



# HCA Continuing Education Committee

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## CME Activity Review & Planning Checklist

Course # CME 21- Course Title \_\_\_\_\_

Below is a checklist to assist you in reviewing the application and any attachments. Please review the application, add your comments, and mark your recommendation at the bottom. **Return this memo with your response within 5 business days.**

- Two-Page Program Planner's Application**
  - Program Identification** - The top of the application should list:  Name and address of Training Coordinator (CETC),  Program title,  Program location,  Hrs = program length
  - Speaker and indication** if commercial product to be discussed
  - Program Description** - This may be part of two-page application if only 1 hour. If over 1 hr, should show length of time per section
  - Cultural competency** - cultural / ethnic info or data used to establish therapeutic relationships, diagnosis / treatment, enhance process of clinical care
  - Target audience** – Planned for physicians, & significant portion of attendees must be physicians
  - Demonstrated Needs Assessment?** – From QI data, committee studies of care, county data, national trends from national data, professional literature review, US health data
  - Expressed Needs Assessment?** – From requests submitted on participants' activity evaluation forms, surveys of potential participants, informal verbal comments, patient problems, consensus
  - Presumed Needs Assessment?** – New methods of diagnosis, treatment, or technology, input from experts regarding advances in medical knowledge, regulatory changes affecting patient care
  - Learning Objectives** - Measurable behaviors or outcomes that the attendee will demonstrate or achieve (Using words like "identify", "describe", "list", "explain", "demonstrate") related to desirable physician attributes/competencies from IOM or ACGME/ABMS
- Presenter's Disclosure** for each speaker & method to communicate to learners before activity
- Up-to-date Speaker's CV** demonstrating background of sufficient expertise to teach this program
- Financial Statement** - Costs of program (if substantial); may be part of application if only 1 hour
  - Identify program as non-commercial (not a paid advertisement for a product)
  - If in cooperation with another organization, signed agreement re: who is responsible for content, presentation, monitoring, record keeping, advertising, financial arrangements and administrative decisions (must include signature of any commercial interest involved.)
- Handouts** that will be used in program if used
- Program Advertisement or Notice** - All advertisements must include appropriate CME reference

### **CME Committee Member/Reviewer Recommendations**

- Yes, this program is acceptable**  **No, this program is NOT acceptable**
- Yes, this program is acceptable with provision that** \_\_\_\_\_

\_\_\_\_\_  
CME Committee Member/Reviewer Printed Name:

\_\_\_\_\_  
CME Committee Member/Reviewer Signature

\_\_\_\_\_  
Date