Indiana State Medical Association

ISMA Application for CME Sponsorship

ACTIVITY TITLE	

START DATE		END DATE	
START TIME		END TIME	

LOCATION (Hotel or other, etc.)	
CITY, STATE	

SPONSORSHIP AND COURSE MANAGEMENT

SPONSOR *Must be ISMA Staff person*	☐ ISMA staff person: ☐ ISMA and other accredited provider: _____
JOINT SPONSOR(S) Organizations or entities outside of the ISMA not accredited by the ACCME or ISMA **Joint Sponsorship Agreement - Attachment 1**	☐ YES - If yes, complete the Joint Sponsorship Agreement and include with this application. List organization(s)/outside entities involved in planning this activity below.

Organization	Contact Name	Phone No.

Is a member of the ISMA involved in the planning and/or organization of this activity?
☐ YES ☐ NO If yes, member's name:

Person in Charge of CME Activity	
Title	
Address/City/St	
Telephone	
Fax	
E-mail	
Assistant	
Title	
Address/City/St	
Telephone	
Fax	
E-mail	

ACTIVITY MANAGEMENT: Who will have primary responsibility for managing this CME activity?

☐ ISMA Lead:

☐ Joint Sponsor/Educational Partner, please specify:

DEPARTMENTAL/DIVISIONAL/ORGANIZATIONAL APPROVALS

Signature of ISMA or Other Provider Lead: Date:

_____   _____

Signature of ISMA CME Coordinator: Date:

_____   _____

PLANNING INFORMATION Essential Areas 2.1 – 2.4

TYPE OF ACTIVITY	☐ Formal Activity (symposium, course, conference) ☐ Short Activity or lecture (1-2 hrs.) ☐ Live interactive/compressed video conference ☐ Live Web cast ☐ Series (same content presented multiple times)	
	☐ New request	☐ Annual activity
DESIRED CREDITS	☐ AMA Category 1	☐ Other, please list

1.	**INDEPENDENCE OF THE PLANNING PROCESS**	

	The ACCME requires the following decisions in CME activity planning be made free of control of a commercial interest. These decisions include:
	    1) Identification of needs
	    2) Determination of objectives
	    3) Selection of presentation of content
	    4) Selection of personnel and organizations in a position to control content
	    5) Selection of educational methodology
	    6) Evaluation of the activity
	
	Refer to Standards for Commercial Support of Continuing Medical Education - **Attachment 2.**	

2.	**PLANNING PROCESS**	Describe the planning process. List below all individuals involved in planning.		
		Name	**Affiliation**	**Disclosure Forms are Attached**
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐

		All planners must complete ISMA's Disclosure and Conflict of Interest form, which *must accompany* this application. Refer to section on Disclosure further in this application form.
3.	**PURPOSE**	What is the intended overall purpose for this activity?
4.	**TARGET AUDIENCE** Check all that apply.	☐ Physicians ☐ Specialties (specify): ☐ Physician assistants ☐ Health care administrators ☐ Allied health professionals (specify): ☐ Local ☐ State ☐ Regional ☐ National ☐ International Estimated Attendance: Physicians Other
5.	**NEEDS ASSESSMENT** ACCME requires Documentation. Supporting documents *must be included* with the application. Check all methods that apply. The Providers Needs Assessment must accompany this form.	☐ Evaluation from previous CME activities or survey results (e.g., attach past evaluation summary or survey results with relevant suggestions highlighted) ☐ Expert opinion, faculty expertise or advice from experts (e.g., attach minutes, notes, relevant publications or bibliographies) ☐ Data from internal or external sources such as AMA or public health agencies (e.g., attach relevant reports, articles, mandates, state/national surveys or other such documents) ☐ New medical technology (e.g., articles, reports, etc.) ☐ Research findings (e.g., attach relevant research reports or journal articles) ☐ Literature reviews (e.g., attach journal articles, Internet searches, medical database search information, etc.) ☐ Hospital admission and diagnosis data ☐ Medical audits/quality assurance information (e.g., attach QA minutes/reports, input from physician review organizations) ☐ Formal or informal requests from physicians; please explain (e.g., notes from conversations, survey results, etc.) ☐ Other, please explain:
	NEEDS ASSESSMENT SUMMARY STATEMENT In a brief summary paragraph describe specific needs that were identified. Ask: What do you intend to achieve? What are the desired results?	Summary:

6.	**OBJECTIVES** Required by ACCME. See the Guidelines for Writing Objective **- Attachment 3.** The audience must be provided information about the activity's goals and/or objectives before activity occurs. See the Guidelines for Brochures and Promotional Materials - **Attachment 4**.	Based on what you hope to accomplish, list three or four things you want learners to be able to do as a result of participation in this activity. Attach a separate page if necessary. These objectives must give clear information about what participants can expect to take away from the activity and a measurable basis for evaluation. Terminology for educational objectives usually begins with, "Upon completion of this activity, the participant should be able to . . ." followed by phrases that communicate a performance capability for the participant, using verbs like: *describe, analyze, discuss, compare, differentiate, examine, formulate, propose, evaluate, assess, measure, select* and *choose.* If additional space is required, submit educational objectives as attachment.
7.	**EVALUATION** ACCME Requirement - All CME activities *must be* evaluated to determine effectiveness in meeting the identified educational needs. The ISMA can provide an example.	Participants should have the opportunity to: 1) assess extent to which objectives were met; 2) rate the quality of instruction; 3) rate the extent their professional effectiveness will be enhanced; 4) confirm that disclosures were made known at the beginning of the activity; 5) confirm that commercial support was acknowledged; and 6) confirm that the program was free from commercial bias. What method(s) will be used to assess what the participants have learned as a result of attending this educational activity? ☐ Course evaluation immediately following the activity using the ISMA standard form. ☐ Other type of evaluation form (Attach copy.) ☐ Post-conference survey (Attach copy.) ☐ Other (Attach copy.) or describe

8.	**EDUCATIONAL FORMAT** Link need to educational delivery. Example: identified skills might require hands-on workshops and a need to improve pain management might require a didactic or lecture format.	What instructional methods will be used? (Check all that apply) ☐ Lecture/didactic ☐ Panel discussions ☐ Case studies ☐ Interactive workshops ☐ Interactive telecom- munication	☐ Live demonstration of procedure ☐ Video demonstration of procedure ☐ Skills workshop ☐ Other, please describe.
9.	**FACULTY** (Speakers/moderators/ panelists)	How and by whom were the speakers selected?	
10.	**ACTIVITY AGENDA**	A copy of the proposed schedule is attached. ☐ Yes ☐ No If no, please explain:	

List information for faculty/speaker/moderator/author. Attach a separate page, if necessary.

Speaker/Moderator/Author	Academic/Professional Titles	Institution or Affiliation	Disclosures Attached
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐

Attach copy of curriculum vitae or biological sketch for each course faculty member (speaker/moderator/author).

11.	**DISCLOSURE OF FINANCIAL RELATIONSHIPS** Required by ACCME and the ISMA Refer to the Policy for Disclosure of Financial Relationships - **Attachment 5**. Refer to sample letter or faculty memo - **Attachment 6**	**ISMA CME DISCLOSURE POLICY** It is the policy of the ISMA to ensure balance, independence, objectivity and scientific rigor in all sponsored or jointly sponsored educational activities. All individuals in a position to control the content of the educational activity are required to disclose all relevant financial relationships he/she has with any commercial interest(s). These individuals include course/activity directors, planning committee members, staff, teachers or authors of CME. The ACCME defines relevant financial relationships as those in any amount occurring within the past 12 months that create a conflict of interest. Individuals who refuse to disclose will be disqualified from participation in the development, management, presentation or evaluation of the CME activity. Everyone involved in planning and content development for a CME activity must be informed about the disclosure requirements. How will planners and faculty be informed about disclosure? *Attach copies of letters, memos, emails, etc.*

12.	**DISCLOSURE FORMS and RESOLUTION OF CONFLICTS OF INTEREST (COI)** ISMA Financial Relationship Form - **Attachment 7** Resolution of Conflict of Interest Form - **Attachment 8**	• The "ISMA Financial Relationship Form" (disclosure form) is used by the ISMA to gather information about potential conflicts of interest (COI). • This form must be completed by *everyone* having the opportunity to influence content of the CME activity, including course director, planning committee members, speakers, authors, moderators, etc. • Individuals refusing to disclose must not be allowed to participate in the CME activity • Conflicts of Interest (COI) must be resolved *before* the activity occurs, preferably during the early planning stages. • The Program Lead is responsible for making certain all disclosure forms are collected, reviewed and submitted to the ISMA well before the activity begins.
13.	**PROVIDE DISCLOSURE TO PARTICIPANTS** The ISMA prefers the provider use a Disclosure Grid to notify the audience - **Attachment 9.**	How will the audience be given disclosure information? • Written: ☐ Handouts ☐ Slides ☐ Other, describe A copy must be included in the Activity Closing Report. • Verbal: ☐ Speaker ☐ Moderator A Verbal Disclosure Attestation Form must be completed and included in the Activity Closing Report.
14.	**COMMERCIAL SUPPORT** Required by the ACCME Refer to the Standards for Commercial Support - **Attachment 10.** Providers must sign Letter of Agreement with every commercial supporter - **Attachment 11.**	Will this activity receive support from Educational grants? ☐ Yes ☐ No 1) Letters of Agreement for Commercial Support (LOAs) must be obtained for ALL educational grants. They must be signed by both the company's representative and the CME provider's representative for all commercial education grants. 2) LOAs or copies must be sent with this application form or with the activity closing report. Exhibit fees? ☐ Yes ☐ No Acknowledgement Participants must be informed about commercial support. How will commercial support be acknowledged? ☐ Brochures ☐ Handouts/syllabus ☐ Other, please describe: Management of Commercial Support Course director and CME associate have read the ACCME Standards for Commercial Support of CME and understand guidelines for management of commercial funds. ☐ Yes ☐ No

ADMINISTRATION

15.	**MARKETING AND ADVERTISING** The ACCME requires specific information be included on promotional materials, i.e., objectives, faculty, sponsorship, accreditation and credit designation statements. The ISMA CME coordinator must approve promotional materials before they are printed. Refer to Guidelines for Brochures and Promotional Materials - **Attachment 4**.	How will notification of this educational activity be distributed to participants prior to the activity? ☐ Brochure ☐ E-mail ☐ Web site - URL: ☐ Fax ☐ Journal ☐ Other, identify: ☐ A copy of the promotional material is attached. ☐ A copy of the promotional material will be sent later.
16.	**BUDGET INFORMATION** Attach a preliminary budget (rough estimates are acceptable) including all projected revenue and expenses. A final income and expense report is required with the activity closing report - **Attachment 12**. ISMA Honoraria policy must be followed - **Attachment 13.**	How will activity expenses be paid? (check all that apply) ☐ Internal department funds ☐ Participant registration fees ☐ Commercial support ☐ State or federal grant ☐ Other, identify: Will honoraria be paid: Yes or No *If honoraria is paid, provider must be responsible for obtaining the monies and paying the speaker directly. Joint Sponsors must talk to the ISMA about these situations and discuss with the ISMA CME coordinator.*
17.	**CME ADMINISTRATIVE FEES -**	**Please include payment with the application.** Method of payment. ☐ Check (attached) If payment is not included, please explain: