Step 1 Checklist

All materials are required (at least 60 days prior to the activity):

o A completed copy of pages 1-13 of the Direct Providership
Application and all attachments

- Note: Should you need assistance filling out this application, please call or send an email to the MedChi CME department.

- Please note that you may need to submit additional material according to your answers within this application.

- Request a link to upload this application and accompanying documents. Send request to: jsmallwood@medchi.org

o Purpose statement of the activity and/or Mission statement for the organization

- Note: A purpose statement of your activity would also suffice.

- Learn how to create a mission statement.

o Evidence of identified educational gaps with needs assessment
Learning methods.

- Note:
This is an ACCME adaptation of an Agency for Healthcare Research and Quality (AHRQ) definition of a gap in the quality of patient care where the gap is "the difference between health care **processes or outcomes** observed in practice, and those **potentially achievable** on the basis of current professional knowledge."
When there is a gap between what the professional is doing or accomplishing compared to what is "achievable on the basis of current professional knowledge," there is a professional practice gap.

o Proposed instructors with bio-sketch/CV

o Draft budget

- If you are not sure how to create a budget, we can send you a template or try clicking here Event Budget Template

o MedChi Disclosure Form for everyone in control of content (each presenter and planner)

o MedChi CME Presenter Guarantee for anyone doing a presentation.

o MedChi Compliance Agreement

o Draft copy of promotional materials and announcements* (ACCME statement included for Category 1 credits on all announcements and materials; MedChi's name and logo and phrase "jointly sponsored by MedChi" placed prominently on cover of all promotional materials, program, and syllabus)

Please note: Applications will not be reviewed until the application invoice has been paid or you have made other arrangements with MedChi, regarding the invoice fee.

step 1 Checklist

IF YOUR ACTIVITY HAS BEEN APPROVED OR DENIED BY MEDCHI

IF YOUR ACTIVITY HAS BEEN APPOVED BY MEDCHI

- You will be notified of approval by letter via email.

- You must submit a signed compliance agreement.

- Copy of any signed Letters of Agreement partnership contracts.

- You will begin the 2nd step in Joint Providership (Assemble the Activity).

IF YOUR ACTIVITY HAS BEEN DENIED BY MEDCHI

- You will be notified of denial by letter via email.

- You may apply for a redetermination within 30 days of your

  denial letter and not pay any additional fees. After 30 days. You

  must submit a new Joint/Direct Provider Application.

Please note: Applications will not be reviewed until the application invoice has been paid or you have made other arrangements with MedChi, regarding the invoice fee.

Please note: Please utilize the checklist. Only submit documents required for step 1. Documents submitted, that have nothing to do with the step 1 process will not be looked at.

Before submission of this application. Request a link from Jaison Fleming-Smallwood. Send request to: jsmallwood@medchi.org. This will allow you to upload your documents.

Fees and cost associated with a Direct Providership

Applications submitted 30 days or less will not be processed

Activity Fee

Once approved, an Activity Fee is charged. This fee is based on the total number of CME credits awarded, not the number of CME credits that any one physician can claim.
The Activity fee is $500 for activities up to 2 credits and $250 per credit for activities greater than 2 credits.

Late Fees

A fee of $100 will be assessed to any application received 59 to 31 days prior to the activity. Applications that are received less than 31 days prior to the activity will not be processed.

A fee of $100 per credit will be assessed if post-activity materials are not received within 60 days after the activity.

In addition to the Application Fee and Activity Fee, all expenses associated with a MedChi/**Joint Committee on CME (JCCME)** representative attending Planning Meetings and Educational Events will be charged to the non-accredited provider (invoiced after the activity).

All fees become non-refundable once an activity has taken place.

Prior to submission of this application, please be sure that all sections are completed, all questions are answered, all required documents are attached, and the application fee is enclosed. Incomplete applications will or could be rejected.

Conditions, Mission, Disclosure	
I have received and will abide by the conditions	I agree that our mission is congruent with the JCCME mission.
I will complete a disclosure for anyone in a position to control or influence the CME content of an educational activity.	

Business/Organization Name:

Business/Organization Address:

Business/Organization Phone Number:

Business/Organization website:

Business/Organization Contact Person

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The ACCME definition of CME is broad, to encompass continuing educational activities that assist physicians in carrying out their professional responsibilities more effectively and efficiently. For more information, go to acme.org (CME content: Definition and examples).

ACTIVITY TITLE:		
LENGTH OF ACTIVITY: **(**Hours and Minutes)	Hours CME Credit(s) Required Minutes	
BRIEF DESCRIPTION OF THE ACTIVITY: Examples: ED team huddle; Leadership in a time of crisis; Well-being check-in		
START DATE:		**END DATE:**
START TIME:		**END TIME:**
LOCATION: **(**Hotel, or other, etc.)		
CITY, STATE:	City State	

General Information

The CME planning process is based on criteria of the Accreditation Council for Continuing Medical Education (ACCME) and sound adult learning principles. MedChi, The state medical society has the responsibility for assuring that CME ac vi es meet these requirements.

