

**AMA PRA CATEGORY 1 CREDIT(S)<sup>™</sup> APPLICATION FOR CONTINUING MEDICAL EDUCATION**

This document is an application for an educational activity to award *AMA PRA Category 1 Credit(s)<sup>™</sup>*. Please complete all sections of the application. Please be sure that you have a minimum of at least two weeks for this application to be processed by the department and reviewed by the Program & Education Committee. If you have any questions, please email us at [eeh-acme@endeavorhealth.org](mailto:eeh-acme@endeavorhealth.org).

**BASIC INFORMATION**

**Activity Name:** \_\_\_\_\_

**Activity Type**    ☐ Directly Provided (Edward or Elmhurst Hospital)    ☐ Jointly Provided (Other)

*If Jointly Provided is selected, a Joint Providership Agreement Form will need to be completed.*

**Activity Format**

☐ Enduring Material

☐ Live Course

☐ Regularly Scheduled Series (RSS)

☐ Journal

☐ Other: \_\_\_\_\_

**Delivery Format**

☐ In Person Only

☐ Video Conference Only

☐ In Person & Video

☐ Online (Enduring Only)

☐ Journal (Enduring Only)

**EDUCATIONAL APPROACH**

**Please indicate why you chose this activity format for the educational approach to change learner outcomes**

**Activity Description**

*This will be shown on the detailed course page on CloudCME and marketing materials*

**Number of Credits to be Awarded:** \_\_\_\_\_

*This coincides with the amount of educational time in 15-minute increments (.25, .50, .75, 1.0, etc.)*

Does the content of the activity contain clinical or non-clinical (leadership, communication, ethics, professional responsibilities, etc.) information or a combination of both?

☐ Clinical ☐ Non-Clinical ☐ Combination

**Department(s)**

Select the most applicable medical staff department for which this activity was designed:

☐ All Departments ☐ Administration/Non-Clinical ☐ Emergency Medicine  
☐ Medicine ☐ Pediatrics ☐ Radiology  
☐ Anesthesia ☐ Family Medicine ☐ OB/GYN  
☐ Psychiatry ☐ Surgery

☐ Other: \_\_\_\_\_

**LOCATION AND DATE(S)/TIME(S) OF ACTIVITY**

Please complete the following fields based on where the activity will take place:

Location(s): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

**Recurrence:**

☐ Weekly ☐ Every Other Week ☐ Monthly ☐ Quarterly

**On:**

☐ Mondays ☐ Tuesdays ☐ Wednesdays ☐ Thursdays ☐ Fridays ☐ Saturdays ☐ Sundays

Additional Information (specific dates, exceptions, holidays, etc.):

## (OPTIONAL) MAINTENANCE OF CERTIFICATION (MOC) CREDITS

If you are interested in earning Maintenance of Certification (MOC) credits for your activity, please contact the CME department at [eeh-acme@eehealth.org](mailto:eeh-acme@eehealth.org). There are specific requirements for each specialty board that will need to be reviewed with the activity in question. Participating certifying boards, as of May 2025, include the following: **ABA, ABIM, ABOS, ABOHNS, ABPath, ABP, ABS, ABTS**. The CME department submits learner completion data for each activity registered as MOC through the ACCME PARS web system. When participant completion data is submitted, specialty boards verify the participant's submission through **specialty board ID #, NPI #, state license #, and birth date and month (year not required)**. If verified, the participant's specialty board MOC record is updated within 24-48 hours of submission. Submissions to the ACCME occur within 30 days of the learner engaging in the activity and completing the MOC requirements.

To ensure that participants receive credit, physicians need to update their CloudCME profile and include their specialty board ID #. This must be communicated to them during the marketing process by the planners and the CME department (via website posting) and again by the planners during the activity. It is the responsibility of the planners to communicate this to participants on the day of the event for accurate documentation. Any participants who do not provide their specialty board ID #, NPI #, state license #, and birth date in their profiles are not granted MOC credit.

Please refer to the ACCME's [MOC Assessment Recognition Program Guide](#) for specific details.

