

APPLICATION ATTACHMENTS

- Needs Assessment Documentation
- Planning Process Documentation (*optional*)
- Activity Agenda or Schedule
- Planning Committee Disclosure Forms
- Speaker Disclosure and Attestation Forms
- Speaker Bio Forms
- Mitigation of Conflict of Interest (*if applicable*)
- Disclosure Summary Form/Template
- Evaluation Form Template
- Marketing Draft

FACULTY BIOGRAPHICAL DATA	
Please complete the form or attach a Biosketch for all presenters.	
Activity Title:	Activity Date:
First Name:	Last Name:
Title(s):	Credential(s):
Department:	Division:
Organization:	
Affiliations:	
Email:	Phone:
Talk Title:	
Objectives: <i>At the conclusion of this presentation, attendees should be able to:</i>	
1. 2. 3.	
Educational Format: <i>Select the education format(s) for your presentation. Select all that apply and provide rationale as to why appropriate:</i>	
<input type="checkbox"/> Case Studies <input type="checkbox"/> Hands-on Lab <input type="checkbox"/> Small Work Groups <input type="checkbox"/> Lecture with Q&A <input type="checkbox"/> Panel Discussion <input type="checkbox"/> ARS <input type="checkbox"/> Debate <input type="checkbox"/> Simulation <input type="checkbox"/> Other:	
Rationale:	
Do you have a financial disclosure with an ineligible entity within the past 24 months: <input type="checkbox"/> YES <input type="checkbox"/> NO	

**University of Washington School of Medicine
Office of Continuing Medical Education
Summary of CME Finances**

REVENUE

	BUDGETED	ACTUAL
Registration Fees		
Exhibit Fees		
Commercial Support (Educational Grants):		
Other Revenue, Specify:		

TOTAL REVENUE

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DIRECT EXPENSES

	BUDGETED	ACTUAL
Speaker Expenses		
Speaker Fees		
Staff Expenses		
Marketing Expenses (brochure, mailing, etc.)		
Food and Beverage Service		
Facilities		
Course Materials		
Audio-visual		
Other Expenses, Specify:		

TOTAL DIRECT EXPENSES

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INDIRECT EXPENSES

	BUDGETED	ACTUAL
CME Application Fee		
CME Certificate Fees		
MOC Fee		
Other Indirect Costs, Specify:		

TOTAL INDIRECT EXPENSES

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TOTAL EXPENSES (Direct + Indirect)

BUDGETED	ACTUAL

DIFFERENCE (Total Revenue - Total Expenses)

BUDGETED	ACTUAL

Please note:

*Financial information for this CME activity in this budget format must accompany this request for credit.

*A financial summary using the same format must be submitted with the final paperwork after the CME activity.

MITIGATION OF CONFLICT OF INTEREST

Course #		Activity Date:	
Activity Name			
Faculty/Planner Name			
Faculty Disclosures			
Role(s) in CME Activity	<input type="checkbox"/> Presenter <input type="checkbox"/> Author <input type="checkbox"/> Planner <input type="checkbox"/> Reviewer <input type="checkbox"/> Moderator <input type="checkbox"/> Activity Chair		
Use this worksheet to identify and mitigate relevant financial relationships for all who will control educational content for your activity. Please make sure that the mitigation strategy is appropriate to the person's role in the activity, and that mitigation is implemented before each person takes on their role.			
<i>An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.</i>			
Step 1: Review collected information about financial relationships			
Is the person in control of content employed by an ineligible entity?			<input type="checkbox"/> YES* <input type="checkbox"/> NO
<i>*Any person employed by an ineligible entity is unable to participate in an accredited activity</i>			
Step 2: Determine relevant financial relationships			
Financial relationships are relevant if any of the following three conditions are met: <ul style="list-style-type: none"> • A financial relationship, in any amount, exists between the person in control of content and an ineligible company. • The content of the education is related to the products of an ineligible company with whom the person has a financial relationship. • The financial relationship existed during the past 24 months. 			
Does the faculty have a relevant financial relationship?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Step 3: Choose a mitigation strategy			
Select the appropriate mitigation strategy(ies) based on the person role in the educational offering.			
Planner			
<input type="checkbox"/> Elimination: Planner has been eliminated from participating in the CME activity. <input type="checkbox"/> Decisions related to topics and speakers were made by committee consensus. <input type="checkbox"/> Suggestions for topics and speakers were reviewed by outside consultants or other independent reviewer(s). <input type="checkbox"/> Planning committee member was excluded from making decisions regarding specific topics and speakers. <input type="checkbox"/> On site monitoring at committee meetings: _____ (name) <input type="checkbox"/> Other (please explain): _____			
Faculty (Speaker, Author, Reviewer, Moderator)			
<input type="checkbox"/> Elimination: Faculty has been eliminated from participating in the CME activity. <input type="checkbox"/> The content was reviewed and it meets all the following criteria: a) content is valid and aligned with the interests of the public; b) all recommendations involving clinical medicine are based on the best available evidence and <u>referenced</u> ; c) all scientific research referred to, reported, or used in the CME activity in support or as justification of patient care recommendations conforms to the generally accepted standards of experimental design, data collection and analysis. <input type="checkbox"/> I have altered the content, including recommendations for patient care, to conform to content validity standards. <input type="checkbox"/> The faculty member will refrain from making recommendations, regarding products or services, unless all relevant products or services applicable to the same procedure or treatment are presented in an unbiased manner. <input type="checkbox"/> The faculty will recommend an alternative presenter for this topic for the planning committee's consideration. <input type="checkbox"/> The faculty will or has divested his/herself from this financial relationship. (Date of divestment: _____) <input type="checkbox"/> I have assigned the speaker to present on a different topic not relevant to their relationship. <input type="checkbox"/> On site monitoring: _____ (name) <input type="checkbox"/> The relationship(s) disclosed were determined not to be relevant. <input type="checkbox"/> Other (please explain): _____			
Step 4: Status of Mitigation			
Is the faculty approved to participate in the accredited activity?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Signature of Reviewer: _____		Title of Reviewer: _____	Date: _____

