Certification Request Checklist

Have you included?

- ❒ Application Fee ($150 per request, $300 for joint-sponsorship activities.)
- ❒ A completed and signed CME Certification Request Form
- ❒ Signed Letter of Agreement
- ❒ Planning minutes
- ❒ Written statement of objectives (page 3)
- ❒ written statement of needs and supporting documentation (page 3)
- ❒ A schedule (schedule must have date of activity, topics, lecturer, objective of the topic, accreditation statement and disclaimer).
- ❒ A draft of your brochure or/and flyer (see requirements below)
- ❒ Preliminary Budget Plan
- ❒ Evaluation Form
- ❒ Speaker's Disclosure Form (s)
- ❒ Commercial Support Form (s)

The CME Certification Request Form (CRF) will be reviewed and approved by the OCME. The final proof of brochures, syllabi and/or written materials must be approved by the OCME before printing. You can also apply online at www.downstate.edu/ocme

Make checks payable to SUNY OCME

Return the completed CRF and check to:

The Office of Continuing Medical Education
SUNY Downstate Medical Center
450 Clarkson Avenue, Box 1244
Brooklyn, NY 11203
(718) 270-2422
www.downstate.edu/ocme
E-mail ocme@downstate.edu

FOR OCME USE ONLY

____ **Approved for AMA/PRA Category 1**

____ **Not Approved due to:**
____ Insufficient planning involvement by the OCME
____ Insufficient time before program presentation
____ Needs assessment inadequate
____ Educational objectives lacking, insufficient or inappropriate
____ Non-compliance with ACCME Standards for commercial support
____ Non-Compliance with ACCME Speaker's Disclosure policy
____ Brochure printed without OCME approval
____ Letter of Agreement not signed
____ Other

____ **Incomplete Application**
____ Incomplete request form
____ No signature on forms
____ No budget form
____ Program does not comply with the AMA definition of CME

Edeline Mitton, MEd, CPP
Director

SUNY DOWNSTATE Medical Center

Office of Continuing Medical Education

CME Certification Request Form

www.downstate.edu/ocme

Requestor Information:

Requestor Information:

PLEASE TYPE OR PRINT CLEARLY (both sides of this two-page form)

CME Activity Director (Name and Title): _____

Organization: _____ Dept.: _____

Organization: _____ Dept.: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Department Coordinator/Contact person

Name: _____

Phone: _____ Fax: _____ E-mail: _____

CME Activity Information:

1. Category 1 certification is requested for the following educational activity:

Title: _____

Type of CME Activity: ❒ Grand Rounds ❒ Seminar ❒ Workshop ❒ Journal CME
❒ Enduring Material ❒ Conference ❒ Tumor Board ❒ Other _____

Location of proposed activity: _____
(room, conference center, etc)
_____

Date(s) of proposed activity: beginning date: _____ ending date: _____

Time activity begins _____ time activity ends _____

How often will the CME activity be held? ❒ daily ❒ weekly ❒ monthly ❒ other _____

How many sessions will be offered? _____ Total number of credits requested: _____

This activity will be held on: ❒ Monday ❒ Tuesday ❒ Wednesday ❒ Thursday
❒ Friday ❒ Saturday ❒ Sunday

The following information is required in accordance with ACCME Essentials and the OCME guidelines for planning a CME activity.

2. Describe process used to plan this activity and attach minutes of planning committee meetings.

_____

_____

_____

3. **Target Audience:**
Indicate the proposed target audience (list specialties) and any special background requirements of the prospective participants:

_____

_____

4. List the methods used to identify the need for this educational activity. Check all that apply and attach supporting documentation:

❒ Expert Faculty
❒ Literature Search:
❒ New Medical Information
❒ Previous Activity Evaluations
❒ Survey of intended audience
❒ Focus Group Data:
❒ Quality Improvement Data (Specify):
❒ Other (Specify):

5. What were the needs determined to be?

_____

_____

6. **Educational Objectives:** Identify the overall educational objectives of the CME activity (what the participant will learn and/or be able to do as a result of this activity). Attach a separate sheet if necessary. At the conclusion of this activity, the participant should be able to:

1. _____
2. _____
3. _____

7. **Educational Methods:**
Based on the objectives of the activity, indicate the proposed method(s) of instruction:

❒ lecture ❒ case presentations ❒ preceptorship ❒ workshop ❒ discussion
❒ small group discussion/seminar ❒ panel discussion ❒ other _____

8. Desired Results - Upon identifying the needs, list the expected outcomes in terms of changed physician knowledge, skills, performance in practice and/or patient health status. _____

_____

9. **Brochure and other promotional materials:**
Will you be using any promotional materials? ❒ Yes ❒ No

If this is a conference, please provide a draft of the proposed brochure with your CME Certification Request Form so that it can be approved prior to printing. You may not print without OCME approval.

10. **Which Program Evaluation Form will be used for the activity?** (**Certification** request will not be approved without an evaluation process)
❒ Standard evaluation form (furnished by OCME) ❒ Other (must be approved by OCME)

11. **Budget:**
Will a registration fee be charged? ❒ No ❒ Yes How much? _____
To whom will the check be made payable? _____

12. **Commercial Support:**
Please indicate if this activity will receive financial support from any commercial companies or vendors. ❒ Yes ❒ No
Speaker disclosure, budget and commercial support – please see CME booklet for forms.

_____ _____ _____
Signature: Activity Director | Department Chair (if appropriate) | Date