

Step 1 Checklist

We encourage you to submit all required materials (at least 60 business days prior to the activity):

Applications submitted 30 business days or less will not be processed

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.

Examples:

1. You requested a link to upload information 35 business days before the activity. Your application is not actually submitted until 30 business days before the activity = **APPLICATION WILL NOT BE PROCESSED** (Note: Applications submitted 30 business days or less will not be processed).
2. Your application has been submitted 35 business days before the activity. The application invoice has been paid 25 business days before the activity = **APPLICATION WILL NOT BE PROCESSED** (Note: Applications will not be reviewed until the invoice has been paid).

- A completed copy of pages 1-9 of the Joint Providership Application and all attachments
 - Read the instructions on each page carefully.
 - Note: Should you need assistance filling out this application, please call or send an email to the MedChi CME department.
 - Request a link to upload this application and accompanying documents. Send request to: jsmallwood@medchi.org. Do not email this document.
 - The 31 to 60+ business day count begins once the application is received. Not when you have requested a link.
- \$1,850.00 Application fee
 - Applications will not be processed until the fee has been paid or other arrangements have been made.
 - Applicants can complete the "Credit Card Payment Form", and email it to: jsmallwood@medchi.org.
 - Applicants can send a check to MedChi, The Maryland State Medical Society 1211 Cathedral Street 21201 c/o Jaison Fleming-Smallwood
- Purpose statement for this activity
 - Download the [Purpose Statement Template](#)
- Evidence of identified educational gaps with needs assessment Learning methods. Download the [Gap Template](#).
 - 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.](#)
- Bio-Sketch for all speakers and/or presenters. Download the [Presenter Bio-Sketch Form](#)
- Proposed/Final Budget. Download the [Proposed/Final Budget Template](#)
- Disclosure Form. Everyone who is listed on page 3 (those who have control of this educational material). Download the [Disclosure Form](#)
- Download the [Presenter Guarantee Form](#) must be completed by all speakers/ presenters/ moderato

step 1 Checklist

You must complete step 1 and step 2

- You will be notified that step1 has been completed by letter via email.
- You will begin 2nd step in Joint Providership application process (Assemble the Activity). Final approval will not be given until step 2 is complete.
- You will be notified that step 2 has been completed by letter via email.
 - This is the final approval to receive CME.

IF YOUR ACTIVITY REQUIRES MORE INFORMATION BY MEDCHI

- You will be notified with a letter via email.
- You will have up to 30 business days of your letter to submit the requested information and not pay any additional fees. After 30 business 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.

Once step1 is completed, you will be notified (via email) that your organization may begin step2. Step2 will not begin until step1 is completed.

Fees and cost associated with a Joint Providership

Application Fee

There is a non-refundable application fee of \$1850.00.

Note: Applications will not be processed until the application fee has been paid.

Activity Fee

Once step1 is complete, 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 business days prior to the activity. Applications that are received less than 30 business 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 business days after the activity.

In addition to the Application Fee and Activity Fee, all expenses associated with a MedChi representative/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 have received and I will abide by the terms and process set forth in the "[Welcome Letter](#)".

I have read the [JCCME CME Mission Statement](#), and I agree to follow and abide by the JCCME CME Mission, and I attest that our purpose statement for this activity is congruent with the JCCME CME Mission.

I will complete a [disclosure](#) for anyone in a position to control or influence the CME content of an educational activity.

I understand and agree that failure to submit additional documents, where required, will result in my organization not being able to obtain approval for CME and the activity date being delayed.

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 accme.org.

Activity Title:

Length of Activity: Hours: Minutes: Credits Requested:

Start Date: Start Time: End Date: End Time:

Type of Activity

- 1. Please use this link ([Activity Type](#)) to review the definitions of the different types of activities that can be requested.
- 2. Please choose the name of the activity that you are requesting:

If you are offering a **live-in person** activity, please indicate the location information: (leave this part blank if it does not apply)

Address Information:

Address:

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 activities 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/or place your cursor in a text box to type your responses. Please do not type an entire paragraph on one line. Use the other lines provided when running out of room or you may type in a separate attached document and write "SEE ATTACHED" in the space. Once complete, save the document on your desktop and upload the document to the link provided to you.



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Planning / Presenting Team

Name (Chair):	Email:	Phone:	Disclosure:
Name:	Email:	Phone:	Disclosure:
	Position:		Disclosure:
Name:	Email:	Phone:	Disclosure:
	Position:		Disclosure:
Name:	Email:	Phone:	Disclosure:
	Position:		Disclosure:
Name:	Email:	Phone:	Disclosure:
	Position:		Disclosure:

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

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(continued)

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:



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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:

- | | |
|--|--|
| <input type="checkbox"/> Primary Care Physicians | <input type="checkbox"/> Residents/fellows |
| <input type="checkbox"/> Specialty Physicians | <input type="checkbox"/> Medical Students |
| <input type="checkbox"/> Pharmacists | <input type="checkbox"/> Other: (specify) |
| <input type="checkbox"/> Physician Assistants | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Nurse Practitioners | |
| <input type="checkbox"/> Social Worker | |

Location:

- Local/Regional
- National International
- Virtual/Web-based

Specialty:

- | | |
|---|---|
| <input type="checkbox"/> Anesthesiology | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Family Medicine | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Neurology | <input type="checkbox"/> Surgical Trauma, |
| <input type="checkbox"/> Oncology | <input type="checkbox"/> General |
| <input type="checkbox"/> Pain Specialty | <input type="checkbox"/> orthopedic |
| | <input type="checkbox"/> Thoracic |
| | <input type="checkbox"/> Other: |



How does this activity align with the mission of the MedChi CME program? [Mission]

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 a ✓ in the appropriate box for 1 or all 3 items, then chose objective or subjective for the item that was chosen.

Move to the next line, if you run out of room. Your application will not be processed, if your response can not be read.

How will designed to produce changes in physicians resulting in improved knowledge and competence be assessed?
(Knowledge and Competence is the ability to apply knowledge, skills, and judgment in practice, knowing how to do something)

Choose and explain how this will happen. Objective (e.g. Observed, tested) Subjective (e.g. self-reported)

How will designed to produce changes in physicians resulting in improved performance be assessed?
(Performance is the degree to which participants do what the activity intended them to do; performance is competence put into practice.)

Choose and explain how this will happen. Objective (e.g. Observed, tested) Subjective (e.g. self-reported)

How will designed to improve patient, and systems-level outcomes be assessed?
(Patient and Systems-level outcomes are 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)

Choose and explain how this will happen. Objective (e.g. Observed, tested) Subjective (e.g. self-reported)

What is the physician's education need that will help solve the problem? [Educational Needs]

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 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. **Note: All 3 items must be completed.**

<p>State physicians' knowledge need:</p> <p><i>Explain: What should learners be doing? What should learners understand?</i></p>	
<p>state physicians' competence needs:</p> <p><i>Explain: How learners would apply knowledge, skills, and judgment in practice.</i></p>	
<p>state physicians' need for improved performance:</p> <p><i>Explain: How learners would do or perform what the activity intended them to do.</i></p>	

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

Who will identify the presenter(s) and topic?

Activity Chair

Planning Committee

CME Department

Other:

What criteria will be used in the selection of the presenter(s)?

Subject matter expertise

Excellence in teaching skills

Effective communication skills

Previous experience as a CME presenter

Other:

Please list the name of the activity speakers/ presenters.

note: These individual(s) are required to complete a disclosure form and CME Presenter Guarantee Form.

1.

2.

3.

4.

5.

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Identify Sources - how was the problem discovered? [Educational Needs]

Select all that apply by placing an ✓ in the appropriate box. You must choose at least one.

Attach supporting documentation, e.g., education request form, meeting minutes, QA data, a new regulation or best practice guideline, etc.

New methods of diagnosis or treatment

Availability of new medication(s) or indications

Development of new technology

Peer-reviewed literature

Data from outside sources (e.g., public health statistics, epidemiology data)

Survey of target audience

Quality assurance/audit data

Professional society guidelines

Consensus of experts (provide summary)

Relevant data from previous evaluations (attach evaluation summary with relevant data highlighted)

Focus groups/interviews (provide summary of results)

Pre-program survey of target audience (attach summary of description)

Other physician requests (provide explanation or summary)

Other (specify):

**Supporting documentation must be submitted for any item that has been checked.
Note: DO NOT SEND HYPERLINKS! and YOU MUST HIGHLIGHT THE AREAS THAT APPLY.**

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Activity Budget and Financial Support [Standard 2] [Standard 3] [Standard 4] [Standard 5]

“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.

Are there expenses related to this activity?

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?

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

- If yes, attach a properly executed commercial support agreement for each vendor (LOA).
- I will ensure that financial support will be disclosed to the audience prior to the start of the activity.

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:

FOR MEDCHI CME DEPARTMENT USE ONLY:

Reviewed By:

Date Reviewed:

Move to step2:

Requested more information: