

**Westchester Academy of Medicine**

Office of Continuing Medical Education

333 Westchester Ave., Suite LN01 Telephone: 914-967-9100

# White Plains, NY 10604

**CME APPLICATION FOR JOINT-PROVIDERSHIP**

**CME CATEGORY I PROGRAM**

|  |  |
| --- | --- |
| **Hospital/Organization:** |  |
| **Department of:** |  |
| **Contact:** |  |
| **Phone #:** |  |
| **Target Audience:** |  |
| **Title of Activity:** |  |
| **Date:** |  |
| **Time:** |  |
| **Location:** |  |
| **Course Director(s):** |  |
| **Speaker(s) Name:** |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **# of CME Credits:** |  |

**1. Education Format: *(C5)***

[ ] Live Course [ ] Regularly Scheduled Series (i.e., Tumor Board) [ ] Enduring Materials (non-live CME)

**2. Educational methods to be used:** What teaching/learning methods or techniques are planned for this program? (Check all appropriate boxes below)

 [ ] Lecture(s) using A/V aids such as PowerPoint, with open question period.

 [] Workshop-style (“Meet-the-Professor Roundtables”), etc.

 [] Video presentations, with discussion before and/or after.

 [] Discussion with Case Presentations.

 [] Demonstration of procedures, including use of video, etc.

 [] Supplemental “handout” material.

 [] Individual study assignments: Self-learning / research / interactive computer.

**3. Attendance Records:** Exact attendance counts will be kept and Attendance Sheet will be forwarded to the Academy office within 30 days of the completion of the program.

 **YES, Attendance Sheet will be sent to you following the program**

 **\_\_\_\_ (please acknowledge by initialing)**

**4. Commercial Support: (C7,8,9,10)**

**4a**. Is there commercial support for this activity? \_\_\_\_YES \_\_\_\_NO

**Attach a list of commercial supporters. Attach signed commercial support agreements for all entities providing financial or in-kind support.**

**4b**. If receiving commercial support, how will this support be disclosed to the learners prior to the activity?

\_\_\_\_\_\_Verbal \_\_\_\_\_Written

**5. Exhibitors: (SCS4)**

**5a.** Will there be exhibitors? \_\_\_\_YES \_\_\_\_NO

***Attach a list of exhibitors. As per ACCME guidelines, exhibitors cannot be at the entrance to, or on a direct or unavoidable path to the educational activity.***

**6.** How will you manage the separation of the exhibitors from the educational rooms & learners? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Disclosures of Relevant Financial Relationships must be shared with the learners prior to the start of the CME activity. (including that there is no Relevant Financial Relationship as well)***

**7. Disclosure:**

**A *Relevant Financial Relationship Form* (RFR) must be completed by all presenters/planners.** This form is required **if there is or is not** commercial support for the activity.

**7a**. Have you received an RFR for all planners and presenters? \_\_\_\_ YES \_\_\_\_ NO

***Attach completed disclosures from all planners, presenters and moderators.***

**7b.** Has any planner or presenter refused to sign an RFR? \_\_\_\_ YES \_\_\_\_ NO

 If yes, how was it managed?

**7c.** As a result of an RFR Form, is there a conflict of interest resulting from a financial relationship?

\_\_\_\_ YES \_\_\_\_ NO

**If yes, please complete and attach the Resolution of Conflict of Interest Form.**

**7d.** Describe how you plan to make these disclosures to your learners prior to the start of the activity: (written, verbal or both)

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I have reviewed this program application and believe that it meets the criteria for

*AMA/PRA* *Category 1 Credit(s) TM*.

Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR CME COMMITTEE USE ONLY:** Date of Committee action:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initialed by CME staff\_\_\_\_\_\_\_\_\_\_\_\_

( ) Approved for \_\_\_\_\_\_\_\_AMA PRA Category 1TM credit(s) ( ) Not approved: Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_