**APPLICATION FORM:**

**Accreditation of CPD Activities**

Application Form for Sections 1 and 3 of the Maintenance of Certification (MOC) Program

**Important information before you begin**

* Within this application form:
	+ Some questions apply to CPD activities which fall under a particular section (Section 1: Group Learning, Section 3: Simulation, or Section 3: Self-Assessment). If your activity does not fall in the section that is specified at the start of the question, please write “N/A” in the answer box.
	+ Any questions that do not specify a section (Section 1: Group Learning, Section 3: Simulation, or Section 3: Self-Assessment) apply to all CPD activities and must be filled in.
* As you complete this application and prepare all supporting documentation, please refer to the:
	+ Accreditation Standards ([Accreditation Standards Section 1: Group Learning](https://michener.ca/wp-content/uploads/2018/05/Accreditation-Standards-1-Group-Learning.pdf), [Accreditation Standards Section 3: Simulation](/wp-content/uploads/2018/05/Accreditation-Standards-3-Simulation.pdf), or [Accreditation Standards Section 3: Self-Assessment](https://michener.ca/wp-content/uploads/2018/05/Accreditation-Standards-3-SAP.pdf))
	+ [Checklist of Supporting Documentation](file:///%5C%5Cad.michener.ca%5Cdata%5CShareIT%5CContinuing%20Education%20%28CONED%29%5CRoyal%20College%20Accreditation%5CAccreditation%20Program%20Development%5CMICHENER%20ACCREDITATION%20OFFICE%5CFor%20Mohammad%20to%20Review%5CChecklist%20of%20Supporting%20ItemsV4.docx)
	+ [Online resources](http://www.rca.ca/resources) (including templates) provided on the Accreditation Office’s webpage

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| **Before you submit your application – have you completed and prepared the following to include with your application?** |

* Have you completed a needs assessment and summarized the data collected/results? Have you attached a summary of the needs assessment results?
* Have you attached the overall learning objectives and (if applicable) the session-specific learning objectives?
* Have you attached the program / brochure, which includes:
* The activity schedule, topics, and (if applicable) start and end times of individual sessions?
* The activity learning objectives for the overall activity and (if applicable) the individual sessions?
* Have you attached any other materials that will be used to promote or advertise the activity (for example, invitations, email announcements etc.?)
* Have you attached a sample conflict of interest (COI) form that has or will be completed by all Scientific Planning Committee (SPC) members, faculty, and facilitators?
* Have you attached the activity budget, which shows the receipt and expenditure of all sources of revenue for this activity and includes:
* All funding sources, including an indication of whether any sponsorships received were in the form of educational grants (financial) or in-kind support (other)?
* All expenditures?
* The expected number of registrants?
* Have you attached the evaluation form, which includes:
* A question on whether the stated learning objectives were met?
* A question for participants to identify the potential impact to their practice?
* A question for participants to identify if the session was balanced and free from commercial or other inappropriate bias?
* A question on which CanMEDS Roles were addressed during the activity?
* Have you attached the certificate of attendance that will be provided to participants?
* Section 3 activities (self-assessments and simulations) only: Have you attached the answer sheet for the scoring or assessment tool, showing how feedback will be provided to participants.

\*If the activity is online, access to the online modules to view the assessment and feedback is acceptable.

* If you have sought sponsors and/or exhibitors for this activity:
	+ Have you attached the sponsorship and/or exhibitor prospectus developed to solicit sponsors/exhibitors?
	+ Have you attached the written agreement that is signed by the CPD provider organization and the sponsor?

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| **Activity Information** |
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| Date of application: (dd/mm/yyyy) | Click here to enter a date. |
| Title of learning activity: | Click here to enter text. |
| Activity start date: (dd/mm/yyyy) | Click here to enter a date. | Activity end date: (dd/mm/yyyy) | Click here to enter a date. |
| Delivery method of group learning activity: | [ ]  Web-based [ ]  Face-to-face [ ]  Both web-based and face-to-face |
| Location of learning activity: | Click here to enter text. |
| How many times will this activity be held? | [ ]  1 [ ]  2[ ]  3 [ ]  4+ | Estimated # of participants: | Click here to enter text. |
| Has the program been previously accredited? | [ ] Yes [ ]  No | If yes, when was it reviewed? | Click here to enter a date. |
| If yes, by which CPD accreditation system? | Click here to enter text. |
| How many hours are required to complete the program? | Click here to enter text. |
| Which type of credits are you requesting? | [ ]  Section 1: Group Learning [ ]  Section 3: Self-Assessment [ ]  Section 3: Simulation |

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| [**PART A: Administrative Standards**](http://www.royalcollege.ca/rcsite/cpd/accreditation/cpd-accreditation-group-learning-activities-conferences-workshops-e)  |
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| **Physician organization that developed the group learning activity** |
| 1. Physician organization requesting accreditation:
 | Name of physician organization: Click here to enter text. |
| Website address: Click here to enter text. |
| 1. **Chair of the Scientific Planning Committee**

(name and contact information): | First Name: Click here to enter text. | Last Name: Click here to enter text. |
| Address: Click here to enter text. |
| Email: Click here to enter text. | Telephone#: Click here to enter text. |
| 1. **Main** **point-of-contact**, *if different from above*

(name and contact information): | First Name: Click here to enter text. | Last Name: Click here to enter text. |
| Email: Click here to enter text. | Telephone #: Click here to enter text. |
| Address: Click here to enter text. |
| 1. All organizations **co-developing the activity***, if applicable*:
 | Organization #1: Click here to enter text.Is the organization a physician organization? [ ] Yes [ ]  No |
| Organization #2: Click here to enter text.Is the organization a physician organization? [ ] Yes [ ]  No |
| Organization #3: Click here to enter text.Is the organization a physician organization? [ ] Yes [ ]  No  |

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| **Content development** |
| 1. Was the content developed by the applying physician organization?
 | [ ]  Yes [ ]  No |
|  *If no, who developed the content?* | Click here to enter text. |
| 1. **Scientific planning committee members (SPC)**
 |
| **Name of SPC member** | **How does the individual represent the target audience? Please include the individual’s profession.** | **Is the individual a member of the physician organization responsible for planning the CPD? activity?**  |
| Example: Jane Smythe, MD | Endocrinologist | Yes |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| [**PART B: Educational Standards**](http://www.royalcollege.ca/rcsite/cpd/accreditation/cpd-accreditation-group-learning-activities-conferences-workshops-e) |
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| **As you proceed through this section, please recall the following:*** **If your activity does not fall in the section that is specified at the start of the question, please write “N/A” in the answer box.**
* **Any questions that do not specify a section (Section 1: Group Learning, Section 3: Simulation, or Section 3: Self-Assessment) apply to all CPD activities and must be filled in.**
 |
| 1. Who is the intended target audience of the activity? Please indicate health professions and any specific groups within the health professions (For example: If the target audience is physicians, does the activity target any specific specialties)

*Recall: The SPC must be representative of all segments of the target audience. If the target audience is aimed at only one specialty, representatives from different demographic backgrounds should be included on the SPC.* |
| Click here to enter text. |
| 1. What needs assessment strategies were used to identify perceived and/or unperceived learning needs of the target audience?

*See* [*Needs Assessment Guide*](file:///%5C%5Cad.michener.ca%5Cdata%5CShareIT%5CContinuing%20Education%20%28CONED%29%5CRoyal%20College%20Accreditation%5CAccreditation%20Program%20Development%5CMICHENER%20ACCREDITATION%20OFFICE%5CNeeds%20Assessment%20Guide.docx) |
| Click here to enter text. |
| 1. What learning needs or gaps in knowledge, attitudes, skills or performance of the intended target audience were identified?
 |
| Click here to enter text. |
| 1. How were these identified needs of the target audience used to develop the overall and session-specific learning objectives?

*For example:* * *Did the scientific planning committee share the needs assessment results with the speakers who are responsible for developing the learning objectives?*
* *Did the scientific planning committee use the needs assessment results to define the learning objectives for the speakers?*
 |
| Click here to enter text. |
| 1. Please list the learning objectives for the overall activity.
 |
| Click here to enter text. |
| 1. Please list the learning objectives for each individual session, if applicable.
 |
| Click here to enter text. |
| 1. How are the learning objectives being provided to participants ahead of the activity?
 |
| Click here to enter text. |
| 1. [CanMEDS](http://canmeds.royalcollege.ca/) Role(s) relevant to this activity?

*Please check all that apply.* | [ ]  [Medical Expert](http://canmeds.royalcollege.ca/en/framework#collapse-1)[ ]  [Communicator](http://canmeds.royalcollege.ca/en/framework#collapse-2) | [ ]  [Collaborator](http://canmeds.royalcollege.ca/en/framework#collapse-4)[ ]  [Leader](http://canmeds.royalcollege.ca/en/framework#collapse-5) | [ ]  [Health Advocate](http://canmeds.royalcollege.ca/en/framework#collapse-6)[ ]  [Professional](http://canmeds.royalcollege.ca/en/framework#collapse-8) | [ ]  [Scholar](http://canmeds.royalcollege.ca/en/framework#collapse-7) |
| 1. State the sources of information selected by the planning committee to develop the content of this activity

*(e.g. scientific literature, clinical practice guidelines, etc.)* |
| Click here to enter text. |
| 1. (a) What learning methods were selected to address the stated learning objectives? Describe the rationale used to arrive at the selected format(s).

*Note:** *Section 1 group learning activities: Please include what learning methods were selected to incorporate a minimum of 25% interactive learning?*
* *Section 3 self-assessments: Please describe how the selected format (e.g. multiple choice questions, short answer questions, or other) enables participants to review their knowledge / skills in relation to current evidence*
* *Section 3 simulations: Please describe how the selected simulation method (e.g. role playing, standardized patient interactions, theatre-based simulations, task trainers, virtual patients, or other) enables participants to demonstrate their abilities, skills, clinical judgment, and/or attitudes*
 |
| Click here to enter text. |
| 1. Online Section 1 group learning activities:

 (a) How is attendance being tracked? (b) What opportunities are participants given to discuss or interact with one another? *\*If the Section 1 activity is face-to-face, please skip this question.* |
| Click here to enter text. |
| 1. Online Section 3 simulations: How will participants submit their responses?

 *(e.g. online response sheet, web-based assessment tool, etc.)**\*If the Section 3 simulation is face-to-face, please skip this question.* |
| Click here to enter text. |
| 1. Section 3 self-assessments: How will participants’ responses be recorded and how will a summary of their responses be provided to them?
 |
| Click here to enter text. |
| 1. All Section 3 activities (self-assessments and simulations):

(a) How will participants receive feedback on their performance?(b) Describe how the feedback will include references justifying the appropriate responses. |
| Click here to enter text. |
| 1. (Optional) If the evaluation strategy intends to measure changes in knowledge, skills or attitudes of learners, please describe:
 |
| Click here to enter text. |
| 1. (Optional) If the evaluation strategy intends to measure improved health care outcomes, please describe.
 |
| Click here to enter text. |
| 1. (Optional) If participants will receive feedback related to their learning, please describe the tools or strategies used.
 |
| Click here to enter text. |

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| [**PART C: Ethical Standards**](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e) |
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| **All accredited activities must comply with the** [**National Standard for support of Accredited CPD Activities**](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e)**.**  |
| 1. (a) Has the CPD activity received sponsorship (e.g. financial and/or in-kind support)? If so, please check all sources of sponsorship that apply.
 |
| [ ]  Government agency  | [ ]  [Health](http://canmeds.royalcollege.ca/en/framework#collapse-2) care facility  | [ ]  Not-for-profit organization | [ ]  Medical device company | [ ]  Pharmaceutical company | [ ]  Education *or* communication company |
| [ ]  Other - P*lease specify:* | Click here to enter text. |

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| (b) Has a written agreement that outlines all [terms, conditions, and purposes of the sponsorship](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e) been created and signed by each sponsor?  | [ ]  Yes [ ]  No |

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| 1. Please list the name of the sponsor(s) below and indicate whether the sponsor provided financial or in-kind support.
 |
| **Sponsor name** | **Type of support** |
| Click here to enter text. | [ ]  Financial supportAmount received or anticipated to receive:Click here to enter text. | [ ]  In-kind supportAmount received or anticipated to receive:Click here to enter text. | [ ]  *For-profit sponsor* *or*[ ]  *Non-profit sponsor* |
| Click here to enter text. | [ ]  Financial supportAmount received or anticipated to receive:Click here to enter text. | [ ]  In-kind supportAmount received or anticipated to receive:Click here to enter text. | [ ]  *For-profit sponsor* *or*[ ]  *Non-profit sponsor* |
| Click here to enter text. | [ ]  Financial supportAmount received or anticipated to receive:Click here to enter text. | [ ]  In-kind supportAmount received or anticipated to receive:Click here to enter text. | [ ]  *For-profit sponsor* *or*[ ]  *Non-profit sponsor* |
| Click here to enter text. | [ ]  Financial supportAmount received or anticipated to receive:Click here to enter text. | [ ]  In-kind supportAmount received or anticipated to receive:Click here to enter text. | [ ]  *For-profit sponsor* *or*[ ]  *Non-profit sponsor* |
| 1. Describe the process by which the SPC has or will maintain control over the following:
2. identification of the intended target audience’s educational needs;
3. development of learning objectives;
4. selection of educational methods;
5. selection of speakers, moderators, facilitators and authors;
6. development and delivery of content; and
7. evaluation of outcomes
 |
| Click here to enter text. |
| 1. (a) Describe the process used to ensure that the content for this activity is [scientifically valid, objective, and balanced across relevant therapeutic options.](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e)
 |
| Click here to enter text. |
| 1. How were those responsible for developing or delivering content informed to use generic names (or generic names paired with trade names) of therapeutic options, including medications and devices, without reflecting exclusivity and branding?
 |
| Click here to enter text. |
| 1. [If the Scientific Planning Committee determines that the content of the CPD activity does not comply with the National Standard, what process will be followed? How will the issue be managed?](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e)
 |
| Click here to enter text. |
| 1. (a) [How are the](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e%22%20%5Co%20%22See%20Element%203%20of%20the%20National%20Standard) **[Scientific](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e%22%20%5Co%20%22See%20Element%203%20of%20the%20National%20Standard)****[Planning Committee members](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e%22%20%5Co%20%22See%20Element%203%20of%20the%20National%20Standard)**[’ conflict of interest (COI) declarations disclosed to:](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e%22%20%5Co%20%22See%20Element%203%20of%20the%20National%20Standard)
* The physician organization?
* The program participants?
 |
| Click here to enter text. |
| 1. [How are the](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e%22%20%5Co%20%22See%20Element%203%20of%20the%20National%20Standard) **[speakers’ / facilitators’](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e%22%20%5Co%20%22See%20Element%203%20of%20the%20National%20Standard)** [COI declarations disclosed to:](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e%22%20%5Co%20%22See%20Element%203%20of%20the%20National%20Standard)
* The scientific planning committee?
* To the learners attending the CPD activity?
 |
| Click here to enter text. |
| 1. [How does the scientific planning committee manage any potential or real conflicts of interests](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e)?
 |
| Click here to enter text. |
| 1. [How are payments of travel, lodging, out-of-pocket expenses, and honoraria made to members of the Scientific Planning Committee, speakers, and/or facilitators?](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e)

*If the responsibility for these payments is delegated to a third party, please describe how the CPD provider organization or SPC retains overall accountability for these payments.* |
| Click here to enter text. |
| 1. [How is the physician organization ensuring that its interactions with sponsors meet professional and legal standards including the protection of privacy, confidentiality, copyright and contractual law regulations?](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e)
 |
| Click here to enter text. |
| 1. [How has the physician organization ensured that product specific advertising, promotional materials or other branding strategies have not been included on, appear within, or be adjacent to any educational materials, activity agendas, programs or calendars of events, and/or any webpages or electronic media containing educational material](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e)?
 |
| Click here to enter text. |
| 1. [What arrangements are used to ensure that any commercial exhibits or advertisements are placed in a location that is clearly and completely separated from the accredited CPD activity?](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e)
 |
| Click here to enter text. |
| 1. [If incentives are being provided to participants associated with an accredited CPD activity, how are these incentives reviewed and approved by the physician organization?](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e)
 |
| Click here to enter text. |
| 1. [What strategies are being used by the scientific planning committee or the physician organization to prevent the scheduling of unaccredited CPD activities occurring at time and locations where accredited activities are scheduled](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e)?
 |
| Click here to enter text. |

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| **PART D: Declaration**  |
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| As the chair of the scientific planning committee (or equivalent), I accept responsibility for the accuracy of the information provided in response to the questions listed on this application, and to the best of my knowledge, I certify that the CMA’s guidelines, entitled, *CMA Policy: Guidelines for Physicians in Interactions with Industry (2007)*, and the National Standard for Support of Accredited CPD Activities have been met in preparing for this event.  |
|[ ]  **I Agree** | By clicking “ I agree” you are agreeing to the declaration stated above |
| **Name:** | Click here to enter text. |
| **Date:**(dd/mm/yyyy) | Click here to enter a date. |

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| **PART E: CPD Accreditation Agreements** |
| The Royal College has several international CPD accreditation agreements. These agreements allow CPD participants to claim or convert select Royal College MOC credits to other CPD system credits. Details about the specific agreements are available on the Royal College’s [website](http://www.royalcollege.ca/rcsite/cpd/providers/international-accreditation-agreements-e#accme).Should you wish for this CPD activity to eligible for credit within any of these systems, please check all that apply: |
|[ ]  [American Medical Association (AMA)](http://www.royalcollege.ca/rcsite/cpd/providers/international-accreditation-agreements-e#ama) PRA Category 1 Credit™ |
|[ ]  [European Union of Medical Specialists (UEMS)](http://www.royalcollege.ca/rcsite/cpd/providers/international-accreditation-agreements-e#uems) |
|[ ]  [Qatar Council for Healthcare Practitioners](http://www.royalcollege.ca/rcsite/cpd/providers/international-accreditation-agreements-e#qatar) (QCHP) |
|[ ]  European Board for Accreditation in Cardiology ([EBAC](http://www.royalcollege.ca/rcsite/cpd/providers/international-accreditation-agreements-e#accme)) |

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| **Please attach the following documentation to the application form:** |
| Attachment 1 | A summary of the needs assessment results |
| Attachment 2 | The program/brochure\*Please indicate whether this is a preliminary copy or the final program/brochure |
| Attachment 3 | Any other materials to promote or advertise the activity (for example, invitations, email announcements) Note: A draft agenda / brochure is acceptable. However, the final agenda / brochure must also be submitted for approval once prepared |
| Attachment 4 | 4 (a) Sample conflict of interest (COI) disclosure form4 (b) A summary of the process for the collection, management, and disclosure of COIs |
| Attachment 5 | The budget for this activity that details the receipt and expenditure of all sources of revenue |
| Attachment 6 | The evaluation form(s) developed for this activity |
| Attachment 7 | The template certificate of attendance that will be provided to participants |
| Attachment 8 | Section 3 activities (self-assessments and simulations) only:The answer sheet for the scoring or assessment tool, showing how feedback will be provided to participants\*If the activity is online, access to the online modules to view the assessment and feedback is acceptable |
| Attachment 9 | If sponsorship / exhibitors have been sought: The sponsorship and/or exhibitor prospectus developed to solicit sponsorship/exhibitors for the activity (if applicable) |
| Attachment 10 | If sponsorship / exhibitors have been sought: The written agreement that is signed by the CPD provider organization and the sponsor |