



**CHICAGO MEDICAL SOCIETY
CME ACTIVITY
CATEGORY 1 CREDIT APPLICATION**

A Complete application must be submitted at least 60 days prior to the CME activity to be reviewed for credit. ***(Applications submitted less than 60 days before the activity will not be reviewed.)***
Incomplete Applications will not be reviewed

I. CME ACTIVITY (Speaker(s) CV and Disclosure Statement MUST accompany this application)

Activity Title: _____

Name of Speaker (include credentials): _____

(Please check box that applies) _____ CV DISCLOSURE

Activity Location: _____

Date/Time: _____ # of Hours of Instruction: _____

II. GENERAL INFORMATION

Branch/Specialty/Associated Society/Organization: _____

Name/Title of Individual preparing this form: _____

Submission Date: _____

Course Director: _____ (Signature) _____

Address: _____ Phone: _____

Email: _____ Fax: _____

III. TARGET AUDIENCE (Check all that apply)

- All Physician Members
- Specific Medical Specialty (Specify) _____
- Specific Physician Group (Specify) _____
- Non-physicians (Specify) _____

Estimated attendance: Physicians _____ Non-Physicians _____

IV. EDUCATIONAL NEEDS ASSESSMENT Please describe the results of your needs assessment and include the supporting documentation (i.e. tabulated evaluation results, journal articles) with the application. (SEE NEEDS ASSESSMENT TECHNIQUES): _____

Identify documentation of Needs Assessment: _____

V. LEARNING OBJECTIVES

List **2 to 3** learning objectives for this course below. Please be sure to use action verbs such as "discuss," "present," and "conduct," etc., when describing learning objectives. Use supplemental sheet, if necessary. **(See instruction sheet on writing objectives)**

At the conclusion of this learning activity, the participant should be able to:

1. _____
2. _____
3. _____

VI. LEARNING METHODS (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Lecture/Discussion | <input type="checkbox"/> Individual study assignments |
| <input type="checkbox"/> Case presentation/Discussion | <input type="checkbox"/> Teleconference |
| <input type="checkbox"/> Demonstration/Manipulative technique | <input type="checkbox"/> Film, video/audio-tape (Specify name below) |
| <input type="checkbox"/> Panel discussion | _____ |
| <input type="checkbox"/> Small group workshop | |

Learning aids to be used (i.e., handouts, slides, etc.) _____

VII. EVALUATION METHODS (Include a sample of any test or survey that will be used)

- | | |
|---|---|
| <input type="checkbox"/> Written Test/Quiz | <input type="checkbox"/> Participant satisfaction critique |
| <input type="checkbox"/> Performance/Competency test | <input type="checkbox"/> CMS Joint Sponsorship Evaluation (Sample in packet) |
| <input type="checkbox"/> Follow-up medical audit/chart review | <input type="checkbox"/> Other (Specify) |
| <input type="checkbox"/> Faculty/Observer critique | _____ |

VIII. BUDGET

Will this educational activity receive outside commercial support? YES _____ NO _____

If yes, a **signed Letter of Agreement must** accompany this application in order to be considered for approval.

<u>\$\$ AMOUNT</u>	<u>REVENUE</u>	<u>\$\$ AMOUNT</u>	<u>EXPENSES</u>
\$ _____	Tuition/Registration Fees	\$ _____	Honoraria
\$ _____	Commercial Support/Grants	\$ _____	Travel/Lodging
\$ _____	Other Funding (Specify)	\$ _____	Promotional Costs
	_____	\$ _____	Meeting Room/ A/V
		\$ _____	Food
\$ _____	(Specify)	\$ _____	Other Expenses (Specify)
\$ _____	TOTAL	\$ _____	TOTAL

*If expenses and revenue are not equal, you **MUST** explain the differences and how they are to be paid or used.

IX. MEETING NOTICE

[Attach a copy of your camera ready meeting notice exactly as it will appear when printed.] (Refer to Meeting Notice/ Brochure preparation document for full instructions.)

Essential components include: **(All of the following essential components must appear on meeting notice)**

- Date/time/place of activity
- Speaker(s) Name, title, all disclosures, including type (i.e. consultant, speaker, etc.). If the speaker has no disclosures, include the following statement: *The speaker has no significant financial relationships to disclose.*
- CMS listed prominently along with name of joint sponsor
- CMS logo
- Target Audience
- Learning Objectives
- Accreditation Credit Designation Statements
- Acknowledgment of commercial support (if any).

X. SUMMARY

A complete application **MUST include the following items:** *(Please check off each requirement when completed.)*

1. Activity outline/Schedule (Can be on Meeting Notice)
2. Meeting Notice
3. Documentation of needs assessment
4. Signed copy of the Content Validation form from the course director
4. Faculty list with hospital or medical school affiliations, titles and clinical designations and/or a copy of each speaker's curriculum vitae.
5. Signed copy of the **Disclosure of Interest** from each speaker *(form included in this packet)*
6. Signed **Letter of Agreement** with commercial supporter and course director, if any *(form included in this packet)*
7. Application Fee* Amount \$ _____ (see fee schedule included in application packet)

***Organizations will be invoiced for the non-member fees after post-activity materials have been received.**

Optional: Fee Waiver Request (please submit explanation to CMS subcommittee)

Submit all applications to:

Fee Rec'd _____ Amt. \$ _____
Approval Date: _____
(For Staff Use Only)

Chicago Medical Society
Education Department
515 N. Dearborn
Chicago, IL 60610