

NOTE: Fillable text boxes in this document are limited to the space available. If necessary, abbreviate and be succinct.



FOR ASSISTANCE/QUESTIONS:  
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# CME Activity Application/Planning Document

## SECTION A: GENERAL INFORMATION

### Activity & Contact Information

Title of Activity:

Type of Activity:  Live Activity:  Face-to-Face Meeting  Specialty Society Satellite Symposium  Internet Simulcast  
 Enduring Activity:  Internet-based  Print  Other electronic

### Sponsorship

NOTE: All activities must be sponsored by Main Line Health.

Direct-Sponsored  Joint-Sponsored

Name(s) of Joint Sponsor(s):

### Activity Director

The activity director must be a physician or an bona fide expert in the subject matter who is responsible for planning, conducting, and evaluating the CME event.

Name:  Organization:

Address  City  State  Zip Code

Phone Number  Fax Number  email

### Activity Coordinator

Name:  Organization:

Address  City  State  Zip Code

Phone Number  Fax Number  email

### Planning Committee

Each member of the planning committee, including the Activity Director and Coordinator, must complete a Financial Disclosure Form. This form may be accessed by clicking on the link above [C7]. Please send the completed form as part of this application.

- |                               |   |
|-------------------------------|---|
| 1. Name: <input type="text"/> | Institutional Affiliation: <input type="text"/> |
| 2. Name: <input type="text"/> | Institutional Affiliation: <input type="text"/> |
| 3. Name: <input type="text"/> | Institutional Affiliation: <input type="text"/> |
| 4. Name: <input type="text"/> | Institutional Affiliation: <input type="text"/> |
| 5. Name: <input type="text"/> | Institutional Affiliation: <input type="text"/> |
| 6. Name: <input type="text"/> | Institutional Affiliation: <input type="text"/> |
| 7. Name: <input type="text"/> | Institutional Affiliation: <input type="text"/> |

## SECTION B: PLANNING INFORMATION

### Target Audience

What medical specialists will attend this activity?

Target Audience of Learners for this Activity:

(check all that apply)

Hospital-based physicians     Office-based/private practice physicians     Nurses     PAs

Physicians in training     Pharmacists     Students    Other

Estimated numbers of attendees

MD/DOs:

Other clinicians:

### Needs Assessment - Part 1: Gap Analysis Worksheet

**INSTRUCTION:** The first step to plan a vital and effective CME activity is to become clear on the professional practice gaps of learners that will participate in this activity. With a clear understanding of these gaps and their causes and knowledge of the best or optimal practice associated with the gap, the content of your activity will address and resolve those gaps. To aid you in identifying the gaps for this activity, please respond to the questions below (only those that are applicable):

What has changed over the past year in the practice of the specialty area associated with this topic and would therefore merit educational interventions focused on those issues?

Have there been areas where quality indicators (e.g., hospital QA reports, CMS data, quality reports) suggest a focused improvement is appropriate? If so, provide specific information on those quality gaps.

What breaking research in this topic area will physicians find interesting and medically relevant to the quality of care for their patients? What are the educational strategies that will expedite the translation of the research to practice?

What traditional core performance areas in this topic area are worth reinforcing and updating?

What knowledge / competence / performance gaps have you identified from MOC requirements associated with this topic area that would merit inclusion in this activity? [HINT: go online to the special board related to this topic]

## Needs Assessment - Part 2: Identification of Professional Practice Gaps, Their Causes, Source of Gaps, and Determination of Indented Results

**INSTRUCTION:** Based on the worksheet on the previous page, which has facilitated the issues that underlie performance gaps, please clarify the specific needs you identified from those practice gaps, your interpretation of the root cause of the gap, the source of the data on which you based the gap and need (e.g., from an article in peer reviewed literature (cite the journal, edition/date), needs assessment questionnaire from your hospital, discussion with your colleagues, your perspective as an expert, a clinical guideline from an authoritative source, etc.), and the intended result you intend from this activity related to this gap or need.

Identified Gap/Need #1 [C2]:		What caused this gap? [C2] (check all that apply)	<input type="checkbox"/> Lack of knowledge <input type="checkbox"/> Inability to apply knowledge to practice <input type="checkbox"/> Not being applied in practice
Source(s) of data of gaps:			
Your intended result(s) in this activity related to the above gap [C3]: (check all that apply)	<input type="checkbox"/> Improvement in competence <input type="checkbox"/> Improvement in performance <input type="checkbox"/> Improvement in patient outcomes		<b>DEFINITIONS:</b> ' <u>Competence</u> ' means learner can apply knowledge learned to practice strategies; ' <u>Performance</u> ' means learners have actually implemented the teaching point in the practice environment; ' <u>Patient Outcome</u> ' can be demonstrated by learner observed outcome of his or her patients. NOTE: For each intended result you check, you will need to devise measurement questions/case vignettes as an outcomes evaluation.
Learning objective associated with this gap: <a href="#">(click this link for guidance in writing effective learning objectives)</a>			

Identified Gap/Need #2 [C2]:		What caused this gap? [C2] (check all that apply)	<input type="checkbox"/> Lack of knowledge <input type="checkbox"/> Inability to apply knowledge to practice <input type="checkbox"/> Not being applied in practice
Source(s) of data of gaps:			
Your intended result(s) in this activity related to the above gap [C3]: (check all that apply)	<input type="checkbox"/> Improvement in competence <input type="checkbox"/> Improvement in performance <input type="checkbox"/> Improvement in patient outcomes		
Learning objective associated with this gap:			

Identified Gap/Need #3 [C2]:		What caused this gap? [C2] (check all that apply)	<input type="checkbox"/> Lack of knowledge <input type="checkbox"/> Inability to apply knowledge to practice <input type="checkbox"/> Not being applied in practice
Source(s) of data of gaps:			
Your intended result(s) in this activity related to the above gap [C3]: (check all that apply)	<input type="checkbox"/> Improvement in competence <input type="checkbox"/> Improvement in performance <input type="checkbox"/> Improvement in patient outcomes		
Learning objective associated with this gap:			

***[If there are more than 3 gaps and associated planning notes, please submit an additional typed page as an addendum]***

## Ensuring that the Content of CME Matches the Scope(s) of Practice of Your Targeted Learners [C4]

**INSTRUCTION:** To be effective in changing behavior, the CME activity you plan should relate to what the anticipated learners for this activity actually do, or may one day do, in their professional practice. This is called "scope of practice." Because there are often multidisciplinary learners (i.e., physicians, nurses, pharmacists, researchers) in one activity, it is important to recognize that while they may all be present in one activity the outcomes they take away may be different and respond to each group's scope of practice. This section asks you to identify the type of professional that will attend this activity and indicate how you will design content that reflects what each group's practice reality.

Based on the Target Audience you indicated on page 2, Section B, describe how the content of the activity will address those differing scopes of practice (if the audience is a single homogenous group, then indicate how the content will relate to what that group does in practice related to this topic):

## Educational Design and Formats that Facilitate Change and Match the Setting, Objectives and Intended Results of the Activity [C5]

**INSTRUCTION:** Adult learners are more responsive to interactive learning environments. They also have better learning results when they see how the knowledge you teach applies to a practice strategy. Therefore, you are encouraged to design your activity to be as interactive as possible, use tools that reinforce learning points, provide opportunities for learners to internalize the changes they intend to make in their work environment, and to generally choose formats that are appropriate to your intended results for the activity.

Indicate the methods for engaging learners in their education that will be utilized in this activity and the rationale for their selection:

- Case study/review   
  Audience response system   
  Demonstration   
  Question/Answer  
 Group discussion   
  Role modeling/mentoring   
  Panel discussion   
  Patient Simulation  
 Other (describe)

Rationale for above choices:

## Ancillary Tools that Reinforce Learning [C17]

**INSTRUCTION AND EXAMPLE:** Provide one or more tools that will assist learners in attaining intended results. These tools might include algorithms, patient compliance handouts, reference guides, office staff recall flow charts, examples of procedures, follow-up case vignettes, etc. Provide the name of the tool, where the tool can be found and downloaded, or provide a new tool you design that can be used for supporting this activity.

Tool #1 Name of tool:  Source of tool:

Tool #2 Name of tool:  Source of tool:

If you plan to design your own tool, please attach it as a PDF document to the e-mail in which you transmit planning materials to UMA (see submission instructions on last page of this document).

