The UC Davis Health System is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.

- See UCDHS Policy #2916 for a detailed description of requirements.
- All activities designated for credit by UCDHS CME must have a UCDHS faculty member involved in the planning.
- Individuals planning, coordinating, and presenting this activity are accountable and responsible for meeting requirements of the Accreditation Council for Continuing Medical Education (ACCME).
- Recommended application date is no less than six months prior to the proposed activity.

☐ Directly Sponsored Traditional Activity
  CME provides full sponsorship. Coordination managed by assigned CME meeting planner.

☐ Jointly Sponsored Traditional Activity
  CME provides accreditation in cooperation with non-accredited organization co-sponsoring the activity. Coordination managed by assigned CME meeting planner.

☐ Limited Involvement Activity
  Requesting department provides support for all coordination and on site functions.
  CME provides accreditation and Category 1 CME certificates pre- or post-program.

☐ Enduring Material (Video, Journal, Web)

Send completed application to: Continuing Medical Education Fax 916-736-0188
UC Davis Health System Phone 916-734-5390
3560 Business Drive, Suite 130, Sacramento, CA 95820

ACKNOWLEDGMENT

COURSE CHAIR: Signature acknowledges receipt of ACCME guidelines and agreement to meet deadlines identified in the confirmation letter to ensure CME support.
  Name and Title:
  Division/Department:
  Signature: ___________________________ Date: _______________

DIVISION CHIEF or DEPARTMENT CHAIR: Signature acknowledges review and approval of plans for the CME activity outlined in the following pages and approval of department/division financial support.
  Name and Title:
  Division/Department:
  Signature: ___________________________ Date: _______________

APPROVAL

Course Title and Date:
This continuing medical education activity is approved for up to ___ hours of CME Category 1 Credit.
Accreditation Fee: _______________________ Fee per CME certificate: ______________________ Date: _______________
  Pamela Stotlar-McAuliffe, Manager, Continuing Medical Education

☐ Copy of acknowledgement/approval page sent to course chair Date: _______________
ACCME Essential 1 Purpose and Mission

1.1 The provider must have a written statement of its CME mission which includes the CME purpose, content areas, target audience, type of activities provided, and expected results of the program.

ACTIVITY INFORMATION

Course Title:

Date(s) and Time(s):

Location:

Proposed number of Category 1 credit hours:

Target Audience:

- Number of Participants: Physicians_____ Nurses _____ Others (identify) ____________________________
- Specialties: ____________________________ Geographic Areas: ____________________________

Additional accreditations required for the target audience:

- MFT/LCSW: California Board of Behavioral Sciences, UCDHS CME Approved Provider PCE737
- Pharmacists: American Council on Pharmaceutical Education, UCDHS CME Approved Provider
- AAFP
- ACOG
- Pathologists
- Dietitians
- Other:_____________________________________

CONTENT

If the following is included in the brochure draft, you may attach it. If not, please provide information including:

- Course schedule identifying lecture times
- Purpose and brief description of the course including learning methods; i.e., didactic, interactive, skills sessions, etc.
- Identify clinical issues relevant to the course that relate to problems encountered by participants. How will this course address those problems?
- What are the special features of the course; i.e., special facilities, hands-on experience, clinical conditions, eminent faculty, etc.
- Identify workshop/meeting space needed and/or special activities (i.e. receptions, dinners, guest activity)

ATTACHMENT

PRESENTERS

Attach a list of all presenters, including moderators and panel members.

ATTACHMENT (see page 5, form provided)

All presenters (lecturers, panel members, and moderators) are required to:

- Provide current curriculum vitae
- Disclose significant financial interest/other relationship with a commercial organization and “off label” use of commercial products or medical devices. This information must be documented and disclosed to the course participants.

MARKETING

UCDHS CME must approve the brochure before it is printed and distributed to ensure that it includes:

- Category 1 credit is based on hour per hour of instruction. Specific accreditation statements are required depending on length of course and whether it is directly or jointly sponsored.
- CME must be identified as a sponsor of the activity. Specific sponsorship statements are required for directly or jointly sponsored courses, web-based activities, and enduring materials.
- Promotional materials may not state that “CME credit is pending.”
- Attach program or brochure from past course if not previously approved by UCDHS CME.

