

**Westchester Academy of Medicine**

Office of Continuing Medical Education

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

# White Plains, NY 10604

**CME Application Checklist**

Below is a checklist of the documents and information required for *AMA PRA Category 1 Credit™. Please include this checklist with your application submission.*

*All required documents must be submitted before the program is reviewed.*

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| --- | --- |
| **Title of Activity:** |  |
| **Date of Activity:** |  |
| **Course Directors:** |  |
| **Hospital/Organization:** |  |
| **Location:** |  |
| **Speaker(s) Name:** |  |
| **CME Credits:** |  |

\_\_\_\_\_ **CME Application and Activity Development Worksheet**

**\_\_\_\_\_ List of Faculty/Speaker/Planning Committee (**include name of all faculty, speakers, moderators, planners etc)

\_\_\_\_\_ **CV** **for each speaker, planner, moderator, etc.** (anyone who influences program content)

\_\_\_\_\_ **Copy of proposed brochure, flyer or announcement** (This must be approved **before** it is printed and distributed if CME credit is mentioned. Please be sure to use the **Accreditation & Disclosure & Funding Statements verbatim**, whenever reference is made to the provision of credit.

\_\_\_\_\_ **Program Agenda (**which includes the title of each session/lecture, beginning and ending times, and speakers names)

\_\_\_\_\_ **Disclosure of Relevant Finacial Relationship Form (RFR) for each speaker, moderator, planner, course director**

\_\_\_\_\_ **Resolution of Conflict of Interest Form(s) – (**if Applicable**)** Submit this if there is a conflict of interest on the RFR form. This confirms that any conflict of interest was resolved.

\_\_\_\_\_  **Written Disclosure** (This is to be provided to the audience prior to the start of CME activity if disclosures are being presented in a written format)

\_\_\_\_\_ **Disclosure Attestation by Program Director** (Confirms that disclosures (**verbal only**) took place prior to the start of the CME activity (To be handed in to the Academy within 30 days after program completion)

\_\_\_\_\_  **List of Commercial Supporters and a completed Commercial Support Agreement Form(s)** (if applicable)

\_\_\_\_\_\_  **List of Exhibitors and completed Exhibitor Agreement Forms** (if applicable)

\_\_\_\_\_\_**Monitoring Evaluation Form for RSS**s (Regularly Scheduled Series, i.e., Grand Round, Tumor Boards)

To be completed and submitted immediately after **every** RSS session

\_\_\_\_\_ **Evaulation Form** – Submit a final version sample of what will be provided to the learners

(Important Note: Every course and each RSS session should be evaluatedby the learners)

(*Please Note: The Evaluation sample template(s) are samples and designed to provide options for creating a mechanism to elicit change to knowledge/competence in your learners. You should be creating your evaluation tool based on the need that underlies your practice gap and the desired result of your activity. The template(s) are meant as guides and suggest formats and questions that may provide the learners with an opportunity to share their feedback from their attendance at the activity.)*

\_\_\_\_\_ **Post Activity Summary/Analysis**

* **For Courses** (one-time, stand-alone programs) - the summary/analysis is due within

30 days if the activity is measuring change to the learners knowledge/competence

* **For RSSs** (Grand Rounds, Tumor Boards) – to be determined and confirmed with the Westchester Academy of Medicine and the joint provider
* **For programs measuring performance and/or patient outcomes** (measures Long-Term Post Activity) – to be determined and confirmed with the Westchester Academy of Medicine and the joint provider

\_\_\_\_\_ **Sign In/Attendance Sheets** -To be handed in to the Academy with the Post-Activity Summary Form