



You may not request and/or help plan a CME activity if you and/or your spouse/partner have a conflict of interest, i.e. a financial relationship with a commercial interest relating to the topic. The definition of a commercial interest is: *Any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.*

A financial relationship can be, but is not limited to, any one of the following: *Employee; grants/research support recipient; board member; independent contractor; stock shareholder (excluding mutual funds); speaker's bureau; honorarium recipient; royalty recipient; clinical trials; and/or holder of intellectual property rights.*

Please complete the disclosure section below and return with the completed Activity Request Form in order for your topic submission to be considered. If more than one person collaborated in the planning of this activity, make multiple copies of this cover page and make sure each person involved has completed it before proceeding. If one of the potential planners is found to have a conflict of interest, they must not move forward with planning or controlling any content.

Name: \_\_\_\_\_

**DISCLOSURE**

Yes  No Have you (or your spouse/partner) had a personal financial relationship in the last 12 months with any commercial interest, as defined above, which may be discussed in this CME activity?

If no, sign just below this box. If yes, please list your relevant financial relationships and sign below.

Commercial Interest	Nature of Relevant Financial Relationship
Name of Company	Employee, grants/research support recipient, board member, independent contractor, stock shareholder (excluding mutual funds), speaker's bureau, honorarium recipient, royalty recipient, holder of intellectual property rights, clinical trials, other
1.	
2.	
3.	
4.	

- To the best of my ability, I will ensure that any speakers or content are independent of commercial bias.
- I know disclosure will be made to participants prior to the educational activity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Activity Request Form

**You should not proceed with this application if you have a conflict of interest, as defined above, or have not yet completed the disclosure segment on the previous page.**

<b>Info</b>	<b>Requester Information*</b> <small>*No one with a "Conflict of Interest" is Allowed to Control Planning Content</small>	Name:		Email:	
		Phone:		Fax:	
		Planner(s) Disclosure Completed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<b>Activity Information</b> (If more than 1 hour attach a timed agenda)	Activity Title:			
	Date(s):		# of Credits:		
	Start Time:		End Time:		
	Location:				
Topic Must be Found in Evidence-Based Literature	Found in evidence-based literature?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
	If No or N/A, please explain answer:				
Type of Credit	<input checked="" type="checkbox"/> AMA PRA Category 1 Credit™	<input type="checkbox"/> Geriatric (AB1820)	<input type="checkbox"/> Radiology	<input type="checkbox"/> AAFP	
	<input checked="" type="checkbox"/> Direct-Sponsored	<input type="checkbox"/> Joint Sponsored			
Type of Activity	<input type="checkbox"/> Live Activity	<input type="checkbox"/> Multi-Hour Event	<input type="checkbox"/> RSS		
	<input type="checkbox"/> Online (Internet)	<input type="checkbox"/> Enduring Material	<input type="checkbox"/> Other:		
<b>C2</b>	<b>Need Assessment</b> Consider the difference between what the targeted learners do now vs. ideal or best practices and explain the issue(s) you want this activity to correct.	<p><i>When documenting why the gap exists below, please consider the following gaps:</i></p> <p><u>Knowledge Gap</u> - What is not known by the learners; new information.</p> <p><u>Competence Gap</u> - What skill or strategy the learners don't have or can't apply.</p> <p><u>Performance Gap</u> - What learners aren't doing correctly but have knowledge of; Noncompliance.</p>			
	<b>Describe Current Practice and Best Practice, and How They Differ</b>				
	<b>Describe the Resulting Gap</b>				
<b>Why the Gap Exists (Choose 1 or more)</b>	<b>Please Explain Why The Gaps You Selected Exist</b>		<b>Targeted Learners (C4) Whose Gap is it?</b>		
<input type="checkbox"/> Knowledge gap <input type="checkbox"/> Competence gap <input type="checkbox"/> Performance gap					
<b>How Do You Know These Gaps Exist?</b> What is the evidence to prove the gaps identified? Please check all that apply.	<input type="checkbox"/> New medical information <input type="checkbox"/> Legislative requirement <input type="checkbox"/> New drugs <input type="checkbox"/> New technology <input type="checkbox"/> County sources <input type="checkbox"/> Expert sources <input type="checkbox"/> Federal sources <input type="checkbox"/> Consensus of experts (who?) <input type="checkbox"/> Focus groups (who?) <input type="checkbox"/> Institute of Medicine (IOM) <input type="checkbox"/> Practice Guidelines <input type="checkbox"/> Literature review/search <input type="checkbox"/> Medical Chart review <input type="checkbox"/> Morbidity & Mortality data <input type="checkbox"/> Patient survey data <input type="checkbox"/> Patient outcome(s) <input type="checkbox"/> Patient safety <input type="checkbox"/> Peer review <input type="checkbox"/> Sentinel event(s)		<input type="checkbox"/> Prior activity feedback <input type="checkbox"/> Quality improvement data <input type="checkbox"/> Regulatory requirements <input type="checkbox"/> New hospital policies/procedures <input type="checkbox"/> Infection control data <input type="checkbox"/> Drug Utilization data <input type="checkbox"/> Research findings <input type="checkbox"/> Survey of intended audience (survey or interview) <input type="checkbox"/> Admission/Discharge diagnosis data <input type="checkbox"/> Referral patterns <input type="checkbox"/> Licensure requirements <input type="checkbox"/> Institutional/organizational requirement <input type="checkbox"/> Public health trends <input type="checkbox"/> Risk management <input type="checkbox"/> Pathology/Lab Findings <input type="checkbox"/> Specialty curriculum requirements for training, certification or maintenance of certification <input type="checkbox"/> Other (please specify):		