## Desirable Physician Attributes that the CME Activity will Address [C6]

**INSTRUCTION:** Desirable Physician Attributes are national competency goals established by several national authorities. Because CME is a contributor to the public interest, CME providers are tasked with identifying which of the 15 competencies listed below will be addressed in the CME activity. Therefore, check the boxes below that will be included in your activity (and remember that if this file is reviewed by the ACCME, it is expected that course materials will confirm the boxes that are checked).

Institute of Medicine Core Competencies	ABMS (MOC)/ACGME Competencies	AAMC Competencies
1. 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 health (lifelines) including a focus on population health.	6. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.	12. Evidence of professional standing, such as an unrestricted license, a license that has no limitations on the practice of medicine and surgery in their jurisdiction.
2. Work in interdisciplinary teams – cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable.	7. Medical knowledge – about established and evolving biomedical, clinical, and cognitive (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.	13. Evidence of a commitment to lifelong learning and involvement in a periodic self-assessment process to guide continuing learning.
3. Employ evidence-based practice – integrate best research with clinical expertise and patient values for optimum care, and participates in learning and research activities to the extent feasible.	8. Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.	14. Evidence of cognitive expertise based on performance on an examination. That exam should be secure, reliable and valid. It must contain questions on fundamental knowledge, up-to-date practice-related knowledge, and other issues such as ethics and professionalism.
4. Apply quality improvement – identify errors and hazards in care; understand and implement basic safety design principles; such as standardization and simplification; continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs; and design and test interventions to change processes and systems of care, with the objective of improving quality.	9. Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals.	15. Evidence of evaluation of performance in practice, including the medical care provided for common/major health problems (e.g., asthma, diabetes, heart disease, hernia, hip surgery) and physician behaviors, such as communication and professionalism, as they relate to patient care.
5. Utilize informatics – communicate, manage, knowledge, mitigate error, and support decision-making using information technology.	10. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.	
	11. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on personnel and resources to provide care that is of optimal value.	

- Provide patient-centered care   
  Work in interdisciplinary teams  
 Employ evidence-based care   
  Apply quality improvement  
 Utilize informatics   
  Compassionate patient care  
 Medical knowledge   
  Practice-based learning and improvement  
 Professionalism   
  Interpersonal & communication skills  
 System-based practice   
  Evidence of professional standing  
 Cognitive expertise   
  Commitment to lifelong learning  
 Evidence of evaluation/performance-in-practice

## Factors Outside Your Control that May Impact on Patient Outcomes [C18]

**INSTRUCTION AND EXAMPLES:** As a planner, your awareness of factors outside your control that can affect patient care outcomes on this topic are important to recognize. They usually explain factors contributing to the health care 'quality gap' that may be a consideration in CME content. Examples of such factors could be lack of reimbursement, lack of resources, hospital policies that contravene the goal, formularies that limit desirable treatment options, lack of patient transportation to treatment sites, research not translated to practice as yet, etc.

Indicate factors that may impact on patient outcomes:

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## Overcoming Barriers to Physician Change [C19]

**INSTRUCTION AND EXAMPLES:** Failure to recognize barriers by physician learners to implementing the intended results of your CME activity may doom it to failure. In this section, you are asked to identify barriers to physician change associated with this activity and educational strategies you will employ in the activity to overcome or address those identified barriers. Examples of barriers include myths or misconceptions, better use of other health professionals in a team approach to care, use of screening tools, educating and motivating patients on treatment compliance issues, assuming a proactive role in overcoming treatment side-effects, poor handwriting contributing to patient safety medication errors, hand washing behaviors contributing to infection control, etc.

Barrier to physician change #1:

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Educational strategy to overcome barrier:

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Barrier to physician change #2:

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Educational strategy to overcome barrier:

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Barrier to physician change #3:

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Educational strategy to overcome barrier:

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## CME that Address Addresses the Quality Framework [C21]

**INSTRUCTION:** The importance of prioritizing CME interventions that relate to either hospital quality findings and/or quality goals established by specialty societies or other national authorities cannot be overemphasized. Because CME is a tool to be used to change physician behavior toward the adoption of quality metrics, you are encouraged to consult hospital QA departments or other point-of-care delivery sites (if applicable) in planning activities and to ask for their assistance in tracking outcomes related to the CME intervention, and/or access quality standards from the applicable standard-setting specialty organization or bona fide agency and provide that documentation below.

I have contacted and will work with a hospital's QA department/resources?

Yes

No

What organizational quality findings will this activity address?

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Will this activity address new quality standards promulgated by national specialty societies or other bona fide national organizations?

Yes

No

Which national standard-setting organizations have been accessed?

--

Clinical guidelines or consensus statements used for best practices?

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## Educational Outcomes Measurements (EOM) [C11]

**INSTRUCTION:** Every CME activity must be measured for one or more of three potential educational outcomes: (1) improvement in competence, and/or (2) improvement in performance-in-practice, and/or (3) improvement in patient outcomes. Definitions of each outcome are contained to the right. Importantly, EOMs must match the Intended Results you already indicated on page 3 of this planning document. Measurement of competence is completed while the learner is still at the activity and usually at its conclusion. Tools for measuring competence include case vignettes with multiple choice answers that show the learner's ability to apply knowledge learned to care or research strategies; or, a question containing a possible strategy may be used—also with multiple choice responses. You may also ask an open-ended question relating to the learner's commitment-to-change as long as the response is an explicit statement of change to be made. Performance outcomes are usually measured three months post-activity with a questionnaire. For performance outcomes, you are seeking information on changes that have already been implemented in practice since attending this activity. Patient outcomes can be measured objectively through chart audit or data provided by hospital QA departments; or, it is permissible to ask the learner to report on anecdotal and observed changes in his or her patient outcomes. The latter anecdotal question may be added to the performance outcome questionnaire.

### DEFINITIONS:

'**Competence**' is defined as ability to assimilate the knowledge presented in an activity and apply it to a patient care strategy.

'**Performance**' is the degree to which learners actually implemented key intended results in their practice after attending an activity.

'**Patient outcomes**' are either objective results measured by chart audit or QA measurements, OR subjective changes in patient outcomes as observed by the physician-learner of his or her own patient.

If you designated this activity for an improvement in **COMPETENCE**, prepare one or more EOMs that measure improvement or change in learner competence using either a case vignette with multiple choice questions AND/OR questions that state a patient or research strategy with multiple choice answers (be sure to designate the correct answer with an asterisk(\*)):

To view a sample case vignette and questions that measure competence, [click here](#).

**OPTION 1--Case Vignette A**  
(write case vignette to right):

Multiple choice answer 1:

Multiple choice answer 2:

Multiple choice answer 3:

**OPTION 1--Case Vignette B**  
(write case vignette to right):

Multiple choice answer 1:

Multiple choice answer 2:

Multiple choice answer 3:

**OPTION 2--Strategy Question A**

Multiple choice answer 1:

Multiple choice answer 2:

Multiple choice answer 3:

**OPTION 2--Strategy Question B**

Multiple choice answer 1:

Multiple choice answer 2:

Multiple choice answer 3:

**Outcomes Questions for for Measuring Competence (cont'd)**

**OPTION 2--**

**Strategy Question C**

Multiple choice answer 1:

Multiple choice answer 2:

Multiple choice answer 3:

**OPTION 2--**

**Strategy Question D**

Multiple choice answer 1:

Multiple choice answer 2:

Multiple choice answer 3:

- To include a commitment to change question as a form of EOM for improvement in competence, click this button. The question will read: "State up to two explicit changes in your practice relative to the key points in this activity that you are committed to make."

If you designated this activity for improvement in **PERFORMANCE**, prepare up to three EOM questions that determine if learners have implemented the desired results for this activity. Be specific and brief.

PERFORMANCE question 1:

PERFORMANCE question 2:

PERFORMANCE question 3:

- If you designated this activity for improvement in **PATIENT OUTCOMES**, check this box and learners will be asked to state up to two changes in patient outcomes they have observed in their patients since implementing changes in practice based on this activity. The question will read: "State up to two changes in your patient outcomes that you have observed since implementing changes in your practice relative to this activity."