Activity Evaluation

Activity Objectives:

Please complete this evaluation form and return it to the course coordinator. The first section lists each presentation. Please evaluate the presentations that you attend. The second section concerns the overall course. Please complete it before turning in the evaluation form. Circle your responses and write in your comments. The course planning committee appreciates your reactions and suggestions to develop and improve future conferences.

	Was the Content Relevant to My Work and / or Practice?						Rate the Quality of Each Presentation					
	Not at All			Very Much			Poor			Excellent		
	1	2	3	4	5	6	1	2	3	4	5	6
“DATE”												
Presentation title	1	2	3	4	5	6	1	2	3	4	5	6
Speaker name	1	2	3	4	5	6	1	2	3	4	5	6
Presentation title	1	2	3	4	5	6	1	2	3	4	5	6
Speaker name	1	2	3	4	5	6	1	2	3	4	5	6
Presentation title	1	2	3	4	5	6	1	2	3	4	5	6
Speaker name	1	2	3	4	5	6	1	2	3	4	5	6
<i>Please rate your agreement with the following statements based on your experience with this conference.</i>										No	Some	Yes
The activity objectives were met										1	3	4
There was adequate opportunity to ask questions during the activity										1	3	4
The content was free of commercial bias * If No, please state why: _____										1	3	4
The information presented in this educational activity enhanced my current knowledge										1	3	4
The information presented in this educational activity provided new ideas or information I expect to use										1	3	4
The information presented in this educational activity addressed competencies identified by my specialty										1	3	4

Your comments regarding the lectures:

List one thing you intend to change in your practice as a result of the information you received from this activity.

How do you think these changes will affect your patient outcomes?

Please provide general comments regarding this activity and suggest how it might be improved

Suggestions for future topics:

CME Disclosure and Attestation Form

Course #		Activity Date:	
Course/Series Name			
Presentation Title(s)/Topic(s)			
Faculty Name			
Role(s) in CME Activity	<input type="checkbox"/> Presenter <input type="checkbox"/> Author <input type="checkbox"/> Planner <input type="checkbox"/> Reviewer <input type="checkbox"/> Moderator <input type="checkbox"/> Activity Chair		
<p>The disclosure and attestation form must be completed by all persons involved in UW CME accredited activities who have the opportunity to control content. The purpose of this form is to identify all potential relationships, no matter the financial amount, with an ineligible entity, within the last 24 months. <u>Refusal to disclose will result in disqualification from participation.</u></p> <p>It is the policy UW CME to ensure balance, independence, objectivity, and scientific rigor in all of its educational programs. Conflicts develop when an individual has an opportunity to affect CME content about the products or services of an ineligible entity with which he/she has a financial relationship. The intent is to openly identify any such relationships so that a) the Office of CME can identify and mitigate any conflict which may have been created and b) so that learners may form their own opinions as to whether the faculty perspective reflects possible bias in either exposition or conclusion.</p> <p style="text-align: center;"><i>An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.</i></p>			
Please select the appropriate box (X)			
<input type="checkbox"/>	No , I have NOT had any financial relationships with any ineligible entities within the past 24 months.		
<input type="checkbox"/>	Yes , within the past 24 months I HAVE/HAD a financial relationship with an ineligible company. <i>(If selected, please list the applicable relationships below)</i>		
<p><i>Nature of relationship(s):</i> salary, honoraria, royalty, intellectual property rights, ownership interest, stock holder, consultant, speakers bureau, teaching, grant or research support, advisory committee, review panels, or other (please describe).</p>			
<u>Nature of Relationship(s)</u> List Relationships	<u>Ineligible Entity</u> Name of Company(s)	Relationship Ended?	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
<p><u>Declaration:</u> In order to participate in the accredited offering, please attest to the following:</p> <ul style="list-style-type: none"> • recommendations for patient care are based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options; • all scientific research referred to, reported, or used in this educational activity in support or justification of a patient care recommendation conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation; • new and evolving topics for which there is a lower (or absent) evidence base are clearly identified as such; • content avoids advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning; • content excludes any advocacy for, or promotion of, unscientific approaches to diagnosis or therapy, or recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients. 			
Signature:		Date:	

DISCLOSURE INFORMATION

The University of Washington School of Medicine requires any person in control of content disclose any financial relationships with ineligible companies whose products or services are discussed in educational presentations. Significant relationships include receiving from an ineligible company research grants, consultancies, honoraria and travel, or other benefits or having a self-managed equity interest in a company. Disclosure of a relationship is not intended to suggest or condone bias in any presentation, but is made to provide participants with information that might be of potential importance to their evaluation of a presentation. The ACCME defines an ineligible entity as a company” whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.”

The University of Washington School of Medicine, as part of its accreditation from the Accreditation Council on Continuing Medical Education (ACCME), is required to “mitigate” any conflicts prior to the educational program. Therefore, in light of the relationships/affiliations designated, each person in control of content has attested that:

- recommendations for patient care are based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options;
- all scientific research referred to, reported, or used in this educational activity in support or justification of a patient care recommendation conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation;
- new and evolving topics for which there is a lower (or absent) evidence base are clearly identified as such;
- content avoids advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning;
- content excludes any advocacy for, or promotion of, unscientific approaches to diagnosis or therapy, or recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

The following have disclosed the described relationships:

<u>Role</u>	<u>Description of Relationship</u>
Speaker	
Author	
Planner	
Reviewer	
<i>“ name”</i>	<i>“ list relationships – types and companies”</i>

The following have indicated they do not have any relationships to disclose:

Speaker
Author
Planner
Reviewer

All relevant financial relationships listed have been mitigated.

Accreditation Statement

University of Washington School

The University of Washington School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Washington School of Medicine designates this [redacted] activity for a maximum of [number of credits] *AMA PRA Category 1 Credits*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity. (Each session is [redacted] credits)

Montana Activities

(...your organization name...) is affiliated with the University of Washington School of Medicine.

The University of Washington School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Washington School of Medicine designates this [redacted] activity for a maximum of [number of credits] *AMA PRA Category 1 Credits*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity. (Each session is [redacted] credits)

Joint Providership

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of University of Washington School of Medicine and (name of nonaccredited provider). The University of Washington School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

The University of Washington School of Medicine designates this [redacted] activity for a maximum of [number of credits] *AMA PRA Category 1 Credits*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Notes about the accreditation statement:

- Statement **must** appear **exactly** as written in course and marketing materials.
- It must be in two paragraphs.
- The following statement in italics: *AMA PRA Category 1 Credits*[™]
- Items highlighted need to be updated with applicable information.
- The following activity types are available: live, enduring material, other.

Any marketing needs to be reviewed and approved by the CME office prior to dissemination!

**CME Activity
 OUTCOME SUMMARY FORM**

At the end of the activity or series, complete this summary and return to the CME Office with the final paperwork.

UW CME Activity number		
Title of the Activity		
Date of Activity/Series		
Indicate the number of individual instances a learner participated in your activity	Number of Physicians (MD/DO)	Number of All Other Learners
Number of sessions		

The following is based on participant evaluations, input from faculty, staff and yourself.	Agree	Neutral	Disagree
The intended objectives of the CME activity were met			
The desired results or expected outcomes were achieved			
The content had an impact on the learner to bring about changes in knowledge /competence, performance in practice and/or patient care.			
What were the major strengths and weaknesses of this activity?			
Would you make any changes in future CME activities based on feedback from this activity?			
Please use this space to provide a general summary of the activity.			