## Activity Request Form

		Can you substantiate choices above with documentation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide it:	
		Do you have data?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain the data:	
<b>AB 1195</b>	<b>Cultural &amp; Linguistic Competency (CLC)</b> Relating to this topic, what should our learners be able to do better or know about our patient demographics?	<input type="checkbox"/> Age <input type="checkbox"/> Socioeconomics <input type="checkbox"/> Religion <input type="checkbox"/> Gender <input type="checkbox"/> Disparities in Care <input type="checkbox"/> Health Literacy <input type="checkbox"/> Ethnicity <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Culture <input type="checkbox"/> Language <input type="checkbox"/> Communication <input type="checkbox"/> Other:	Explain choice(s) above:		
	<b>CLC-Related Need Assessment</b>	<i>Considering cultural and linguistic competency, please describe the difference between what the targeted learners do now vs. ideal or best practices. Explain the issue(s) you want this activity to correct.</i>			
	What are the CLC (Cultural and Linguistic Competency) Gap(s) of the learners?	<input type="checkbox"/> Knowledge Gap (What is not known by your learners) <input type="checkbox"/> Competence Gap (What skill or strategy your learners don't have) <input type="checkbox"/> Performance Gap (What your learners are not doing correctly but have knowledge about)			
	How do you know that about CLC and the learners? What is the evidence to prove the CLC gaps identified?				
	<b>Desired Outcomes</b> What will your learners be able to <b>do</b> when the activity is over?) (Must relate to improved skill, strategy, performance, patient care, and/or systems)	<i>You may have 1 or more desired outcomes. At least one needs to address the Cultural &amp; Linguistic Competency professional practice gap identified above.</i>			
	At the conclusion of the activity, learners will be able to:				
	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
<b>C5</b>	<b>Teaching Methods</b> Choose most interactive method(s) to best meet the desired outcomes above.	<input type="checkbox"/> Case Presentation with Learner Participation <input type="checkbox"/> Debate (Pro/Con) <input type="checkbox"/> Panel Discussion <input type="checkbox"/> Simulated or Live Patient <input type="checkbox"/> Lecture with Q&A <input type="checkbox"/> Audience Response System <input type="checkbox"/> Small Group Discussion/Roundtable <input type="checkbox"/> Lab Exercises <input type="checkbox"/> Hands-on Demonstration <input type="checkbox"/> Other: <input type="checkbox"/> Workshop			
<b>Misc</b>	<b>Publicity</b>	<i>The provider assumes responsibility for all publicity. The final galley proof of brochures and/or written announcements must be approved by the CME Office staff prior to printing.</i>			
		Marketing strategies:			
		<input type="checkbox"/> Flyers	<input type="checkbox"/> Posters		
		<input type="checkbox"/> Brochure	<input type="checkbox"/> Save-The-Date Card		
		<input type="checkbox"/> Online/Website	<input type="checkbox"/> Other:		
<b>Faculty Name &amp; Qualifications</b> (Please attach CV or Bio)	Name:				
	Title/Affiliation:				
	Qualifications:				
<b>How will this Activity be Funded?</b>	<input type="checkbox"/> Provider (accrediting body)	<input type="checkbox"/> Joint Sponsor	<input type="checkbox"/> Grant(s)		
	<input type="checkbox"/> Exhibits	<input type="checkbox"/> Registration Fees	<input type="checkbox"/> Other:		
<b>What are the Expenses?</b> Check off all that apply and give the budgeted amount under each.	<input type="checkbox"/> Honorarium	\$	<input type="checkbox"/> Meeting Room(s)	\$	
	<input type="checkbox"/> CME Fee	\$	<input type="checkbox"/> Audio-Visuals	\$	
	<input type="checkbox"/> Travel	\$	<input type="checkbox"/> Administrative Fee	\$	
	<input type="checkbox"/> Food	\$	<input type="checkbox"/> Grant Fee	\$	
	<input type="checkbox"/> Publicity	\$	<input type="checkbox"/> Other: _____	\$	

## Activity Request Form

		<input type="checkbox"/> Speaker Bureau \$ _____	<input type="checkbox"/> Other: _____ \$ _____
<i>Please note that speaker honorarium and all expenses must be made in compliance with our Honoraria &amp; Reimbursement Policy, and are subject to revision to meet compliance, as needed.</i>			
<b>C7-C10</b>	<b>Commercial Influence</b>	<i>Please review the ACCME Standards for Commercial Support by clicking this link: <a href="http://www.accme.org/dir_docs/doc_upload/68b2902a-fb73-44d1-8725-80a1504e520c_uploaddocument.pdf">http://www.accme.org/dir_docs/doc_upload/68b2902a-fb73-44d1-8725-80a1504e520c_uploaddocument.pdf</a></i>	
		<i>Please review the ACCME Standards for Commercial Support FAQ page by clicking this link: <a href="http://www.accme.org/index.cfm/fa/faq.home/Faq.cfm">http://www.accme.org/index.cfm/fa/faq.home/Faq.cfm</a></i>	
		<i>If you cannot access these links, please advise and copies will be sent to you.</i>	
		After reviewing the ACCME Standards of Commercial Support, do you agree to abide by them?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>A <b>NO</b> selection will disqualify you from requesting and/or planning an activity.</i>
		Was this activity planned independently from all commercial influence?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Explain: _____
		Will there be any grants sought?	<input type="checkbox"/> No <input type="checkbox"/> Yes – From which company(ies)? _____
		Will there be any exhibits sought?	<input type="checkbox"/> No <input type="checkbox"/> Yes – From which company(ies)? _____
	Will entertainment overshadow education?	<input type="checkbox"/> No <input type="checkbox"/> Yes – Explain: _____	
<b>Additional Comments</b>			

### OPTIONAL SECTIONS

*(Not required for approval of credit)*

<b>C16</b>	The provider operates in a manner that integrates CME into the process for improving professional practice.	<i>If you plan to integrate CME into the process for improving professional practice, describe how this integration occurs. Include examples of explicit organizational practices that have been implemented.</i>														
<b>C17</b>	The provider utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback).	<p><u>What non-educational (non-CME) strategies have you implemented or do you plan to implement in order to effect change?</u></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Provider reminders</td> <td><input type="checkbox"/> Provider feedback</td> </tr> <tr> <td><input type="checkbox"/> Posters / Flyers (placed where?)</td> <td><input type="checkbox"/> Department Meeting Announcement</td> </tr> <tr> <td><input type="checkbox"/> CME activity PPT slide show</td> <td><input type="checkbox"/> Follow-up Literature</td> </tr> <tr> <td><input type="checkbox"/> Patient Literature</td> <td><input type="checkbox"/> Standing orders</td> </tr> <tr> <td><input type="checkbox"/> Algorithm Worksheet</td> <td><input type="checkbox"/> Community Education</td> </tr> <tr> <td><input type="checkbox"/> System Changes (policies/procedure)</td> <td><input type="checkbox"/> List of bibliographies</td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td></td> </tr> </table>	<input type="checkbox"/> Provider reminders	<input type="checkbox"/> Provider feedback	<input type="checkbox"/> Posters / Flyers (placed where?)	<input type="checkbox"/> Department Meeting Announcement	<input type="checkbox"/> CME activity PPT slide show	<input type="checkbox"/> Follow-up Literature	<input type="checkbox"/> Patient Literature	<input type="checkbox"/> Standing orders	<input type="checkbox"/> Algorithm Worksheet	<input type="checkbox"/> Community Education	<input type="checkbox"/> System Changes (policies/procedure)	<input type="checkbox"/> List of bibliographies	<input type="checkbox"/> Other: _____	
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<input type="checkbox"/> Other: _____																
<b>C18</b>	The provider identifies factors outside the provider’s control that impact on patient outcomes.	<i>Have you identified factors outside of the provider’s (hospital) control that will have an impact on patient outcomes? If so, please describe those factors.</i>														
<b>C19</b>	The provider implements educational strategies to remove, overcome or address barriers to physician change.	<p><i>CME activities should give consideration to the system of care in which the learner will incorporate new or validate existing learned behaviors. Planners must be sure to a) identify barriers that could block and b) apply strategies to address, discuss strategies to overcome or remove those barriers (if possible) in the content of the CME activity. Please indicate what barriers you have identified:</i></p> <p><u>Which of the following barriers exist and may impede change?</u></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Cost (Economic)</td> <td><input type="checkbox"/> Patient Compliance Issues</td> </tr> <tr> <td><input type="checkbox"/> Cultural</td> <td><input type="checkbox"/> Technical</td> </tr> <tr> <td><input type="checkbox"/> Educational</td> <td><input type="checkbox"/> Lack of resources</td> </tr> <tr> <td><input type="checkbox"/> Policy issues within institution</td> <td><input type="checkbox"/> Formulary Restrictions</td> </tr> </table>	<input type="checkbox"/> Cost (Economic)	<input type="checkbox"/> Patient Compliance Issues	<input type="checkbox"/> Cultural	<input type="checkbox"/> Technical	<input type="checkbox"/> Educational	<input type="checkbox"/> Lack of resources	<input type="checkbox"/> Policy issues within institution	<input type="checkbox"/> Formulary Restrictions						
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<input type="checkbox"/> Educational	<input type="checkbox"/> Lack of resources															
<input type="checkbox"/> Policy issues within institution	<input type="checkbox"/> Formulary Restrictions															

## Activity Request Form

		<input type="checkbox"/> Lack of time for implementation <input type="checkbox"/> Technology not available or inadequate <input type="checkbox"/> Lack of Administrative Support/Resources <input type="checkbox"/> No Relevant Barriers <input type="checkbox"/> Lack of Consensus on Professional Guidelines <input type="checkbox"/> Other:																
		<i>Strategies you will employ in this activity to address or remove the barriers:</i>																
		<input type="checkbox"/> Patient education and navigation <input type="checkbox"/> Acquisition of new technology <input type="checkbox"/> Insurer (Medicaid/Medicare) communication <input type="checkbox"/> Other (please describe) <input type="checkbox"/> Hospital administration education																
		What strategies have been taken or can/will be taken to remove, overcome, or address these barriers? _____																
<b>C20</b>	The provider builds bridges with other stakeholders through collaboration and cooperation.	<p><i>Whenever possible, you should identify other stakeholders applicable to this topic, with which collaboration could make a positive impact on your intended results. <b>Note:</b> Collaborators are purposefully chosen and not necessarily a joint sponsor or educational partner whom you have contracted to assist in managing the activity. A collaborator is an organization with special expertise in the subject matter or influence over the targeted learners.</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Please list any collaborators:</td> <td style="width: 40%;">What was their role in planning/participating?</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/> Involved in planning content –disclosure?</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/> Data source for gaps</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/> Data source for CLC</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/> Resource exhibits</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/> Community education</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/> Health fair</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/> Other (please describe)</td> </tr> </table>	Please list any collaborators:	What was their role in planning/participating?	_____	<input type="checkbox"/> Involved in planning content –disclosure?	_____	<input type="checkbox"/> Data source for gaps	_____	<input type="checkbox"/> Data source for CLC	_____	<input type="checkbox"/> Resource exhibits	_____	<input type="checkbox"/> Community education	_____	<input type="checkbox"/> Health fair	_____	<input type="checkbox"/> Other (please describe)
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_____	<input type="checkbox"/> Health fair																	
_____	<input type="checkbox"/> Other (please describe)																	
<b>C21</b>	The provider participates within an institutional or system framework for quality improvement.	<p><i>A CME provider should always be focused on integrating and contributing to healthcare quality improvement so that the CME program becomes integral to institutional or system QI efforts. Indicate below the ‘quality connections’ you have made for this activity and the contribution the activity will make to quality improvement or patient safety at your institution or to the framework for quality to which you are connected for this discipline of medicine</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 60%;">Quality Connections Made</th> <th style="width: 40%;">Contribution Activity Will Make to QI/Patient Safety</th> </tr> <tr> <td> <input type="checkbox"/> Hospital QI/QM Department  <input type="checkbox"/> Clinical data analysis  <input type="checkbox"/> Patient safety regulations  <input type="checkbox"/> Sentinel Events/Root Cause Analysis  <input type="checkbox"/> Managed Care HEDIS Data  <input type="checkbox"/> Risk Management Reports  <input type="checkbox"/> Other:         </td> <td></td> </tr> </table>	Quality Connections Made	Contribution Activity Will Make to QI/Patient Safety	<input type="checkbox"/> Hospital QI/QM Department <input type="checkbox"/> Clinical data analysis <input type="checkbox"/> Patient safety regulations <input type="checkbox"/> Sentinel Events/Root Cause Analysis <input type="checkbox"/> Managed Care HEDIS Data <input type="checkbox"/> Risk Management Reports <input type="checkbox"/> Other:													
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<b>C22</b>	The provider is positioned to influence the scope and content of activities/educational interventions.	<p><i>Include examples of how the provider is positioned to influence the scope and content of activities/educational interventions:</i></p>																

### For CME Committee Completion Only

<b>C6</b>	<b>Desirable Physician Attributes</b> Which relate to this activity? List the # of the desired outcome in C3 (above) that applies to each attribute.	<p><i>CME activities should address core competencies as determined by national or specialty society, specialty credentialing boards, or other sources of national priority. Please indicate the competency addressed in the development of this activity, and note which of the desired outcomes above was written to address it.</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 75%;">The ACGME/ABMS Core Competencies are addressed in which of the desired outcome(s) (C3) above?</td> <td colspan="6" style="text-align: center;">(Check all that apply)</td> </tr> <tr> <td></td> <td style="width: 5%; text-align: center;">1</td> <td style="width: 5%; text-align: center;">2</td> <td style="width: 5%; text-align: center;">3</td> <td style="width: 5%; text-align: center;">4</td> <td style="width: 5%; text-align: center;">5</td> <td style="width: 5%; text-align: center;">6</td> </tr> <tr> <td> <input type="checkbox"/> <b>Patient Care and Procedural Skills</b>            Provide care that is compassionate, appropriate and effective treatment for health problems and to promote health.         </td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> <input type="checkbox"/> <b>Medical Knowledge</b>            Demonstrate knowledge about established and evolving         </td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	The ACGME/ABMS Core Competencies are addressed in which of the desired outcome(s) (C3) above?	(Check all that apply)							1	2	3	4	5	6	<input type="checkbox"/> <b>Patient Care and Procedural Skills</b> Provide care that is compassionate, appropriate and effective treatment for health problems and to promote health.							<input type="checkbox"/> <b>Medical Knowledge</b> Demonstrate knowledge about established and evolving						
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## Activity Request Form

		biomedical, clinical and cognate sciences and their application in patient care.						
		<input type="checkbox"/> <u>Professionalism</u> Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to diverse patient populations.						
		<input type="checkbox"/> <u>Interpersonal &amp; Communication Skills</u> Demonstrate skills that result in effective information exchange and teaming with patients, their families and professional associate (fostering a therapeutic relationship that is ethically sound, uses effective listening skills with non-verbal and verbal communication; working as both a team member and at times as a leader).						
		<input type="checkbox"/> <u>Practice-Based Learning &amp; Improvement</u> Able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence and improve their practice of medicine.						
		<input type="checkbox"/> <u>Systems-Based Practice</u> Demonstrate awareness of a responsibility to larger context and systems of health care. Be able to call on system resources to provide optimal care (coordinating care across sites or serving as the primary case manager when care involves multiple specialties, professions or sites).						
<b>C11</b>	<b>Evaluating the Activity</b> How will we measure if changes in <u>competence</u> , <u>performance</u> or <u>patient outcomes</u> have occurred?  Check one or more, as applicable.	<u>Competence Outcomes</u> <input type="checkbox"/> Standard Evaluation Form <input type="checkbox"/> Audience Response System (showing intent to change) <input type="checkbox"/> Other:						
		<u>Performance Outcomes Examples</u> <input type="checkbox"/> Pre/Post Data Comparison <input type="checkbox"/> Follow-up Survey <input type="checkbox"/> Adherence to guidelines <input type="checkbox"/> Adherence to policies/procedures <input type="checkbox"/> Case-based studies <input type="checkbox"/> Chart audits <input type="checkbox"/> Hands-on Demonstration <input type="checkbox"/> Customized follow-up focus group <input type="checkbox"/> Direct observation in practice setting <input type="checkbox"/> Patient feedback/surveys <input type="checkbox"/> Other:	<u>Patient/Population Health Examples</u> <input type="checkbox"/> Change in health status measured <input type="checkbox"/> Change in quality <input type="checkbox"/> Change in cost of care <input type="checkbox"/> Change in length of stay <input type="checkbox"/> Measure mortality and morbidity rates <input type="checkbox"/> Patient feedback and surveys <input type="checkbox"/> Patient care improvement reported by learners <input type="checkbox"/> Other:					

CME Committee (and any others who controlled content)				
Planner Name	Relevant Financial Relationship	Company	COI?	Explain how Resolved

## Activity Request Form


<b>C7- C10</b>	<b>Committee Disclosure</b>	Has everyone in a position to control content of this activity disclosed?	
		Which planners had a relevant financial relationship (RFR)	
		Were the RFRs a conflict of interest?	
		How were the conflicts resolved?	

<b>Additional Comments</b>	

<b>Accreditation Decision</b>
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<b>CME Definition</b>	Does this CME meet IMQ's definition of CME?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Criterion #1</b>	Is this type of activity outlined in the CME Mission Statement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Approved:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>By:</b>		<b>Date:</b>
<b>Type:</b>	<input type="checkbox"/> <i>AMA PRA Category 1 Credit™</i>	<input type="checkbox"/> Geriatric	<input type="checkbox"/> Radiology	<input type="checkbox"/> AAFP
	<input type="checkbox"/> Direct-Sponsored	<input type="checkbox"/> Joint Sponsored		<b># of Credits:</b>
<b>Comments:</b>				