Distribution of brochures:

- UCDHS only (UCDMC, ACC Clinics, PCN Clinics)
- Bulk Mail CME mail lists:
- Additional mail lists Identify: ____________________________
ACCME Essential 1: Purpose and Mission
1.2 The provider must demonstrate how the CME mission is congruent with and supported by the mission of the parent organization.

PROGRAM PLANNING PROCESS
List planning committee members. All planning must include an actively involved UCDHS faculty member.

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<th>Name</th>
<th>Degree</th>
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JOINT SPONSORSHIP  (Complete this section only if activity will be jointly sponsored)
For joint sponsorship of an activity, UCDHS CME is the accredited sponsor. Please provide the following information about the non-accredited joint sponsor:

Organization: 
Address: 
City, State, Zip: 
Contact Person: 
Title: 
Telephone: 
Fax: 
E-mail: 

NOTE: All information required above must be provided. UCDHS CME must approve the brochure prior to printing. UCDHS faculty must be involved in the planning process and sign the acknowledgment form.

ACCME Essential 2 Educational Planning and Evaluation
2.1 The provider must use a planning process that links identified educational needs with a desired result in its provision of all CME activities.
2.2 The provider must use needs assessment data to plan CME activities.

EDUCATIONAL NEED
Indicate the method used to identify the learning need for this activity and write a brief explanation below.

- Annual CME Needs Assessment
- Audience Input (previous evaluations)
- Medical Audit/Utilization Review Committee
- Direct Observation of Problem
- Peer Review
- Perception of Faculty/Staff
- Current Literature (attach)
- Other:

  • Describe why there is a need to educate the stated target audience.

  • State the desired result the target audience will gain.

  • Provide data to support the need to educate the target audience.

ATTACHMENT
ACCME Essential 2 Educational Planning and Evaluation

2.3 The provider must communicate the purpose or objectives of the activity so the learner is informed before participating in the activity.

2.4 The provider must evaluate the effectiveness of its CME activities in meeting identified educational needs.

2.5 The provider must evaluate the effectiveness of its overall CME program and make improvements to the program.

LEARNING OBJECTIVES

- List the overall activity objectives. (Printed in brochure and provided in syllabus)
- List specific learning objectives for each presentation, workshop, panel, etc. (Printed in brochure if space allows and provided in syllabus)

EVALUATION/OUTCOMES

- Indicate evaluation methods you will use (e.g., pre- and post- knowledge, skills, follow up surveys, etc.).
- UCDHS CME must approve the evaluation format. An evaluation format is available if you wish to use it. Please attach a copy of the evaluation tool(s) you will use.
- Do you wish to use the UCDHS CME audience response system?
  - No
  - Yes  If yes, test questions must be provided no later than two weeks before the activity. PowerPoint format encouraged.

ACCME Essential 3 Administration

3.1 The provider must have an organizational framework for the CME unit that provides necessary resources to support its mission.

3.2 The provider must operate the business and management policies and procedures of its CME program (as they relate to human resources, financial affairs, and legal obligations) so that obligations and commitments are met.

3.3 The provider must present CME activities in compliance with the ACCME’s policies for disclosure and commercial support.

ADMINISTRATION AND RESOURCES

- Attach a pre-program projected budget including income required to support anticipated expenses. A final budget will be required at the conclusion of the program.
- Will registration fees be charged?
  - No  Recharge department $___ per person for tuition
  - Yes UCDHS fees: Physicians $___ Nurses $___ Others $___ Students $
    Outside fees: Physicians $___ Nurses $___ Others $___ Students $
- Registration will be processed by:
  - UCDHS CME
  - Sponsoring Division/Department (limited involvement only)
- Will financial support be provided by commercial manufacturers of pharmaceuticals or medical devices?
  - No
  - Yes  If yes, anticipated support: #__________ @ $__________ each
- Will commercial support representatives display products at the activity?
  - No
  - Yes  If yes, number of exhibit spaces available:

Commercial support must be managed in accordance with the ACCME Standards for Commercial Support. To receive commercial support funding for your activity, a Letter of Agreement form must be completed by the supporting agency and all funds must be managed by UCDHS CME. Presenters (lecturers, panel members and moderators) must provide disclosure information.
**ATTACHMENT: PRESENTER LOG**

Obtain *current curriculum vitae* for each presenter.

If a current CV has already been sent to the UCDHS CME Office, check “CV on file.”
If you have requested a CV but have not yet received it, check “CV pending” and send it when received.

Obtain *signed disclosure form* from each presenter.

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<th>CV PENDING</th>
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