Are you interested in MOC credit(s) for this activity? ☐ Yes ☐ No

### Type of MOC:

☐ ABA ☐ ABIM ☐ ABOS ☐ ABOHNS ☐ ABPath ☐ ABP ☐ ABS ☐ ABTS

## TARGET AUDIENCE

Please select the specialties that represent the target audience for which the activity was designed

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Administrative            | <input type="checkbox"/> APP                  | <input type="checkbox"/> All Specialties   | <input type="checkbox"/> Allergy/Immunology    |
| <input type="checkbox"/> Anesthesiology            | <input type="checkbox"/> Chiropractic         | <input type="checkbox"/> Dermatology       | <input type="checkbox"/> Emergency Med.        |
| <input type="checkbox"/> Family Medicine           | <input type="checkbox"/> Integrative Medicine | <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Medicine              |
| <input type="checkbox"/> Multidisciplinary         | <input type="checkbox"/> OB/GYN               | <input type="checkbox"/> Ophthalmology     | <input type="checkbox"/> Oral-Dental Medicine  |
| <input type="checkbox"/> Orthopedic Surgery        | <input type="checkbox"/> Otolaryngology       | <input type="checkbox"/> Pathology         | <input type="checkbox"/> Pediatrics            |
| <input type="checkbox"/> Physical Medicine & Rehab | <input type="checkbox"/> Plastic Surgery      | <input type="checkbox"/> Podiatry          | <input type="checkbox"/> Psychiatry/Psychology |
| <input type="checkbox"/> Pulmonology               | <input type="checkbox"/> Radiology            | <input type="checkbox"/> Urology           | <input type="checkbox"/> Surgery               |

☐ Other: \_\_\_\_\_

## PLANNERS AND FACULTY

Please complete the information below for each person involved in any aspect of the activity (this includes planning, development, content creation, etc.). Include name, credentials, educational degree(s), and role in planning.

PLANNER 1	
First Name	
Last Name	
Email	
Title	
Degree (if applicable)	
Department	
Will this faculty/planning committee member be limited to a non-clinical subject only (i.e. communication, leadership, ethics, etc.)?	

PLANNER 2	
First Name	
Last Name	
Email	
Title	
Degree (if applicable)	
Department	
Will this faculty/planning committee member be limited to a non-clinical subject only (i.e. communication, leadership, ethics, etc.)?	

PLANNER 3	
First Name	
Last Name	
Email	
Title	
Degree (if applicable)	
Department	
Will this faculty/planning committee member be limited to a non-clinical subject only (i.e. communication, leadership, ethics, etc.)?	

If there are more planners, please enter their information below:

## FACULTY/PRESENTERS/AUTHORS

Faculty, presenters, and authors must have documented qualifications that demonstrate their education and/or experience in the content they are presenting. Expertise in subject matter can be evaluated based on education, professional achievements and credentials, work experience, honors, awards, professional publications, etc. The qualifications must address how the individual is knowledgeable about the topic and how expertise has been gained.

All faculty participating in a sponsored activity are expected to disclose to the audience whether they have any financial relationships with any commercial interests. Presenters may not have a financial relationship with any ineligible commercial entity. <https://accme.org/rule/eligibility/>

Faculty who do not have a disclosure on file will receive an email requesting their disclosure to be completed online when the application is submitted, as long as a valid email address is provided.

FACULTY 1	
First Name	
Last Name	
Email	
Degree (if applicable)	

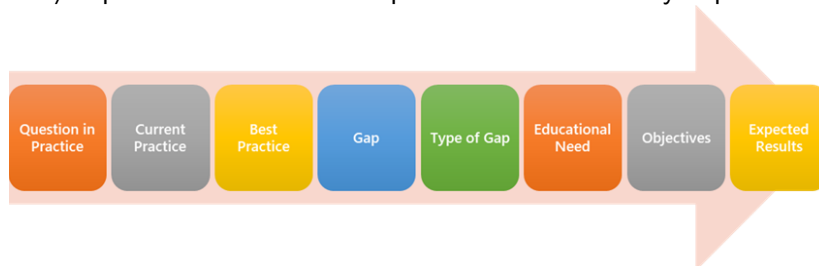
FACULTY 2	
First Name	
Last Name	
Email	
Degree (if applicable)	

FACULTY 3	
First Name	
Last Name	
Email	
Degree (if applicable)	

If there are more faculty, please enter their information below:

## GAP ANALYSIS, NEEDS ASSESSMENT, BARRIERS

The CME planning process is based on a foundation of needs assessment which serves professional practice gaps of the intended audience, articulate the needs, and outline the objectives and expectations necessary to design learning activities that will change competence, performance, and/or patient outcomes. This process can be visually depicted as shown in the graphic below.



**Our current professional practice is less than ideal because:**

- ☐ Providers don't KNOW something (Knowledge Gap)
- ☐ Providers don't KNOW HOW TO DO something (Competence Gap)
- ☐ Providers are NOT DOING SOMETHING in practice that they SHOULD BE DOING (Performance Gap)

**Describe how you discovered providers had the gap or problem described above:**

*Were you able to discover there was a gap or problem based on quality improvement data, health outcomes data, chart reviews, clinical practice guidelines, data from federal, state and local sources, literature review, etc.*

Will you be providing non-educational intervention(s) with this activity? ☐ Yes ☐ No

**What type of needs assessment method was used to plan this event? Check all that apply and please provide a copy of this information with this application:**

- ☐ Evidence-based, peer-reviewed literature
- ☐ Outcomes data that supports team-based education
- ☐ Quality care data
- ☐ Issues identified by colleagues
- ☐ Problematic/uncommon causes
- ☐ Ongoing consensus of diagnosis made by physician(s) on staff
- ☐ Advice from authorities of the field or societies
- ☐ Formal or informal survey results of target audience, faculty, or staff
- ☐ Discussions in departmental meetings (**please provide copy of minutes**)
- ☐ Government sources or consensus reports
- ☐ Board examinations and/or recertification requirements
- ☐ New technology, methods, or diagnosis/treatment
- ☐ Legislative, regulatory, or organizational changes impacting patient care
- ☐ Joint Commission Patient Safety Goal/Competency
- ☐ New medication(s) or indication(s)
- ☐ Health trends/medical data/public health data and trends
- ☐ Needs Assessment Report

**What barriers have impeded change?**

**Provider Barriers**

- |  |  |
|--|--|
| <input type="checkbox"/> Commitment to change                          | <input type="checkbox"/> Challenges with implementation      |
| <input type="checkbox"/> Translating evidence into practice            | <input type="checkbox"/> Safety/legal concerns               |
| <input type="checkbox"/> Learning and/or teaching style                | <input type="checkbox"/> Lack of peer or support staff       |
| <input type="checkbox"/> Lack of time to learn or practice new concept | <input type="checkbox"/> Biases (individual, implicit, etc.) |
| <input type="checkbox"/> Learners may not view the change as effective |  |

**Team Barriers**

- |   |  |
|---|--|
| <input type="checkbox"/> Roles/Responsibilities with implementation | <input type="checkbox"/> Shared values/trust for effective change  |
| <input type="checkbox"/> Communication issues                       | <input type="checkbox"/> Team structure/lack of support for team   |
| <input type="checkbox"/> Team Consensus                             | <input type="checkbox"/> Lack of time to learn or practice concept |
| <input type="checkbox"/> Team/System biases                         |  |

**Patient Barriers**

- |   |   |
|---|---|
| <input type="checkbox"/> Patient commitment to change | <input type="checkbox"/> Patient challenges to put evidence into practice |
| <input type="checkbox"/> Patient family biases        | <input type="checkbox"/> Patient receives conflicting information         |

**System/Organization Barriers**

- |  |   |
|--|---|
| <input type="checkbox"/> Lack of time to learn or practice new concept | <input type="checkbox"/> Challenges with practice or process guidelines |
| <input type="checkbox"/> Lack of support from peers/leadership         | <input type="checkbox"/> Lack of funding to support change              |
| <input type="checkbox"/> Safety/legal concerns                         |   |

**Other Barriers**

- |   |  |
|---|--|
| <input type="checkbox"/> Cultural/racial disparities              | <input type="checkbox"/> Social/equity disparities |
| <input type="checkbox"/> Gender/sexual identification disparities |  |

**Please explain how the identified barriers will be addressed:**

**OBJECTIVES, LEARNING OUTCOMES, AND COMPETENCIES**

**What do you expect your participants to be able to do as a result of participating in this activity?**

At least three objectives per one hour topic are required. These objectives will be stated in the promotional brochure and activity's syllabus. Based on the educational gap identified, what do you want your learners to be able to DO at the conclusion of your educational activity? Objectives should be actionable items. See this link for a list of acceptable action verbs: <https://teaching.uic.edu/cate-teaching-guides/syllabus-course-design/blooms-taxonomy-of-educational-objectives/>

Objective #	At the conclusion of this activity, participants will be able to:
1	
2	
3	
4	
5	
6	
Additional	



**ACCME Outcomes**

- ☐ Learner Competence (Learner shows how to do)
  - ☐ Objective Measurement (observed, tested)
  - ☐ Subjective Measurement (self-reported)
  
- ☐ Learner Performance (Learner demonstrates in practice)
  - ☐ Objective Measurement (observed, tested)
  - ☐ Subjective Measurement (self-reported)
  
- ☐ Patient Health (Effects of what learner has done for a few)
  - ☐ Objective Measurement (observed, tested)
  - ☐ Subjective Measurement (self-reported)
  
- ☐ Community/Population Health (Effects of what learner has done for many)
  - ☐ Objective Measurement (observed, tested)
  - ☐ Subjective Measurement (self-reported)
  
- ☐ Learner Knowledge will also be measured for this activity
  - ☐ Objective Measurement (observed, tested)
  - ☐ Subjective Measurement (self-reported)

**Desirable Physician Attributes/Core Competencies**

CME activities must be developed in the context of desirable physician attributes. Indicate which of the Accreditation Council for Graduate Medical Education (ACGME), and/or American Board of Medical Specialties (ABMS), Institute of Medicine (IOM), and Interprofessional Education Collaborative (IEC) core competencies will be addressed by this CME activity. (Please only select the core competencies that most closely reflect the educational agenda of your activity).

**ACGME/ABS Competencies**

- ☐ Patient Care or Procedural Skills
- ☐ Medical Knowledge
- ☐ Practice-Based Learning and Improvement
- ☐ Interpersonal & Communication Skills
- ☐ Professionalism
- ☐ System-Based Practice

**Institute of Medicine Competencies**

- ☐ Provide Patient-Centered Care
- ☐ Work in Interdisciplinary Teams
- ☐ Employ Evidence-Based Practice
- ☐ Apply Quality Improvement
- ☐ Utilize Informatics

**Interprofessional Education Collaborative Competencies**

- ☐ Values/Ethics
- ☐ Roles/Responsibilities
- ☐ Communication
- ☐ Teams & Teamwork

**COMMENDATION CRITERIA**

The Accreditation Council for Continuing Medical Education (ACCME) encourages and rewards accredited CME providers for implementing best practices in educational methods, engagement, evaluation, assessment of change, and generating meaningful outcomes.

Please determine which of the following best applies to your activity.

**Promotes Team-Based Education**

- ☐ Members of interprofessional teams are engaged in the planning and delivery of interprofessional continuing education (ICPE).
- ☐ Patient/public representatives are engaged in the planning and delivery of CME
- ☐ Students of the health professions are engaged in the planning and delivery of CME

**Addresses Public Health Priorities**

- ☐ The provider advances the use of health and practice data for healthcare improvement
- ☐ The provider addresses factors beyond critical care that affect health populations
- ☐ The provider collaborates with other organizations to more effectively address population health issues

**Enhances Skills**

- ☐ The provider designs CME to optimize communication skills of learners
- ☐ The provider designs CME to optimize technical and procedural skills of learners
- ☐ The provider creates individualized learning plans for learners
- ☐ The provider utilizes support strategies to enhance change as an adjunct to its CME

**Achieves Outcomes**

- ☐ The provider demonstrates improvement in the performance of learners
- ☐ The provider demonstrates healthcare quality improvement
- ☐ The provider demonstrates the impact of the CME program on patients or their communities

## LEARNER ENGAGEMENT

**How do you plan to engage learners in the educational activity? Check all that apply:**

- ☐ Audience response/polls during didactic lecture
- ☐ Demonstration of skill
- ☐ Small group discussion/interaction with audience
- ☐ Case-based learning/scenarios
- ☐ Workshop/hands-on/role play
- ☐ Multi-media (video, animation, etc.) embedded with didactics
- ☐ Pre/post assignment applicable to education
- ☐ Other: \_\_\_\_\_

## MARKETING MATERIALS

ISMS and ACCME have strict guidelines regarding marketing of CME activities. All promotional material must be reviewed by the CME department prior to distribution; this includes all “save-the-dates” and full brochures. Promotional materials which include more information (objectives, activity description) must include the full accreditation statement with the amount of credit being awarded. The CME department will either generate a flyer with all this information, or you may contact the department for the appropriate wording.

## PLANNER UNDERSTANDING – EVALUATION OF THE LEARNER

All activities must include a comprehensive evaluation component that assesses the individual learner’s competence, knowledge, and/or skill. The CME department depends on the planners to ensure that the highest educational standards are met each time an activity takes place.

**Please indicate that you plan to meet the following methods for evaluation and feedback for your activity by checking the appropriate boxes and signing the attestation below**

- ☐ Yes, the evaluation measures the competence or performance of the individual learner (not the activity) and is not anonymous
- ☐ Yes, the participation threshold must be communicated to the learner prior to engagement in the activity
- ☐ Yes, evaluation of the learner and feedback to the learner must be completed before completion credit is awarded

**ACTIVITY EVALUATION TYPE**

RSS planners must choose one or more of the first three options. All other activity types can choose any of the following mechanisms, but at least ONE mechanism must be selected (examples of each included below)

- ☐ Case-based discussion (during activity)
- ☐ Written response evaluation (during activity)
- ☐ Quiz/exercise (during activity)
- ☐ Post-activity written response evaluation and follow-up (not case-based)
- ☐ Pre/post activity online quiz (CME department-administered)

**CASE-BASED**

**Evaluation Method:** Learners are asked to share with each other and the group about how they would approach the case at various stages.

**Passing Standard:** Learners actively participate in the conversation as judged by a group leader or planner.

**Feedback Method:** Learners actively participate in the conversation as judged by a group leader or planner.

**WRITTEN RESPONSE**

**Evaluation Method:** Learners write down what they have learned and indicate commitment to change or maintain an element of practice.

**Passing Standard:** Learners write down what they have learned and indicate commitment to change or maintain an element of practice.

**Feedback Method:** Leader/facilitator summarizes what was discussed and provides next best steps for the learner.

**QUIZ/EXERCISE:**

**Evaluation Method: (1) Quiz:** Learners complete answers to a quiz during or after an activity; or **(2)**

**Exercise:** Learners write down next steps in an evolving case at various set points.

**Passing Standard: (1) Quiz:** Percent of correct answers set by provider; or **(2) Exercise:** Learners write a possible next step to each question

**Feedback Method: (1) Quiz:** Best answer to each question is discussed or shared; or **(2) Exercise:** Best practice at each step is discussed or shared after each set point.

*By signing below, I attest that I will complete, or assist in the completion, of the evaluation method selected above as required and document that I have completed the evaluation method chosen. I will provide the ACME Department with this documentation within one week of the activity date (if required).*

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RSS Planner Signature

**ATTESTATION**

As the Course Planner, I attest to the accuracy and completeness of this application on behalf of the planning team, and I accept responsibility for the planning, implementation, and evaluation of this CME activity. I agree to submit an accurate report of outcome measures on this activity to the CME Department within 30 days of the event's completion. Documentation of participation must take place within a maximum of three business days of the event date. The evaluation method summary is provided by case-based discussion within one week of the event. Non-compliance of any of the standards outlined in the policies or guidelines may result in denial of applications.

\_\_\_\_\_  
Course Planner Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Additional Course Planner Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Additional Course Planner Signature\_\_\_\_\_  
Date