**{AND/OR}**

If a hospital QA department will measure patient outcomes, provide a description of data that will be measured:

Not Applicable

## Identification of Proposed Planners, Faculty, Discussants and Reviewer; Management of Financial Disclosure and Resolution of Conflicts of Interest [C7]

**INSTRUCTION:** List the names and qualifications of each category of person that has the ability to affect the content of this activity. Be sure to include members of your CME Committee that will affect content under the 'planner' category. You are required to (1) communicate to faculty the needs underlying the content of this activity; (2) key requirements in preparing content as contained in the [Faculty/Planner Agreement](#); (3) provide each instructor, planner and reviewer with a [Financial Disclosure Form](#) that must be returned immediately; and (4) select a reviewer that is independent from this activity to review each instructor's materials as a method to resolve COI and validate content in accordance with ACCME's *Content Validity Value Statements* (click here to download required [Content Review Form](#)). See checklist at end of this document relative to materials that must be submitted either with this document or at a later date.

Planners (extra lines may be left blank):

Name and Degree:  Qualification:

Faculty/planner agreement sent  Financial Disclosure Form sent  Identified gaps/need sent

COI Identified:   No COI reported

If COI, how was it resolved?  Content reviewed  Presentation limited to avoid conflict  Irresolvable and disqualified

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Name and Degree:  Qualification:

Faculty/planner agreement sent  Financial Disclosure Form sent  Identified gaps/need sent

COI Identified:   No COI reported

If COI, how was it resolved?  Content reviewed  Presentation limited to avoid conflict  Irresolvable and disqualified

---

Name and Degree:  Qualification:

Faculty/planner agreement sent  Financial Disclosure Form sent  Identified gaps/need sent

COI Identified:   No COI reported

If COI, how was it resolved?  Content reviewed  Presentation limited to avoid conflict  Irresolvable and disqualified

---

Name and Degree:  Qualification:

Faculty/planner agreement sent  Financial Disclosure Form sent  Identified gaps/need sent

COI Identified:   No COI reported

If COI, how was it resolved?  Content reviewed  Presentation limited to avoid conflict  Irresolvable and disqualified



## Disclosure and Resolution of COI (cont'd)

Instructors/Discussants (extra lines may be left blank):

Name and Degree:  Qualification:

Faculty/planner agreement sent       Financial Disclosure Form sent       Identified gaps/need sent

COI Identified:   No COI reported

If COI, how was it resolved?     Content reviewed     Presentation limited to avoid conflict     Irresolvable and disqualified

---

Name and Degree:  Qualification:

Faculty/planner agreement sent       Financial Disclosure Form sent       Identified gaps/need sent

COI Identified:   No COI reported

If COI, how was it resolved?     Content reviewed     Presentation limited to avoid conflict     Irresolvable and disqualified

---

Name and Degree:  Qualification:

Faculty/planner agreement sent       Financial Disclosure Form sent       Identified gaps/need sent

COI Identified:   No COI reported

If COI, how was it resolved?     Content reviewed     Presentation limited to avoid conflict     Irresolvable and disqualified

---

Name and Degree:  Qualification:

Faculty/planner agreement sent       Financial Disclosure Form sent       Identified gaps/need sent

COI Identified:   No COI reported

If COI, how was it resolved?     Content reviewed     Presentation limited to avoid conflict     Irresolvable and disqualified

---

Name and Degree:  Qualification:

Faculty/planner agreement sent       Financial Disclosure Form sent       Identified gaps/need sent

COI Identified:   No COI reported

If COI, how was it resolved?     Content reviewed     Presentation limited to avoid conflict     Irresolvable and disqualified

---

Name and Degree:  Qualification:

Faculty/planner agreement sent       Financial Disclosure Form sent       Identified gaps/need sent

COI Identified:   No COI reported

If COI, how was it resolved?     Content reviewed     Presentation limited to avoid conflict     Irresolvable and disqualified

## Disclosure and Resolution of COI (cont'd)

### Reviewer(s):

Indicate the name and qualification of the reviewer(s) assigned to validate the content developed by instructors for this activity:

Name and Degree:  Qualification:

Reviewers cannot be conflicted relative to topics/commercial supporter relationships. Did you ensure that this reviewer is not conflicted?  Yes  No

[Content Review Form](#) downloaded and provided to reviewer

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Name and Degree:  Qualification:

Reviewers cannot be conflicted relative to topics/commercial supporter relationships. Did you ensure that this reviewer is not conflicted?  Yes  No

Content Review Form downloaded and provided to reviewer

### Staff or Contracted Medical Writers:

Name and Degree (if any):   Faculty/planner agreement sent  Financial Disclosure Form sent

COI Identified:   No COI reported

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Name and Degree (if any):   Faculty/planner agreement sent  Financial Disclosure Form sent

COI Identified:   No COI reported

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Name and Degree (if any):   Faculty/planner agreement sent  Financial Disclosure Form sent

COI Identified:   No COI reported

## Collaboration with Other Stakeholders [C20]

**INSTRUCTION:** Planners are encouraged to consider if there are other stakeholders related to the content of this activity whose involvement in the planning and delivery of the activity would enhance its results. Examples of collaborators include hospitals/health care systems, regional or national medical societies or associations, governmental health agencies, etc.

Will other stakeholders or collaborators be involved in a *meaningful* way in the planning process or as instructors?  Yes  No

If Yes, name of 1st collaborator:  Role(s) of collaborator:  Planner  Instructor

If Yes, name of 2nd collaborator:  Role(s) of collaborator:  Planner  Instructor

If Yes, name of 3rd collaborator:  Role(s) of collaborator:  Planner  Instructor

## CME Activity Budget Worksheet (Income & Expense Statement) [C8-9]

Complete the following CME activity income and expense worksheet (NOTE: totals auto-calculate)

<i>Category</i>	<i>Amount</i>
<b>1. STATEMENT OF ANTICIPATED REVENUE</b>	
Educational Grants (accredited provider and supporter must be principal signers on every letter of agreement)	<input type="text"/>
Organizational Contribution	<input type="text"/>
In-Kind Support	<input type="text"/>
Attendee Registration Fees	<input type="text"/>
<b>TOTAL INCOME</b>	<input type="text"/>
<b>2. STATEMENT OF ANTICIPATED EXPENSES:</b>	
<b>MARKETING EXPENSES:</b>	
- Promotional Brochure/Flyer Design and Printing Expense	<input type="text"/>
- Mailing/Postage Expense	<input type="text"/>
- Printed Handouts/Syllabus	<input type="text"/>
- Posters and Signs	<input type="text"/>
<b>TOTAL MARKETING EXPENSE</b>	<input type="text"/>
<b>SPEAKER EXPENSES:</b>	
- Honoraria	<input type="text"/>
- Travel Expenses (includes airfare/train/auto, hotel and meals)	<input type="text"/>
<b>TOTAL SPEAKER EXPENSES</b>	<input type="text"/>
<b>MEETING COSTS (includes room rentals and F&amp;B)</b>	<input type="text"/>
<b>TOTAL EXPENSES</b>	<input type="text"/>
<b>PROFIT/(LOSS)</b>	<input type="text"/>

# FINAL APPLICATION/PLANNING DOCUMENT CHECKLIST

The following documents must be submitted to Main Line Health for this CME activity:

- CME APPLICATION/PLANNING DOCUMENT**
- PLANNER DISCLOSURE(S)**
- INSTRUCTOR DISCLOSURE(S)**
- CONTENT REVIEWER DISCLOSURE**
- STAFF/MEDICAL WRITER DISCLOSURE(S)**
- FACULTY/PLANNER AGREEMENTS**
- NEEDS ASSESSMENT SUPPORTING DOCUMENTATION (IF NEEDED)**
- PROPOSED TOPIC AGENDA**
- DRAFT PROMOTIONAL MATERIALS**
- RESOLUTION OF COI FORM**
- SUMMARIZED & ANALYZED OUTCOMES MEASUREMENTS**

## Acknowledgements and Approvals:

### 1. Activity Director

- By checking this box, I attest that this activity will adhere to all ACCME Criteria and *Standards for Commercial Support*

Date Signed:

Entering your name to the right signifies agreement:

### 2. Activity Coordinator

- By checking this box, I attest that all rules and requirements for CME activities will be followed.

Date Signed:

Entering your name to the right signifies agreement:

### 3. Main Line Health

- This activity is approved

Date approved:

- This activity is *conditionally approved* upon the following changes being made:

Changes  
Required:

#### **Instruction for Submitting Forms to Main Line Health**

When this form is complete and ready to submit, click the EMAIL FORM button to the right to transmit this application/planning document electronically (be sure to save a copy on your computer). You may also print a copy of this form by clicking the PRINT FORM button to the right and fax it to 484-476-6843. Electronic submission is preferred. If the application is e-mailed, you may simply attach any other completed forms to the E-mail.