 

University of Louisville - Continuing Medical

Education & Professional Development Planning Document & Application for ACCME *CME Category 1 Credit™*

The University of Louisville retains the right to withhold/adjust credit at any time, should it determine that the ACCME Essentials, Policies, ACCME Standards for Commercial Support and/or the University of Louisville Continuing Medical Education & Professional Development (CME&PD) policies and procedures are violated. The accreditation of Continuing Medical Education programming is a function entrusted to the UofL Continuing Medical Education & Professional Development by the ACCME. Adherence to all ACCME essentials and standards is expected of the program applicants and deviation from those essentials and standards may result in withdrawal of accreditation. If there is any question as to compliance with the ACCME please contact the CME&PD staff immediately.

Please Note These Requirements for ACCME Accreditation by CME&PD:

* In order to plan, develop and execute a successful CME course, this application needs to be completed and emailed to [cmepd@louisville.edu](mailto:cmepd@louisville.edu) at least 45 days prior to your activity date, with a preferred lead time of at least 90 days. Incomplete applications cannot be reviewed or approved by the CME&PD Advisory Board, which has the final decision on all applications for CME credit.
* Content must meet ACCME Accreditation Essentials and Standards for Commercial Support, the American Medical Association (AMA) Physician Recognition Award requirements and all CME&PD policies and procedures.
* HIPPA compliance is the responsibility of the course director.
* Recommendations involving clinical medicine in a CME activity must be based on scientific evidence that is accepted by the medical community.
* Recommendations must conform to the generally accepted standards of experimental design, data collection and analysis.
* The University of Louisville CME&PD (which is an Accredited Provider) has oversight responsibility for the application and management of all commercial funds involved with accredited CME events.
* Please note and follow the University Policy requirements presented at the bottom of the last page.

Complete this document on your computer. You may place your cursor anywhere in the “Click here to enter text” field, click once and begin typing or cut/paste information. The space will expand to accommodate any data you wish to present. The  boxes will allow you to place an “X” in the box by placing your cursor over the box and clicking; to remove an “X” place your cursor over it and click again.

MCj04106050000[1] COURSE INFORMATION

1. School/organization/department making request: Click here to enter text.
2. Provided CME Event (U of L department)

Joint-provided CME Event (organization outside of U of L)

Please Note: An ACCME-defined commercial interest is strictly prohibited from serving as a joint-provider for any CME activity. The ACCME 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.” (<http://www.accme.org>) Your signed application as a joint-provider indicates your acceptance of this ACCME accreditation requirement.

If Joint provider, please provide the full name of your organization, current address, phone number and email address as well as a URL if your organization has a website: Click here to enter text.

1. Please indicate the learning format for this CME activity:

**Live Event/Activity**

**--- or --- (separate applications required for different formats)**

**Internet Live Activity (Webinar)**

Hardware requirements: Click here to enter text.

Copyright permission needed?

YES (provide documentation)

NO

None needed

- - - **or** - - -

**Enduring Material** (non-live activity, which **endures over time**, e.g., videotape, journal supplement, monograph, CD Rom, podcast, online course).

The mode of delivery (such as the internet, or a print journal) allows the participant to access the content at any time in any place, rather than only at one time, and one place.

1. Title of course: Click here to enter text.
2. Course date(s): Click here to enter text.

1. Course location (include street address, city, state): Click here to enter text.
2. Please provide a one or two paragraph description of your course. This statement will be used for promotional materials (brochures, web pages, etc.), as a needs assessment and when applying for grants. This description should give an overview of the course and inform potential attendees and supporters as to why this course is important, one that they should be interested in. Click here to enter text.
3. Number of Physician - CME Credits Requested: Click here to enter text.

Number of Nursing - CEU Credits Requested: Click here to enter text.

(Note: for RN credit you must also submit with this application a current curriculum vitae or biographical sketch for each listed speaker in the course)

Other professional credits you plan to arrange for this course: Click here to enter text.

MCj04106050000[1] COURSE CONTACTS

1. Name of Course Director: (U of L faculty/administrator or joint-provider administrator): Click here to enter text.

E-mail Click here to enter text.

Telephone Click here to enter text.

1. Name of Course Coordinator\*(a primary contact person closely familiar with the course): Click here to enter text.

E-mail: Click here to enter text.

Telephone: Click here to enter text.

\*Note that the course coordinator will be expected to function in proxy for the CME & PD office in all matters pertaining to this course. A separate Proxy agreement form will be provided for review of responsibilities and signature once the course has been approved for credit.

1. Planning Committee Members – Please list all individuals who are on the planning committee including staff and external members. All CME courses must have a planning committee with a minimum of three (3) persons and each must complete a Disclosure of Conflict of Interests form.

**Please Note: The use of owners and/or employees of ACCME-defined commercial interests as planners and/or faculty is strictly prohibited in CME activities. Disclosure of COI forms must be completed, signed and submitted with this application by all Planning Committee members, Course Director and Course Coordinator, and reviewed/approved by CME & PD prior to the first Planning Committee meeting.\***

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| **NAME & CREDENTIALS**  **(MD, PHD, ETC.)** | **TITLE(S) & INSTITUTIONAL**  **AFFILIATION, LOCATION** | **E-MAIL ADDRESS** |
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MCj04106050000[1] CONTENT DEVELOPMENT

1. Screening Criteria: In order to be considered for a continuing medical education activity, all of the criteria listed below must be met. Planners confirm, by agreement, to the following statements:

The content of this activity will be based on evidence that constitutes “best practices.”  Agree

Planners have identified a defined gap that exists between current and best practice.  Agree

This activity will provide educational content aimed at closing the defined gap to result in improved knowledge, competence, and/or performance, which could result in improved patient outcomes.

Agree

All of the recommendations involving clinical medicine in this CME activity are based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.  Agree

All scientific research referred to, reported on, or used in this CME activity will support or justify patient care recommendations that conform to the generally accepted standards of experimental design, data collection, and analysis.  Agree

1. This CME activity is planned to meet the needs of what groups of practicing healthcare professionals (in other words, your target audience)? List all groups: **Click here to enter text.**
2. How does the content of this activity match the learners’ current or potential scope of professional activities?

**Click here to enter text.**

1. Please cite at least three examples from peer-reviewed literature (scientific/medical journals, etc.) that support the Professional Practice Gaps for this activity and **include the URL Address that leads directly to the full article.** Be sure the article is not from an online subscription service that can only be accessed by your office. These articles should support the identification of the medical practice gaps. **Click here to enter text.**
2. Check below which procedures were used to identify the physician practice gaps, i.e. educational need, between current practice vs. best or evidence-based practice? Please check all that apply. **Attach all appropriate documentation for each item selected.**

Requirements by state licensing board, specialty societies

Previous course evaluations

Previous outcomes data

Literature Search

Other, please list: **Click here to enter text.**

1. Based on the information above please complete the following chart; see notes below for explanations.

1. What are the learners’ educational needs (practice gaps, what are they currently not doing in their practice that needs to change)?

2. What procedures were used to identify the gap (e.g., literature search)? How did you decide that the learner needs to change how they are practicing and why are they not performing best-practices?

3. What are the desired results or best practice changes expected; what change should occur in the learners’ practice after they participant in this activity?

4. What is/are the cause(s) of the gap (do they lack knowledge, do they need to be more competent and/or does performance need to change)?

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| --- | --- | --- | --- |
| **1. EDUCATIONAL GAP**  current practice  (What they are not doing) | **2. PROCEDURES USED TO IDENTIFY THE GAP(S)** & why they are not doing it (include a percentage when applicable) | **3. DESIRED RESULTS**  (best-practice) | **4. CAUSE OF GAP** (educational need) |
| **EXAMPLE**  **Physicians are not using the current diagnostic criteria to screen pre-school age children for Autism.**  **Using this template and following these examples, now state each of your gaps below.** | **EXAMPLE**  **A current literature search indicates that at least 25% of physicians have not been educated on the diagnostic criteria for autism screening.** | **EXAMPLE**  **Physicians will utilize best practice guidelines in regard to Autism screening procedures.** | **EXAMPLE *Click the boxes that apply to your program based on the criteria below***  **Knowledge**  **Clinicians aren’t performing as they should because they lack knowledge.**  **Competence**  **Clinicians may “know” but do not “know how.”**  **Performance**  **What clinicians actually do in practice...clinical performance may be influenced by knowledge, competence, or by factors external to the individual.** |
|  |  |  | Knowledge  Competence  Performance |
|  |  |  | Knowledge  Competence  Performance |

18) Based on the desired results described above, list the learning objectives for the content of this activity. **The learning objectives are the bridge to address the GAP between current practice and best practice.**  Also, the objectives specify the result that the learner can expect to achieve by participating in this educational activity. Using the standard behavioral objective stem *“As a result of participating in this activity, participants should be able to . . .”* provide the learning objectives for each major educational portion of the course and number each one. Note: the learning objectives have to be stated in measurable terms. Start each objective with an active verb (e.g., describe, list, compare, identify, name, etc.). Avoid vague behavioral terms such as “understand.”

**Click here to enter text.**

19) Founded on the Maintenance of Certification (MOC) competencies designed by the American Board of Medical Specialties (ABMS), the competencies established by the Accreditation Council for Graduate Medical Education (ACGME), the general competencies established by the Interprofessional Education Collaborative (IPEC), and the desirable physician attributes established by the Institutes of Medicine (IOM), **in the chart below indicate what competency areas you will address in this CME activity and which learning objectives will fulfill those competency needs?**

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| **Check the boxes below that apply** | **Competencies/Physicians Attributes** | **Content in this activity that reflects the competencies you selected –** Cite the learning objective number(s) that apply |
|  | **Patient Care** (provide care that is compassionate, appropriate and effective treatment for health problems and to promote health). |  |
|  | **Medical Knowledge** (demonstrate knowledge about established and evolving biomedical, clinical and cognate sciences and their application in patient care). |  |
|  | **Practice-based Learning and Improvement** (investigate and evaluate patient care practices, appraise and assimilate scientific evidence and improve practice of medicine). |  |
|  | **Systems-based Practice** (demonstrate awareness of and responsibility for larger context and systems of healthcare; call on system resources to provide optimal care, e.g., coordinating care across sites or serving as the primary case manager when care involves multiple specialties, professions, or sites). |  |
|  | **Professionalism** (demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to diverse patient populations). |  |
|  | **Interpersonal and Communication Skills** (demonstrate skills that result in effective communication and teaming with patients, their families and professional associates, such as fostering a therapeutic relationship that is ethically sound; using effective listening skills with non-verbal and verbal communications; working as both a team member and at times as a leader). |  |
|  | **Provide patient-centered care** (identify, respect, and care about patients’ differences, values, preferences and expressed needs; relieve pain and suffering; coordinate continuous care; listen to, clearly inform, communicate with, and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health). |  |
|  | **Work in Interdisciplinary Teams** (cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable). |  |
|  | **Employ Evidence-based Practice** (integrate best research with clinical expertise and patient values for optimum care; participant in learning and research activities to the extent feasible). |  |
|  | **Apply Quality Improvement** (identify errors and hazards in care; understand and implement basic safety design principles; continually understand and measure quality of care in terms of structure, process and outcomes in relation to patient and community needs; design and test interventions to change processes and systems of care with the objective of improving quality). |  |
|  | **Utilize Informatics** (communicate, manage knowledge, mitigate error, and support decision making using information technology). |  |
|  | **Utilize Effective Teaching Methods** (communicate, demonstrate, coordinate and outline the skills and competencies related to effective teaching practices in the field of medical education, including teaching/learning strategies, methods and educational objectives) |  |
|  | **Values/Ethics for Interprofessional Practice** (Work with individuals of other professions to maintain a climate of mutual respect and shared values). |  |
|  | **Roles/Responsibilities** (Use the knowledge of one’s own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served). |  |
|  | **Interprofessional Communication** (Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease). |  |
|  | **Teams and Teamwork** (Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective, and equitable). |  |

20) Please provide a **TIMED AGENDA**, the contents of which will address the educational needs of the target audience (you can cut and paste into the “click here to enter text” space below):

**Click here to enter text.**

21) List only your confirmed speakers/presenters and moderators in the table below. You must include their Professorial Rank~~,~~ and/or Business Title, Institutional Affiliation and a Current Email Address. It is assumed that your planning committee has selected the most qualified professionals to present this material. **We strongly recommend that you arrange for a signed disclosure form from each speaker/presenter at the time you contract with them to speak at this event.**

**Please Note: The use of owners and/or employees of ACCME-defined commercial interests as planners and/or faculty is strictly prohibited in CME activities. Please note that final credit approval cannot be determined until all speaker’s/presenters and moderators disclosure forms are provided to CME & PD. Send those forms with your application submission, or as soon as possible.**

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| **NAME & CREDENTIALS**  **(MD, PHD, ETC.)** | **TITLE(S) & INSTITUTIONAL**  **AFFILIATION, LOCATION** | **E-MAIL ADDRESS** |
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MCj04106050000[1] **EDUCATIONAL DESIGN**

22) What are the learning/educational format(s) for this CME activity? (check all that apply)

Didactic Lecture  Question and Answer session

Skilled demonstration  Panel Discussion

Case Studies  Lab activity

Audience Response System  Internet

Simulations  Teleconference

Self-directed Study  Print

DVD or  CD/ROM ☐ Online Video  Other (describe): **Click here to enter text.**

23) Briefly explain how the learning/educational format(s) is appropriate for the setting, objectives and the results for this educational activity: **Click here to enter text.**

24) CME&PD will deliver a post-course online evaluation to evaluate and analyze changes in your learners’ professional practice gaps (i.e., change in knowledge, competence, performance). Three months after the completion of the activity, CME&PD will send a follow-up outcomes survey to measure sustained changes in knowledge, competence, performance and/or patient outcomes achieved in this activity. The outcomes survey is sent to all participants who submitted the initial evaluation and received CME credit.

However, you are encouraged to explore other ways to determine learner competency and understanding of the course content.Please describe any additional plans such as post-course content evaluations or your own follow-up survey, etc. **Click here to enter text.**

25) Planners should address anticipated barriers that physicians may have in trying to implement the ideas and methods delivered in this course. Barriers may include: formulary restrictions, insufficient time for implementation of new skills or behaviors, lack of insurance reimbursement, lack of organizational support, lack of resources, policy issues within the organization. **Identify those barriers in the chart below that might impact participants of this activity to change and then recommend educational strategies that you will present in this activity designed to alleviate these barriers**.

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| **ANTICIPATED BARRIER(S) TO PHYSICIAN CHANGE** | **PLANS TO ADDRESS THE BARRIER(S)** |
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26) Planners of this activity are encouraged to employ non-educational strategies to reinforce the intended results of this activity (see examples below). Please list additional non-educational strategies that you will use:

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| NON-EDUCATIONAL STRATEGY | Purpose of the Strategy |
| *Example-CME&PD will encourage all participants of this activity to implement some of the new information and/or techniques into their practice.* | *Example-Encourage participants to change as a result of attending this activity.* |
| *Example-Email an outcomes survey to participants who completed the evaluation.* | *Example-The outcomes evaluation will allow participants to share changes implemented into practice and changes in patient outcomes as a result of attending this activity.* |
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27) Please identify factors outside your or the physician’s control that may impact patient outcomes:

Click here to enter text.

MCj04106050000[1] COURSE LOGISTICS

28) Will this activity be supported by grants? Yes No

If yes, then please list each grant source in the chart below; CME&PD must receive all Letters of Agreement in advance of the program to be submitted for University review and signatures along with copies of the grant checks as they become available.

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| SOURCE OF GRANT | CONTACT PERSON | E-MAIL ADDRESS |
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29) Please list the names of all speakers, moderators, panel members, and their honorarium amounts, travel expenses length of presentation. If no honorarium or travel is to be paid, please indicate with “NA.”

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| **COURSE DIRECTOR, CO-DIRECTOR, SPEAKERS, MODERATORS, PANEL MEMBERS (ANYONE PRESENTING)** | **HONORARIUM** | **TRAVEL AND ACCOMMODATION EXPENSES** | **TOTAL AMOUNT OF TIME SPEAKING** |
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MCj04106050000[1] CME&PD PROGRAM INFORMATION

30) Is there a registration fee for participants in this event? Yes No

If yes, how much for each category?

U of L Physicians $ **Click here to enter text.**

All other non-physician U of L Faculty $ **Click here to enter text.**

U of L Nurses $ **Click here to enter text.**

Outside Physicians $ **Click here to enter text.**

Outside Nurses $ **Click here to enter text.**

U of L students/residents/fellows $ **Click here to enter text.**    
**(U of L Trainees are not to be charged fees other than for catering and workshop supplies at University cost)**

Others (please specify): $**Click here to enter text.**

31) Is any part of this live event to be available online, to be video recorded or are there other special technical support requirements? If yes, there will be an additional charge – CME&PD will contact you to discuss this additional charge.

Yes (please specify details):  **Click here to enter text.**

No

If you answered “Yes” you will be contacted by CME&PD for follow-up details and charges.

**CME&PD ACTIVITIES ADMINISTRATIVE FEE POLICIES**

*Please note that Continuing Medical Education & Professional Development (CME&PD) is required by the University of Louisville School of Medicine to be a self- supporting, non-profit office. Fees are used to pay for accreditation expenses, staff salaries, and office overhead. Much of our work involves assuring that the proposed course meets all ACCME accreditation criteria and standards as well as maintenance of CME credit data, reporting physician CME credit activity to the Greater Louisville Medical Society and providing additional professional services that are intended to prepare and position your program for greater success.*

**Schedule of Fees For Accredited CME and Related Programming**

Basic fee charges cover the following essential services: 1) vetting, review and approval of your CME application, 2) review and approval of promotional materials, 3) ACCME accreditation fees, 4) online evaluation development and summary, 5) online certificates processing, 6) data base management of individual CME credits, 7) transcript services, 8) uploading Category 1 credits to Greater Louisville Medical Society, and 9) outcomes survey management (60-90 days after live event).

PROVIDED (U of L Departments) CME Activity Fee $2,500\*

Additional fee for Nursing credit also in CME Activity Fee $300

Nursing ONLY Activity (No CME) Fee $2,000\*

JOINT-PROVIDED (non-UofL organizations) CME activity Fee TBD\*

\*Plus Credit-hour Fee (for total number of Category 1 hours) Total hours X $100

Example: A full-day continuing education course, offering CME credit and nursing credit for a total of 7 Category 1 hours would be : $2,000 (CME fee) + $300 (Nursing credit fee) + 7 x $100, for a grand total of $3,000 for the accreditation expense. Nursing credit is provided by the Kentucky Board of Nursing through the University of Louisville Hospital; CME&PD will coordinate with ULH for your nursing credit.

Note: In situations where speaker conflict of interest issues arise it will be necessary to review the course material that speaker will be using in his/her presentation. CME & PD will arrange for a peer reviewer from among the UofL faculty and an honorarium will be paid to the reviewer at the rate of $100/hour of review time or $75/slide deck review. Also, a minimum $100 charge will be made for administration of the peer-review process or 10% of the reviewer charges above $1,000. These charges to be paid out of program/course funds.

Note: If this is an Enduring Materials Course: After initial course/credit fees charged for the first year, an additional fee of $500 for each additional year of accreditation (up to a maximum of three years) will be charged.

CME&PD will confirm total charges based on the above fee schedule and costs for additional services (see next page) upon presentation of the application for review and approval by the CME&PD Advisory Board. Select your additional services in the chart below.

**Program Accreditation Fees**  
  
PROVIDED (U of L Departments) CME Activity Fee $2,500 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
JOINT- PROVIDED (non-UofL organizations) CME activity Fee TBD $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional fee for Nursing credit also in CME Activity Fee $300 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nursing ONLY Activity (No CME) Fee $2,000 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
\*Plus Credit-hour Fee (for total number of Category 1 hours) Total hours X $100 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
**Total Accreditation Fee**  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional CME/PD Services and Fees

*These services are designed to provide skilled assistance with the various elements of your program, from webpage design and online registration to post-course services. Please check the left-hand box for the additional services you need and note the total charge for each item. Charges do not include vendor costs such as printing, address lists, postage, site rental, catering, AV, etc.*

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| **CHECK THE SERVICES YOU WANT CME/PD TO PROVIDE** | **ITEM** | **EXPLANATION OF SERVICES & COSTS** | **TOTAL $$$** |
|  | Web page and announcements | Set up webpage on CME & PD website | $350 |
|  | Course Marketing | Send out e-mail announcements to HSC Faculty, CME/PD Past Participants and posting in UofL Today online | $150 |
|  | Online Registration Set Up & Processing | Credit cards charged, online receipts provided, and confirmations emailed | $250 |
| ☐ | Online Registration Fee | 3% of tuition per registrant (this is a credit card charge, not a CME & PD charge) | TBD |
| ☐ | Program Financial Management Fee | Deposit grant and exhibit checks, process CC exhibit fees, coordinate venue contracts and approvals. Process invoices, general bookkeeping, prepare final budget, etc. | $300 |
|  | Honorarium & Reimbursement Payments | CME/PD collects receipts & W-9 information from faculty and pays reimbursements & honoraria. | $300 |
|  | Online Course Build | Build of Online Enduring Material on the CME Tracker platform | $250 per module |
|  | Presentation Download | Course slide sets downloaded to a CME & PD course webpage | $300 |
|  | Course Material Download | Course Brochure, Syllabus, and additional course information downloaded or linked to a CME & PD course webpage | $300 |
| CME & PD | Homepage Announcement | Course published to the CME & PD homepage upcoming events | **No charge** |
| CME & PD | Certificates & Online Transcript Assess | Online access. Included in accreditation fee | **No charge** |
| CME & PD | Online Evaluation | Included in accreditation fee – Develop & Set-up online course evaluation and follow-up outcomes evaluation three months after activity. | **No charge** |

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| **Brochure and Poster Development**  University of Louisville Design and Printing Services will work with you to develop your course brochures, flyers, and posters at a standard design charge of $80/hr. For a brand new upstart the charge will be 3-5 hours ($240-$400) for a standard tri-fold brochure or flier. Design and Printing Services has an istockphoto.com account and can purchase photos from there. Currently, the price is $2/credit and photos for promotional materials will likely run from 12-25 credits per photo.  To begin design of your promotional materials please contact:  **Heather L. Jones**  Graphic Designer  Design and Printing Services  University of Louisville  P: 852-0716  E: [heather.jones.1@louisville.edu](mailto:heather.jones.1@louisville.edu) |

32) Budget Planning: Course fees, Anticipated Income and other Expenditures

**This section must be completed in compliance with ACCME Essentials and Standards;** the management of your course funding is critically important to the ascertaining of independence in the planning and presentation of CME activities that are free of commercial influence. Please prepare a draft of your budget after reviewing the charges for administrative fees and additional CME & PD services – as described in the previous two sections. You may contact the CME & PD office for further information as you complete this part of the application.

**THE FOLLOWING TEMPLATE WAS DESIGNED TO HELP YOU DRAFT YOUR BUDGET**

**(ALL CME COURSE APPLICATIONS MUST INCLUDE A BUDGET PLAN)**

Program Title: Click here to enter text.

Program Date: Click here to enter text.

1. ***Please add anticipated costs for services in the Expenses Column.***
2. ***You may provide your own budget layout using an Excel spread sheet or similar format.***

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| --- | --- | --- |
| CHECK | PROGRAM ELEMENTS | EXPENSES |
|  | ANTICIPATED EXPENSES | AMOUNT |
|  |  |  |
|  | ACCME Category 1 Credit + number of hours – from CME/PD Fee schedule |  |
|  | Advertising - journals, newspaper, TV, professional websites |  |
|  | Audio Visual Services |  |
|  | Brochure Development (UofL Design and Printing Services cost - $80/hour) |  |
|  | Brochure Printing Cost (UofL cost - Usually $.50 to $1 per brochure) |  |
|  | Brochure Postage & handling Cost (UofL cost - $.34 bulk rate, $.45 1st class) |  |
|  | Brochure – estimated cost of mailing labels for brochure |  |
|  | Catering and Site arrangements |  |
|  | Disclosure and Conflict of Interest Resolution – CME/PD ($100 per hour of presentation review or $75/slide deck review) |  |
|  | Faculty Honoraria (includes course director and developer stipends) |  |
|  | Faculty Housing Expense |  |
|  | Faculty Travel Expense |  |
|  | Name badges – Usually cost $2 per badge |  |
| ☐ | Online Registration Setup– CME & PD ($250) |  |
|  | Online registration Charge (via authorize.net – 3% charge per participant) |  |
|  | Online course development |  |
|  | On-site registration |  |
|  | Poster Development UofL Design and Printing Services ($80/hour does not include cost of printing) |  |
|  | Syllabus and course material downloaded onto the CME/PD website |  |
|  | Syllabus/handouts copying - Usually $10 to $15 per syllabus |  |
|  | Webpage Development & send e-mail announcement pdf to CME/PD past participants (you provide an Excel file list) and School of Medicine Faculty ($350) |  |
|  | Miscellaneous and Incidental Expenses |  |
|  |  |  |
|  | TOTAL OF ESTIMATED EXPENSES OF THIS ACTIVITY |  |
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|  | ANTICIPATED INCOME | AMOUNT |
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|  | Educational Grants |  |
|  | Exhibitor Fees |  |
|  | Registrant Fees |  |
|  | Other Income (provide details of source(s) |  |
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|  | TOTAL ANTICIPATED INCOME FOR THIS ACTIVITY |  |

A Final Comment:

While it is understood that the costs and income presented in this program budget are estimates, it is the responsibility of the providing department or joint provider to monitor and manage all budgetary matters and to assume responsibility for program losses. Continuing Medical Education & Professional Development does not share in the profit or loss of any program which we accredit. In addition to accreditation services we will, at program’s expense, provide additional registration and program element support (as described above). Program counsel and guidance is always gratis. Our primary concern is for the academic and educational integrity of the program course materials and for the determination of appropriate CME Category 1 credit based upon ACCME Criteria and Commercial Support standards. We look forward to working with you in providing this valuable service to our health care professionals and will do all we can to assist you in realizing a highly successful program.

**The Staff of Continuing Medical Education & Professional Development**

Email: [cmepd@louisville.edu](mailto:cmepd@louisville.edu)

Phone: (502) 852-5329

Website: <http://louisville.edu/medicine/cme>

Mail: Continuing Medical Education & Professional Development

Med Center One

501 East Broadway, Suite 370

Louisville, KY 40202

Please note:It is your responsibility to apply for continuing education credit other than ACCME (physician) and Kentucky Board of Nursing (registered nurses) and you may do so by clicking on the following links:

AAFP Credit - <http://www.aafp.org/online/en/home/cme/cmea.html?navid=cme+accreditation>

Social Work Credit - <http://bsw.ky.gov/forms/Pages/other.aspx>

Nurse Practitioner Credit – <http://www.aanp.org/education/ce-accreditation/individual-program-accreditation>

Pharmacy Credit - <http://www.acpe-accredit.org/ceproviders/application.asp>  
Psychology Credit - <http://psy.ky.gov/Forms%20Library/Continuing%20Education%20Program%20Application.pdf>

**This completes your CME credit application. Please review the following notes and procedures as you prepare to submit your materials. If you have any questions call a CME&PD staff member. Course Director please sign electronically on the next page.**

Notes:

This complete application must be accompanied by :

* a budget plan for the event
* any request for any additional services (for which there may be additional fees)
* a listing of procedures which were used to determine the Educational Gap(s) from question #17

Prior to marketing your program/event you should submit to CME&PD:

* a draft brochure (and/or draft of your website promotion) for our review and approval before mailing or website launch (if not being developed by CME&PD)
* three (3) copies of your original brochure (if not developed by CME&PD)

At least 30 working days prior to the date of the CME event you should submit to CME&PD:

* all letters of agreement (LOA) with grant sponsors; these must be between 1) the University of Louisville Research Foundation, 2) the commercial/grant sponsor, and 3) the joint provider, and must be signed by legal representatives of all three entities (CME&PD will arrange for UofL signature).
* disclosure forms from everyone involved in the activity (including planners, course director, coordinator, speakers, panelists, etc.)
* proxy form (all events)

Following completion of the CME event, the following items must be submitted in a course wrap-up report to CME&PD for review and permanent filing:

* Faculty/course director reimbursement amounts for travel and lodging etc. (if not paid by CME&PD) reported on the final budget
* Faculty/course director honoraria amounts (if not paid by CME&PD) reported on the final budget  
  Note: commercial supporters are not permitted to directly pay faculty/course director honoraria or any course expenses
* Copies of Grant checks (if money is not collected by CME&PD)
* Final Budget reconciliation - accounting of income and expenses (if not handled by CME&PD).

**Your application and/or proper closure for this event is considered incomplete without each of these pieces of documentation, and withdrawal of credit may occur without full cooperation.**

**Signature/Date (electronic) of Course Director**: **Click here to enter text.**

**IF THIS ACTIVITY IS CANCELED WITHIN 30 DAYS OF THE START DATE, THERE WILL BE A $500 CANCELLATION FEE PLUS COLLECTION OF ANY EXPENSES INCURRED BY CME&PD.**

*Continuing Medical Education & Professional Development does not share in profit or loss for this CME Event.*

*Continuing Health Medical Education & Professional Development (CME&PD) CME Events are reviewed by the Continuing Medical Education & Professional Development Advisory Board for scientific content, relevance to healthcare professionals, congruence with the CME&PD mission, appropriate management of commercial interest involvement, and credentials of speakers. All CME Events must be approved by the CME&PD Advisory Board. By serving in this role, the members of the Board are serving as part of the planning process for all CME Events provided by the University of Louisville CME&PD. Conflict of interest disclosures of CME&PD Advisory Board members and CME&PD Staff must be included on the event welcome letter and CME&PD will provide the most current rendering of that information to the course developers.*

NOTE: For all accredited CME programming The University of Louisville Continuing Medical Education & Professional Development office operates in strict adherence to the University Policies and Procedures regarding issues of non-discrimination and equal opportunity, Americans with Disabilities Act, and institutional policies regarding nepotism and conflict of interest. All program developers are advised to review these policies at the following websites: [https:/sharepoint.louisville.edu/sites/policies/library/SitePages/Administration/Addressing%20Potential%20Individual%20Conflict%20of%20Interest%20Policy%20and%20Procedures.aspx](https://sharepoint.louisville.edu/sites/policies/library/SitePages/Administration/Addressing%20Potential%20Individual%20Conflict%20of%20Interest%20Policy%20and%20Procedures.aspx) and [https://sharepoint.louisville.edu/sites/policies/](https://sharepoint.louisville.edu/sites/policies/library/SitePages/Human%20Resources/Nepotism.aspx)

[library/SitePages/Human%20Resources/Nepotism.aspx](https://sharepoint.louisville.edu/sites/policies/library/SitePages/Human%20Resources/Nepotism.aspx). Full disclosure of program funding sources, payment of honoraria and contracted services is expected before, during and following the accredited event.