This application is an essential step that will guide you through the planning process. Each section references the core accreditation criteria which refers to the relevant ACCME accreditation criteria. For more information on the ACCME criteria, refer to the page for ACCME accreditation criteria.

Except where noted, all sections must be completed.

To fill out the form, just double-click on a check box and select "checked," and/or place your cursor in a gray text box to type your responses. The boxes/pages expand to accommodate your responses. (You may also attach documents.) Once complete, save the document on your desktop and email it to your contact in the CME office.

MedChi
The Maryland State Medical Society
Application for Direct Providership

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Planning / Presenting Team		
Individuals with responsibility for the planning, presenting and development of the activity and have control over the content of the activity. Specify their role. These individuals are required to complete a disclosure of financial relationships COI form. (Insert rows as needed) [Standard 3]		

Name (Chair):   Email: Phone:
Disclosure:

Name: Email: Phone:
Position: Disclosure:

Name: Email: Phone:
Position: Disclosure:

Name: Email: Phone:
Position: Disclosure:

Name: Email: Phone:
Position: Disclosure:

Name: Email: Phone:
Position: Disclosure:

Anyone in a position to control or influence the CME content of an educational activity is to submit a signed **Disclosure Form.**

Any Presenters/Speakers/Panelist/Moderators must fill out the **CME Presenter Guarantee.**

These forms are located at the end of this packet

Attach a CV for any presenters.

The ACCME definition of CME is broad, to encompass continuing educational activities that assist physicians in carrying out their professional responsibilities more effectively and efficiently. For more information, go to acme.org (CME content: Definition and examples).

Planning / Presenting Team (continued)

Individuals with responsibility for the planning, presenting and development o f the activity and have control over the content of the activity. Specify their role. These individuals are required to complete a disclosure o f financial relationships COI form.
(Insert rows as needed) [Standard 3]

Name: Email: Phone:

                          Position: Disclosure:

Name: Email: Phone:

                          Position: Disclosure:

Name: Email: Phone:

                          Position: Disclosure:

Name: Email: Phone:

                          Position: Disclosure:

Name: Email: Phone:

                          Position: Disclosure:

Name: Email: Phone:

                          Position: Disclosure:

Anyone in a position to control or influence the CME content of an educational activity is to submit a signed **Disclosure Form**.

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These forms are located at the end of this packet

Attach a CV for any presenters.

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Target Audience

Activities are generated around content that matches the learners' current or potential scope of practice.
(Select all that apply – at least one from each category)

Audience:		**Location:**	**Specialty:**	
Primary Care Physicians	Residents/fellows	Local/Regional	Anesthesiology	Pediatrics
		National International	Emergency Medicine	Psychiatry
Specialty Physicians	Medical Students	Virtual/Web-based	Family Medicine	Radiology
			Internal Medicine	Rheumatology
Pharmacists	Other: (specify)		Neurology	Surgical Trauma,
			Oncology	General
Physician Assistants			Pain Specialty	orthopedic
	Other (specify)			Thoracic
Nurse Practitioners				Other:
Social Worker				

Purpose and Mission [Mission]

The applicant's organization mission statement must be congruent with JCCME's mission statement.
Please review JCCME's mission and be sure that the purpose, scope, and characteristics of participants of your intended activity agree to the mission. Proceed only if your mission is congruent with JCCME's.

I have read the JCCME mission and I agree to follow and abide by the JCCME mission.	I agree that our mission is congruent with the JCCME mission.

Attach your organizations mission statement.
Attach your educational activity's mission/purpose statement.

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Proposed Activity Type
The educational format chosen should be appropriate for the setting, objectives, and desired results of the activity (Select by placing an X in the appropriate box) [Appropriate Formats]

	Live Course - A live course is a live activity where the learner participates in real time. This may include a course, symposium, workshop, conference, live Webcast
	Enduring Activity - An enduring material is a certified CME activity that endures over a specified time. These include print, audio, video, and Internet materials, such as monographs, podcasts, CD-ROMs, DVDs, archived webinars, as well as other web-based activities.
	Performance Improvement - Activity PI CME is a certified CME activity in which an accredited CME provider structures a long-term three stage process by which a physician or group of physicians learn about specific performance measures, assess their practice using the selected performance measures, implement interventions to improve performance related to these measures over a useful interval of time, and then reassess their practice using the same performance measures.
	Committee Learning - is a live activity that involves a learner's participation in a committee process addressing a subject which, if taught/learned in another format, would be considered within the definition of continuing education.
	The committee is the activity, regardless of how many times the committee meets. The credits would be the total learning time (e.g., however long they are in the committee). The number of learners should reflect the number of participants in the committee.
	Each committee learning activity should be reported for a maximum of a 12-month period. If this activity lasts longer than 12 months, it should be reported as separate activities.
	Internet Searching and Learning - An internet searching and learning activity is an activity in which a physician engages in self-directed, online learning on topics relevant to their clinical practice from a database whose content has been vetted by an accredited CME provider.
	Journal CME/CE activity - is an activity that is planned and presented by an accredited provider and in which the learner reads one or more articles (or adapted formats for special needs) from a peer-reviewed professional journal.
	Learning from Teaching - represents a range of activities in which an accredited provider can facilitate practice- based learning and improvement – where the practice could be the person's professional teaching practice or clinical practice or research practice."
	Other/Blended Learning - is used for hybrid, new, or unique approaches that do not fall into one of the established activity types. Providers must identify these activities as other/blended learning in the AMA credit designation statement, in the credit designation statement, and in documentation given to learners (certificates, transcripts, etc.). The inclusion of this activity format allows educators to deploy new technologies such as simulation, adaptive e-learning, virtual reality, gamification, and social media into their medical education approaches.
	Each other/blended learning activity should be reported for a maximum of a 12-month period. If this activity lasts longer than 12 months, it should be reported as separate activities.

The ACCME definition of CME is broad, to encompass continuing educational activities that assist physicians in carrying out their professional responsibilities more effectively and efficiently. For more information, go to acme.org (CME content: Definition and examples).

Regularly Scheduled Series - Regularly scheduled series (RSS) is a live activity planned as a series with multiple, ongoing sessions, e.g., offered weekly, monthly, or quarterly. An RSS is primarily planned by and presented to the accredited organization's professional staff and generally targets the same audience over the whole series.
Performance/quality improvement - is structured as a three-stage process by which a physician or group of physicians learn about specific performance measures, assess their practice using the selected performance measures, implement interventions to improve performance related to these measures over a useful interval of time, and then reassess their practice using the same performance measures. For credits, specify the amount of time you believe a learner would take to complete the performance improvement activity. The number of learners should reflect the distinct number of learners engaged in the performance improvement activity. Each performance/quality improvement activity should be reported for a maximum of a 12-month period. If this activity lasts longer than 12 months, it should be reported as separate activities.

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How does this activity align with the mission of the MedChi CME Program?

CME activities should be designed to change competence, performance, or patient outcomes as described in the CME mission statement. Select all that apply by placing an **X** in the appropriate box. **[Mission]** PLEASE SUBMIT SUPPORTING DOCUMENTATION

Designed to produce changes in physicians resulting in improved knowledge and competence. (Ability to apply knowledge, skills, and judgment in practice; knowing how to do something)

Objective (e.g. Observed, tested)   Subjective (e.g. self reported)

Designed to produce changes in physicians resulting in improved performance. (The degree to which participants do what the activity intended them to do; performance is competence put into practice.)

Objective (e.g. Observed, tested)   Subjective (e.g. self reported)

Designed to improve patient- and systems-level outcomes. (The consequences of performance, and the ability of the participants to apply what they have learned to improve the health status of their patients or those of a community)

Objective (e.g. Observed, tested)   Subjective (e.g. self reported)

- On the next page. If you have checked off that your program will improve knowledge and competence. Please describe how that will happen and submit any supporting paperwork.
- On the next page. If you have checked off that your program will improve performance. Please describe how that will happen and submit any supporting paperwork
- On the next page. If you have checked off that your program will improve patient outcomes. Please describe how that will happen and submit any supporting paperwork.

Indicate if this activity is for a Provider, Joint Provider, or MedChi.

Direct Provider Activity: Joint Provider Activity: MedChi Activity:

What problem will be addressed with this activity?

(GAP) Describe the professional, practice or system-based problem(s) for your learners that will be addressed through this educational intervention, e.g., the professional practice gap of your physicians on which the activity is based.   **[Educational Needs]**

What is the problem?	

Application for Direct Providership

How does this activity align with the mission?

PLEASE SUBMIT SUPPORTING DOCUMENTATION

☐ **How will knowledge and competence be assessed?**

Will the assessment be   ☐ Objective (e.g. Observed, tested)   ☐ Subjective (e.g. self reported)

☐ **How will improved performance be assessed?**

Will the assessment be   ☐ Objective (e.g. Observed, tested)   ☐ Subjective (e.g. self reported)

☐ **How will patient outcomes be assessed?**

Will the assessment be   ☐ Objective (e.g. Observed, tested)   ☐ Subjective (e.g. self reported)

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What is the physicians education need that will help solve the problem?

