9,10

The PH&S Continuing Medical Education Department fully endorses the [ACCME Standards for Integrity and Independence](#). The ACCME defines a "**Ineligible Company**" as any entity whose primary business is producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. **We do not allow commercial support for any of our directly or jointly provided activities.**

**Will this activity receive educational support (financial or in-kind grants or donations) from any company, foundation, institution or society outside of your department?**

Yes

Educational Grants

In-kind support (equipment/supplies)

Exhibit/Display Fees

Other (please specify): \_\_\_\_\_

No

**What additional sources of revenue do you anticipate?**

Registration Fees

Other (please specify): \_\_\_\_\_

## Budget Oversight

C8

CME planners are required to demonstrate complete control of an activity's budget. Please submit an activity budget which indicates projected expenses and sources of revenue. A final activity budget must be submitted to the Continuing Medical Education Department no later than 60 days after the activity's conclusion.

## Required Attachments

The following attachments **MUST** be included with the submission of this application

**Draft Agenda** *Please include times, topics and potential speakers*

**Needs Assessment Supportive Documentation**

**Budget** *Needs to detail projected income and expenses*

**Disclosure Forms** *Include disclosure forms for entire Planning Committee. Speaker/faculty disclosure forms are required prior to the start of the activity.*

**Sample Evaluation Form or Tool**

**Planning Committee Minutes or Summary**

## Activity Monitoring & Required Signatures

For live events, it is required that a member of the planning committee attend the event as a CME program monitor

**Name and Title of CME Monitor:** \_\_\_\_\_

**Activity Chair:**

I, the undersigned, take the responsibility to certify that this activity, if accredited by PH&S, will be conducted as stated and that we will provide the information and materials required for CME credit.

I attest that this activity will adhere to all ACCME Criteria and Standards for Commercial Support. I assume responsibility to attempt to engage instructors without conflict of interest and then to identify and resolve any relevant conflicts of interest when applicable.

**Please provide electronic signature by typing your name in UPPERCASE:**

**Name:** \_\_\_\_\_

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

**Providence Health System CME Medical Director:**

**Name:** \_\_\_\_\_

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

You can either Submit by E-mail or print out the form and mail this application, along with the attachments to:

**Submit Form by Email:**

**Print Form:**

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