



SCMA CME Planning Form

Incomplete forms will not be considered for credit.

Activity Title:		Activity Date(s):	
Providership: (select one)	<input type="checkbox"/> Direct <input type="checkbox"/> Joint		
Provider Name: (your organization):			
Address:			
Contact Name:			
Email Address:			
Phone:			
Activity Type: (Select one)	<input type="checkbox"/> Live <input type="checkbox"/> Enduring <input type="checkbox"/> Regularly Scheduled Series (RSS)* <input type="checkbox"/> Other _____		
Location:			
Activity Overview:	<p>In 1 or 2 sentences tell us about this activity. What is this activity and what do you hope to accomplish through it?</p> <p>1.</p> <p>2.</p>		

<p>List in the box to the right the professional practice gap(s) of your learners on which the activity was based: (C2)</p>	<p>Finish This Sentence: Our target audience's current professional practice is less than ideal or could be better in terms of:</p> <p>(Please select all that apply)</p> <p><input type="checkbox"/> Knowledge <input type="checkbox"/> Competence <input type="checkbox"/> Performance</p>
<p>Explain in the box to the right the educational need(s) that you determined to be the cause of the professional practice gap(s) (C2) (Attach documentation if available)</p>	<p>Finish this sentence: The target audience needs education related to:</p>
<p>Explain in the box to the right what this CME activity was designed to change in terms of learners' competence or performance or patient outcomes (C3)</p>	<p>Finish these sentences: (if applicable)</p> <p>Learners should accomplish what in terms of competence:</p> <p>Learners should accomplish what in terms of performance:</p> <p>Learners should accomplish what in terms of patient outcomes:</p> <p>(Please select all that apply)</p> <p><input type="checkbox"/> Competence <input type="checkbox"/> Performance <input type="checkbox"/> Patient Outcomes</p>
<p>Explain in the box to the right why this educational format is appropriate for this activity (C5) (i.e.: Live presentation, webinar, enduring material, roundtable discussion, cases, simulation etc.)</p>	<p>Finish this sentence: The chosen educational format is more appropriate because:</p>

<p>Target audience: Continuing Medical Education must be designed and directed to serve the clinical professional performance of practicing physicians.</p>	<p><input type="checkbox"/> Physicians: specialty(ies): _____</p> <p><input type="checkbox"/> Nurse Practitioners</p> <p><input type="checkbox"/> Physician Assistants</p> <p><input type="checkbox"/> Pharmacists</p> <p><input type="checkbox"/> Registered Nurses</p> <p><input type="checkbox"/> Other (specialty) _____</p>
<p>Learning Objectives: (C5) Your learning objectives must be measurable, should address the educational needs that you identify in your target audience, and should state some specific practice-based improvements or tasks that the learners should be able to do (or do better) as a result of this activity.</p>	<p>Finish this sentence: As a result of this activity, learners should be able to:</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p>
<p>Desired Results (C 5) Please explain all that apply – attach document if needed</p>	<p>Finish this sentence: As a result of this activity, learners should be able to:</p> <ul style="list-style-type: none"> • Increase knowledge as it relates to: • Improve competency of skill as it relates to: • Improve patient care / outcomes as it relates to:

Please choose from the competencies below, the desirable physician attribute(s) this activity addresses (Check all that apply) (C 6)

ACGME/ABMS Competencies

- ☐ Patient care and procedural skills
- ☐ Medical knowledge
- ☐ Practice based learning and improvement
- ☐ Interpersonal and Communication skills
- ☐ Professionalism
- ☐ Systems-based Practice

Institute of Medicine Competencies

- ☐ Provide Patient-centered Care
- ☐ Work in Interdisciplinary Team
- ☐ Employ Evidence-based Practice
- ☐ Apply Quality Improvement
- ☐ Utilize Informatics

Inter-professional Education Collaborative Competencies

- ☐ Values/Ethics for Inter-professional practice
- ☐ Roles/Responsibilities
- ☐ Communication
- ☐ Teams and Teamwork

COMMERCIAL SUPPORT

Will you receive any financial or in-kind support for this activity from any organizations whose primary business is to produce, market, sell, re-sell, or distribute healthcare products used by or on patients?

☐ No, and I agree to notify the SCMA CME Department if we receive this type of support

Name of Activity Director: _____

Signature: _____

☐ Yes, this activity is receiving what is referred to as “commercial support” for CME purposes

If commercial support is received, a letter of agreement (LOA) must be completed for each commercial supporter. Contact SCMA CME Office for copy of LOA

Name of Commercial Supporter(s):

AMOUNTS:

ALL IN-KIND DONATIONS (C7)

Important reminder - if commercial support is received, an accurate documentation detailing the receipt and expenditure of Commercial Support will be required within 30 days from the conclusion of the CME activity. (C8/SCS 3.13)

Reminder - All education must actively promote improvements in health care and NOT proprietary interests of commercial interests. (C10/SCS5)