State the educational need that you determined to be the cause of the professional practice gap. Consider: What should learners be doing? What should learners not be doing? What should learners understand? Competence is the ability to apply knowledge, skills, and judgment in practice; knowing how to do something. Performance is competence put into practice; the degree to which participants do what the activity intended them to do. **[Educational Needs]**

State physicians' knowledge need:	
and/or, state physicians' competence need:	
and/or, physicians' need for improved performance:	

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Faculty/Presenter Selection [Standard 2] [Standard 3] **(Check all that apply)**

Who will identify the presenter(s) and topic?	What criteria will be used in the selection of the presenter(s)?
☐ Activity Chair	Subject matter expertise
☐ Planning Committee	Excellence in teaching skills
☐ CME Department	Effective communication skills
☐ Other:	Previous experience as a CME presenter
	Other:

Please list the name and credentials of the proposed presenter(s) *note: These individual(s) is required to complete a disclosure of financial relationships.*

1. _____   6.
2. _____   7.
3. _____   8.
4. _____   9.
5. _____   10.

The ACCME definition of CME is broad, to encompass continuing educational activities that assist physicians in carrying out their professional responsibilities more effectively and efficiently. For more information, go to acme.org (CME Content: Definition and Examples).

Identify Sources - how was the problem discovered?

(Select all that apply by placing an X in the appropriate box). Attach supporting documentation, e.g., education request form, meeting minutes, QA data, a new regulation or best practice guideline, etc. **[Educational Needs]**

☐	New methods of diagnosis or treatment	☐	Consensus of experts (provide summary)
☐	Availability of new medication(s) or indications	☐	Relevant data from previous evaluations (attach evaluation summary with
☐	Development of new technology	☐	relevant data highlighted)
☐	Peer-reviewed literature	☐	Focus groups/interviews (provide summary of results)
☐	Data from outside sources (e.g., public health statistics, epidemiology data)	☐	Pre-program survey of target audience (attach summary of description)
☐	Survey of target audience	☐	Other physician requests (provide explanation or summary)
☐	Quality assurance/audit data	☐	Other (specify):
☐	Professional society guidelines		

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Audience Generation and Handouts   [Standard 2] [Standard 3] [Standard 4]

Please indicate the method of publicizing this activity to prospective participants. (Check all that apply)

Brochure / flyer ☐   Interdepartmental Mail / Notification ☐   Letter Invitation ☐   Announcement (print) ☐

Announcement (email) ☐   Monthly or weekly calendar ☐   Fax ☐   Posting at specific locations throughout hospital ☐

Website ☐   Save-the-Date ☐

Will participants be asked to register for this activity?   Yes   No

Will participants be asked to register via an online registration page?   Yes   No

List the handouts that will be available for participants at the time of the activity (e.g., syllabus, slides)

I will ensure the announcement(s) to learners include proper MedChi accreditation statement (direct or joint sponsorship)   Yes ☐

I will submit a draft of the proposed brochure/advertisement/handouts for review by the CME office prior to printing or distribution   Yes ☐

I will ensure that all learners receive disclosure information for all planners and presenters associated with the activity   Yes ☐

Please submit any materials that was checked off on this page.

Please list any website(s) used (if checked):

Please list specific hospital locations (if checked):

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Activity Budget and Financial Support

"In-kind" and/ or commercial Support in the form of an unrestricted educational grant is allowed for CME activities; however, activities must be developed without the influence or support of any commercial entity. All financial support must be handled through the CME office. **[Standard 2] [Standard 3] [Standard 4] [Standard 5]**

Are there expenses related to this activity?   Yes

Will a registration fee be charged?

- If yes, how much? (Attach documentation)

Will this activity receive "in-kind" funding from a foundation or other charitable organization?   Yes

Will this activity receive commercial support from a pharmaceutical or medical device manufacturer?   Yes

- If yes, verify that you have read and agree to abide by the ACCME for Integrity and Independence in Accredited Continuing Education:
- If yes, attach a properly executed commercial support agreement for each vendor (LOA).
- If yes, attach the income and expense statement for this activity that details and accounts for the receipt and expenditure of all the commercial support, including disposition of excess dollars.
- I will ensure that financial support will be disclosed to the audience prior to the start of the activity.   Yes

Will you invite vendors/exhibitors to set up displays on-site?

Please indicate other sources of funding for this activity (Check all that apply).

☐ Internal department funds

☐ Professional society fees

☐ State or Federal Grant/Contract

Other grants or funding sources:

Will presenters be paid an honorarium? (If yes, refer to CME PROVIDER policy on honoraria and expenses).

Attach a copy of your proposed budget. Note that your application will not be approved without this information.

FOR MEDCHI CME DEPARMENT USE ONLY:

Reviewed By: Approval/Denial Letter Issued:

Approved/Denied By: Date Issued:

                                                                                            Requested more information:

PARS Activity ID:

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