



Pre-Program Application for CME

9302 NE 142nd St
 Kirkland, WA 98034
 P 425.821.3965 F 425.968.8075

Name of Organization: _____

Address _____

Contact Name _____ Email _____

Phone # _____

Are you an entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients? Yes No *

If "Yes", please describe _____

If "No", please continue: (if more space is needed, attach more pages in a Word document)

Title of Activity: _____

Is this Activity? Live Internet/Enduring Combination

Date(s), location, time of Activity (if live): _____

Date for Internet Release: _____ URL _____

Target Audience: _____ Number of Credit Hours Applying For: _____

Number of anticipated participants _____

Which designations are you applying for continuing education approval: CME, CNE, CPE?
 (Category 1 CME, NURSING AND/OR PHARMACY) _____

Purpose of the Activity/Course Description (include how this activity will effect knowledge, competence and/or performance)
Outcome Objectives (may attached separate sheet)
Upon completion of this learning activity the participant will be able to:

Lecture Topics or Title (may attach agenda)		
How Many Speakers? (for multiple lectures) Please provide a CV or bio sketch for each as a separate attachment		
Names and credentials of speakers		
If honorarium, amount for each speaker.		
List Planning Committee Members (at least 3) with Medical Designation and their email addresses. Please note who is the Lead Nurse Planner and the Content Expert (need not be an RN) if CNE approved.		
Committee Member	Designation	Email Address
Please explain the process used to identify the need or professional gaps for this activity: (membership surveys, gap analysis, evaluation from previous conferences, committee planning notes, media news)		
Please identify the practice gaps that the healthcare professionals participating in this learning activity need to have addressed that will enhance their current knowledge and/or practice(s) to achieve better patient outcomes.		

How will this activity improve practitioner's competence, performance, and/or patient outcomes?	
How do you plan to measure these outcomes? (post survey, questionnaire, etc.)	
This activity was developed in the context of these desirable physician attributes Please check all that apply:	
	Competencies
<input type="checkbox"/>	Designed to Change Competence
<input type="checkbox"/>	Competence Evaluated
<input type="checkbox"/>	Designed to Change Performance
<input type="checkbox"/>	Changes in Performance Evaluated
<input type="checkbox"/>	Designed to Change Patient Outcomes
<input type="checkbox"/>	Change in Patient Outcomes Evaluated
	ACGME/ABMS Competencies
<input type="checkbox"/>	Patient Care and Procedural Skills
<input type="checkbox"/>	Medical Knowledge
<input type="checkbox"/>	Practice-based Learning and Improvement
<input type="checkbox"/>	Interpersonal and Communication Skills
<input type="checkbox"/>	Professionalism
<input type="checkbox"/>	Systems-based Practice
	Institute of Medicine Competencies
<input type="checkbox"/>	Provide patient-centered care
<input type="checkbox"/>	Work in interdisciplinary teams
<input type="checkbox"/>	Employ evidence-based practice
<input type="checkbox"/>	Apply quality improvements
<input type="checkbox"/>	Utilize informatics
	Interprofessional Education/Collaborative Competencies
<input type="checkbox"/>	Values/Ethics for Interprofessional Practice
<input type="checkbox"/>	Roles/Responsibilities
<input type="checkbox"/>	Interprofessional Communication
<input type="checkbox"/>	Teams and Teamwork
How will this activity be funded?	
<input type="checkbox"/>	Tuition
<input type="checkbox"/>	Commercial Support
<input type="checkbox"/>	If yes, name of Commercial Supporter and Amount of Support
<input type="checkbox"/>	If yes, Amount of Support

According to continuing medical education guidelines we need the following once program is approved:

OPTIONAL - For learning outcomes to be measured, we may ask each speaker to submit a brief case study with 3-4 questions (with the answers) based on your case study and the learning objectives along with your presentation. (True/false or multiple choice no open-ended questions) 4 weeks prior to the presentation if testing required.
OPTIONAL - Also required along with the case study are 2 commitments to change (changes the HCP will be expected to make as a result of the presentation).
The speaker's PowerPoint presentation must be submitted 4 weeks prior to the presentation so it can be reviewed by the FCM Quality Control Officer and required changes can be made and the syllabus prepared.
All ppts must contain the speaker's credentials and disclosure and be properly referenced. Please provide a CV

The Foundation for Care Management (FCM) is a non-profit 501c3 organization that provides accreditation for continuing professional development in hospitals and other qualified organizations. FCM is accredited through the ACCME for CME, AMA PRA Category 1 Credits and is also an approved provider of continuing nursing education by the Continuing Nursing Education Group, an accredited approver by the American Nurses Credentialing Center's Commission (ANCC) on Accreditation. FCM is also accredited by the ACPE for Pharmacy CE.

Commercial Interest

The ACCME defines a commercial interest as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interest - unless the provider of clinical service is owned or controlled by an ACCME-defined commercial interest.

We realize the information requested here can be confusing or overwhelming especially if you are new to CME. Please feel free to contact Debbie Dunn at debbiedunn@fcmcme.org or call her at (425) 821-3965 for clarification. If you need additional room or prefer to send a separate typed document with attachments that is acceptable as well

FOR INTERNAL USE ONLY

This program was reviewed by: _____

Date _____

Additional notes: