Royal College of Physicians and Surgeons of Canada
Application for Accreditation of Simulation (SIM) CPD Activities

Section 3 of the Framework of Continuing Professional Development (CPD) Options of the Maintenance of Certification program (MOC)

Simulation approximates real-life situations, allowing participants to demonstrate (and receive feedback on) their application of knowledge (scientific and tacit), clinical reasoning, communication and problem-solving, as well as their ability to collaborate and work effectively in a health care team.

Important information before you begin:

- Simulation programs approved under Section 3 must be developed or co-developed by a physician organization, please visit the Royal College website to confirm before submitting an application.

    A physician organization is defined by the Royal College as a not-for-profit group of health professionals with a formal governance structure, accountable to and serving, among others, its specialist physician members through continuing professional development, provision of health care, and/or research.

Additional considerations:

- MOC section 3 – Assessment accredited Self-Assessment Programs are approved for a maximum of three years from the start date of the activity.
- Accreditation will not be granted retroactively.
- The organization that developed the activity is responsible for maintaining all records (including attendance records) for a 5-year period.
- The standards contained within this application must be met and supporting documentation provided for an educational event to be approved under Section 3 of the MOC program. The Office of Continuing Medical Education and Professional Development, University of Calgary will determine if your event meets these standards.
- Refer to the Royal College CPD Accredited Standards Simulation-Based Program CPD Activities (Section 3) as you complete this application and prepare the attachments.
- The Royal College has also created a CPD activity toolkit to help developers of educational activities.
    - Needs assessment
    - Creating learning objectives
    - Educational delivery methods
    - Evaluations
    - Requirements for web based CPD activities
    - Relationships with speakers and sponsors
    - Sample Conflict of Interest Declaration
    - Sample Certificate of Attendance

- The Continuing Medical Education & Professional Development Office (CME & PD Office) has created helpful resources: https://cumming.ucalgary.ca/cme/accreditation

Application steps:

1. Keep a copy of the completed application form and supporting documents for your records.
   Do not send this application form to the Royal College of Physicians and Surgeons of Canada (RCPSC).

2. Email a copy of your completed application form and supporting documents to cme@ucalgary.ca. Ensure you attach the checklist, application, and separate PDFs for each section of the supporting documents.

3. Fax the fee payment form to our confidential fax line at (403) 270-2330 or mail cheque to Office of CME & PD, Cal Wenzel Precision Health Building, 3280 Hospital Drive NW, Calgary AB T2M 4Z6. Applications submitted within six weeks (30 business days) of the learning event will be levied a $250 late fee. MOC 1 applications submitted within three weeks and MOC 3 applications submitted within four weeks of the learning event will not be reviewed. Additional fee payments may apply for complex application reviews.

4. A summary of the application review will be emailed to the physician organization including the outcome of the assessment of the CPD activity.

5. If your event is approved for accreditation, the chair of the Scientific Planning Committee and the contact person will be emailed the number of accredited hours, the ID number, and the CPD activity accreditation statement that must appear on all accredited CPD activity program materials and certificates of participation.

6. The Office of CME&PD will notify the RCPSC of your accredited event.

Date of application: (dd/mm/yyyy)		Event location (insert city and province):	
Activity start date: (dd/mm/yyyy)		Activity end date: (dd/mm/yyyy)	
Title of group learning activity (as it will appear on the certificate of attendance):			
Website Link to Registration (or insert 'not applicable')			
Delivery method of group learning activity:	☐ Live in-person ☐ Live virtual ☐ Both in-person and virtual ☐ Online self-study		
How many times will this activity be held in a year?	☐ 1 ☐ 2 ☐ 3 ☐ 4+	Has this activity been previously accredited?	☐ Yes ☐ No
Has this activity been submitted to another CPD Accreditor? i.e., RCPSC, CFPC, CNA, CCCEP	☐ Yes ☐ No	If yes, please name CPD Accreditor:	
Has this activity been rejected by another CPD Accreditor?			☐ Yes ☐ No
If yes, please elaborate:			
Do you want this event posted on the Royal College (RCPSC) website?	☐ Yes ☐ No	Anticipated number of participants:	

Select the option that applies to your organization:

Option 1 ☐	Option 2 ☐
We are a **physician organization** that is planning this educational event alone or in conjunction with another physician organization.	We are a **physician organization that is co-developing this educational event with a non-physician organization**. We (the physician organization) have been prospectively involved in planning this event and accept accountability for its entire program.

---

*Physician Organization:

A not-for-profit group of health professionals with a formal governance structure, accountable to and serving, among others, its specialist physician members through:

- Continuing professional development, Provision of health care; and/or, Research

This definition includes (but is not limited to) the following groups:
- Faculties of medicine   - Hospital departments or divisions   - Medical (specialty) societies
- Medical associations   - Medical academies   - Physician research organizations
- Health authorities not linked to government agencies

Types of organizations that 'Are Not' considered Physician Organizations:
- Disease-oriented patient advocacy organizations (e.g., Canadian Diabetes Association)
- Government departments or agencies (e.g., Health Canada, Public health Agency of Canada)
- Industry (e.g., pharmaceutical companies, medical device companies, etc.)
- Medical education or communications (MEC) companies (e.g., CME Inc.)
- For-profit online educators, publishing companies or simulation companies (e.g., Medscape, CAE)
- Small number of physicians working together to develop educational programming.

PART A: Administrative Standards

Name(s) of physician organization(s) that developed the group learning activity:

1. Name of **physician organization** requesting accreditation:	List physician organization in the following order (if applicable): ➢ group, section/division, institute/department, faculty, university or ➢ group, section/division, SCN/department, zone, health authority	
	Name of Physician Organization:	
	Website address: ☐ Check here if not applicable	
2. Name and contact information for Chair of the Scientific Planning Committee:	First Name:	Last Name:
	Address:	
	Email:	Telephone #:
3. Contact information for main point-of-contact for participants:	First Name:	Last Name:
	Address:	Telephone #:
	Email:	

4. Name and contact information for organizations *co-developing* the activity	**Names of Co-developing Organizations. List in the following order:**
	➢ group, section/division, institute/department, faculty, university or
	➢ group, section/division, SCN/department, zone, health authority

	a) Name of first Co-developing Organization:
(If there are more than two co-developing physician organizations, please list on separate document)	Is the co-developing organization a physician organization? ☐ Yes ☐ No
	Email:	Telephone #:
Do not include sponsors as co-developers.	Website address: ☐ Check here if not applicable
	b) Name of second Co-developing Organization:
	Is the co-developing organization a physician organization? ☐ Yes ☐ No
	Email:	Telephone #:
	Website address: ☐ Check here if not applicable

5. The physician organization agrees to maintain attendance records for 5 years.	☐ Yes

6. Was the content developed by the Scientific Planning Committee?	☐ Yes ☐ No

If no, who developed the content?	

7. Name and credentials of Scientific Planning Committee members (One must be a RCPSC member).	How does the individual represent target audience?	Indicate if the individual is a member of the developing or co-developing physician organization:
Example: David Smith, MD, FRCPC	*Example: Endocrinologist*	*Developing, Co-developing or n/a*

PART B: Educational Standards

1. Who is the intended primary target audience of the activity? *(check a maximum of six)*

- ☐ Acute Care Point of Care Ultrasonography (POCS)
- ☐ Addiction Medicine
- ☐ Adolescent and Young Adult Oncology
- ☐ Adolescent Medicine
- ☐ Adult Cardiac Electrophysiology
- ☐ Adult Echocardiography
- ☐ Adult Hepatology
- ☐ Adult Interventional Cardiology
- ☐ Adult Thrombosis Medicine
- ☐ Advanced Heart Failure & Cardiac Transplantation
- ☐ Aerospace Medicine
- ☐ Anatomical Pathology (AP)
- ☐ Anesthesiology (ANES)
- ☐ Brachytherapy
- ☐ Cardiac Surgery
- ☐ Cardiology (adult or pediatrics)
- ☐ Child and Adolescent Psychiatry
- ☐ Child Maltreatment Pediatrics
- ☐ Clinical Immunology & Allergy (adult or pediatrics)
- ☐ Clinical Pharmacology & Toxicology
- ☐ Clinician Educator
- ☐ Clinician Investigator Program
- ☐ Colorectal Surgery
- ☐ Critical Care Medicine (adult or pediatrics)
- ☐ Cytopathology
- ☐ Dermatology
- ☐ Developmental Pediatrics
- ☐ Diagnostic Radiology
- ☐ Emergency Medical Services
- ☐ Endocrinology & Metabolism (adult or pediatrics)
- ☐ Forensic Pathology
- ☐ Forensic Psychiatry
- ☐ Gastroenterology (adult or pediatrics)
- ☐ General Internal Medicine
- ☐ General Pathology
- ☐ General Surgery
- ☐ General Surgical Oncology
- ☐ Geriatric Medicine
- ☐ Geriatric Psychiatry
- ☐ Gynecologic Oncology
- ☐ Gynecologic Reproductive Endocrinology & Infertility
- ☐ Hematological Pathology
- ☐ Hematology
- ☐ Hematopoietic Stem Cell Transplantation
- ☐ Hyperbaric Medicine
- ☐ Infectious Diseases (adult or pediatrics)

- ☐ Internal Medicine
- ☐ Interventional Radiology
- ☐ Maternal Fetal Medicine
- ☐ Medical Biochemistry
- ☐ Medical Genetics and Genomics
- ☐ Medical Microbiology
- ☐ Medical Oncology
- ☐ Neonatal Perinatal Medicine
- ☐ Nephrology (adult or pediatrics)
- ☐ Neurology (adult or pediatrics)
- ☐ Neuropathology
- ☐ Neuroradiology
- ☐ Neurosurgery
- ☐ Nuclear Medicine
- ☐ Obstetrics & Gynecology
- ☐ Occupational Medicine
- ☐ Ophthalmology
- ☐ Orthopedic Surgery
- ☐ Otolaryngology - Head and Neck Surgery
- ☐ Pain Medicine
- ☐ Palliative Medicine
- ☐ Patient Safety and Quality Improvement
- ☐ Pediatric Emergency Medicine
- ☐ Pediatric Hematology/Oncology
- ☐ Pediatric Radiology
- ☐ Pediatric Surgery
- ☐ Pediatric Urology
- ☐ Pediatrics
- ☐ Physical Medicine & Rehabilitation
- ☐ Plastic Surgery
- ☐ Prehospital and Transplant Medicine
- ☐ Psychiatry
- ☐ Public Health and Preventive Medicine
- ☐ Radiation Oncology
- ☐ Respirology (adult or pediatrics)
- ☐ Rheumatology (adult or pediatrics)
- ☐ Sleep Disorder Medicine
- ☐ Solid Organ Transplantation
- ☐ Sport and Exercise Medicine
- ☐ Surgical Foundations
- ☐ Thoracic Surgery
- ☐ Transfusion Medicine
- ☐ Trauma General Surgery
- ☐ Urology
- ☐ Vascular Surgery

2. Which assessment strategies were used to identify the learning needs of the target audience?
Indicate all that apply: (summary and reference documents are required where applicable).

a) Perceived Needs:

☐ Consultation with Scientific Planning Committee Members
Minutes or List of Topics attached: ☐

☐ Surveys
Summary results attached: ☐

☐ Questionnaires
Summary results attached: ☐

☐ Focus Groups
Summary results attached: ☐

☐ Direct request from target audience. Summary results attached: ☐

Others (list): Click here to enter text.

b) Unperceived Needs:

☐ Self-assessment tests
Summary results attached: ☐

☐ Direct observation of practice performance
Documentation attached: ☐

☐ Provincial databases

☐ Chart audits

☐ Practice audits

☐ Incident reports

☐ Chart-stimulated recall Interviews ☐

☐ Quality assurance data from clinics, PCNs, hospitals, regions

☐ Published literature (RCT, cohort studies). List of references attached: ☐

☐ Clinical Practice Guidelines list.
List of references attached: ☐

☐ Performance-assessment with Standardized patients

☐ Electronic Medical Record data

☐ *Others (list):*

3. Which learning needs or gap(s) in knowledge, attitudes, skills, or performance of the intended target audience did the scientific planning committee identify for this activity?

4. How were the identified needs of the target audience used to develop the overall and session-specific learning objectives? Indicate all that apply:

a) The scientific planning committee shared the needs assessment results with the speakers who are responsible for developing the learning objectives.	☐Yes ☐No
b) The scientific planning committee used the needs assessment results to define the learning objectives for the speakers.	☐Yes ☐No
If applicable, describe other methods:	☐ Not Applicable

5. Course and session Learning Objectives requirements: See link <u>How to write learning objectives</u>	

a) Are overall course learning objectives learner-centered and measurable? If No, explain:	☐Yes ☐No
b) Are individual session learning objectives learner-centered and measurable? If No, explain:	☐Yes ☐No

c) Are Learning objectives available to participants prior to activity start date?
   i. If No, explain:
 	
   ii. If Yes, indicate if Learning Objectives are listed in any of the following:
   ☐ Website   ☐ Brochure/Flyer   ☐ Email/Letter
   ☐ Other (list):
	☐Yes ☐No
	
	Sample Document attached ☐

6. <u>CanMEDS</u> Role(s) relevant to this activity? Check all that apply:		
☐ Medical Expert ☐ Communicator ☐ Collaborator	☐ Leader ☐ Health Advocate	☐ Professional ☐ Scholar

Criteria: <u>Simulation Activities</u> provide learners with a strategy to assess their knowledge, skills, clinical judgement, and attitudes, in comparison to established evidence (scientific or tacit). All simulation programs must enable learners to demonstrate their abilities across the key areas of the scenario(s), topic(s), or problem(s). *(Questions 7 – 20 for Simulation Activity)*

7. <u>Describe the key knowledge areas or themes</u> assessed by the simulation activity.

8. <u>State the sources of information</u> selected by the planning committee to develop the content of this activity (e.g., scientific literature and clinical practice guidelines)

9. **On-Line Simulation**: How will learners provide responses to on-line simulation ?(i.e., through an on-line response sheet or web-based assessment tools, or synchronous or asynchronous oral responses?)	☐ Copy of assessment tool attached

10. **On-Line Simulation**: How will learners receive feedback after the completion of an on-line simulation? Feedback must include the correct answer and references for each correct answer.	☐ Copy of feedback tool attached

11. **Live Simulation**: <u>Which simulation methods were selected</u> to enable participants to demonstrate their abilities, skills, clinical judgement, or attitudes? i.e., Role-playing, standardized patients, theatre-based simulation, task trainers, virtual patients etc.

12. **Live Simulation:** How will learners participate in the simulation? ***Participants must take part in the simulation and receive individual or group feedback in order to receive Section 3 credits***

13. **Live Simulation**: What process will be used to evaluate learners during the simulation? (i.e., video recording assessment; observer critique using a checklist)	☐ Answer sheet or check list attached ☐ Not applicable

14. **Live Simulation**: How will feedback (debrief) be provided to learners on their performance, to enable the identification of any areas requiring improvement through the development of a future learning plan?

Choose all that apply: ☐ pre-test attached ☐ post-test attached ☐ web-based assessment tool attached	☐ Feedback criteria tool attached ☐ Answer sheet attached	☐ Scoring tool attached ☐ Other: (please specify below

15. **Live Simulation**: The program must provide participants with references justifying the appropriate answer.

☐ sample document of answer with reference(s) attached.
☐ sample document (with reference(s) attached), of face-to-face instructor-group participants debrief.
☐ sample document (with reference(s) attached), of face-to-face instructor-individual participant debrief.
☐ sample document (with reference(s) attached), of the post-activity written evaluation of performance.

16. **All Simulations:** The reflective tool provides the learner with the opportunity to document:

☐ Knowledge or skills that are up-to-date or consistent with the current evidence.
☐ Any deficiencies or opportunities for improvement in their performance.
☐ Learning strategies to be pursued to address the performance's deficiencies.
☐ An action plan or commitment to change or address any anticipated barriers.

17. Describe the process used for administering the reflective tool.

18. How will the simulation activity be evaluated by participants?

19. If the <u>evaluation strategy</u> intends to use <u>post-course reinforcement activities</u> to reinforce changes in knowledge, skills or attitudes of learners, and support development of a learning plan, <u>describe these activities</u> (i.e., reflective tool, pre-post competency surveys, post-course quizzes, post-course discussion boards). *Note: Participant's time spent on these activities can be included in the course hours or tracked separately by the participants.*	☐ Not Applicable

20. If the evaluation strategy intends to use post-course quality improvement activities <u>to measure improved health care outcomes</u>, describe these activities. (i.e., practice or chart audits, quality assurance data). *Note: Participant's time spent on these activities can be included in the course hours or tracked separately by the participants.*	☐ Not Applicable

PART C: Ethical Standards	

All activities accredited must comply with the National Standard for support of Accredited CPD Activities. The National Standard applies to all situations where financial and in-kind support is accepted to contribute to the development, delivery and/or evaluation of accredited CPD activities. *This includes profit and not for profit support.*

1. Has the CPD activity been sponsored by one or more sponsors?	☐ Yes ☐ No
2. If yes, have the terms, conditions, and purposes by which sponsorship is provided been documented in a <u>written agreement</u> that is signed by the CPD provider organization and the sponsor?	☐ Yes ☐ Not Applicable ☐ Sponsorship agreement attached

3.	Sponsorship prospectus or invitation developed to solicit sponsorship invitation.	☐ Yes ☐ Not Applicable Prospectus attached: ☐
4.	If sponsorship has been received, all details have been included in the CME budget form.	☐ Yes ☐ Not Applicable
5.	If applicable, please indicate below, how sponsorship is being disclosed to the participants.	☐ Not applicable

☐ Welcome Session ☐ Slide Deck ☐ Website

☐ Other method - please specify:

6. The SPC may consider data or advice from all sources but must ensure that decision-making related to the following CPD program elements is under its exclusive control.

The following CPD elements are under exclusive control of the SPC:
☐ the identification of the educational needs of the intended target audience
☐ development of learning objectives; providing information to speaker who will develop the learning objectives
☐ selection of educational methods
☐ selection of speakers, moderators, facilitators, and authors
☐ development and delivery of content
☐ evaluation of outcomes

If any areas of review were not covered by the SPC, please explain:

7.	Educational content must be submitted (i.e., slide deck, modules).	Attached for review (i.e., slide deck, modules) ☐

8. Describe the process used to ensure content for this activity is scientifically valid, objective, and balanced across relevant therapeutic options.

The Scientific Planning Committee reviewed presentation materials to ensure:

☐ addressing any potential conflicts of interest ☐ incorporation of evidence
☐ appropriateness of selected educational delivery methods ☐ copyright adherence

If any areas of review were not covered by the SPC, please explain:

9. Description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.

Additional information to describe this process:
The Planning Committee ensured presentation standards were shared with each speaker by:

☐ email or letter: speaker letter attached ☐ face to face or telephone meeting: explain below

10. In terms of <u>Content Development</u>, all accredited CPD activities must comply with the <u>National Standard, Element 2</u> for support of accredited CPD activities. What is your <u>process to manage the educational content</u> if it is not responsive to the educational needs of the intended audience? Please explain:

11. In terms of <u>Conflict of Interest</u>, a process must be in place for gathering, managing, and disclosing Conflicts of Interest (COIs) (See <u>National Standard, Element 3</u>).
 a) How are the **Scientific Planning Committee members'** COIs being collected and disclosed to both the
     1. physician organization-
     2. learners attending the CPD activity-
 b) How are **speakers, author's, moderators, and facilitators** COIs being collected and disclosed to both
     1. physician organization-
     2. learners attending the CPD activity- Please respond to both a) and b) below:

12. What are the Scientific Planning Committee's methods to manage potential or real conflicts of interest? Please describe the plan. RCPSC Resource: <u>CPD Activity Toolkit FAQs Scroll down "On conflict of interest"</u>

13. a).The Scientific Planning Committee has retained overall accountability for payment of travel, lodging, out-of-pocket expenses, and honoraria made to members of the SPC, speakers, moderators, facilitators, and authors, see <u>National Standard, Element 4.4</u>.	☐ Yes
b). Is the responsibility for these payments being <u>delegated to a third party</u>? Please describe how the CPD provider organization or SPC retains overall accountability for these payments. See https://www.royalcollege.ca/content/rcpsc/ca/en/cpd/royal-college-accredited-cpd-providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities.html	☐ Yes ☐ Not Applicable

If yes, explain:

14. The Scientific Planning Committee has ensured that product specific advertising, promotional materials or other branding strategies <u>have not been included</u> 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. See <u>National Standard, Elements 5 & 6</u>	☐ Yes
15. If incentives were provided to participants associated with an accredited CPD activity, how were these incentives reviewed and approved by the physician organization? <u>National Standard, Element 6</u>	☐ Yes ☐ Not Applicable

If yes, please explain:

16. Which strategies were used by the scientific planning committee to prevent the scheduling of unaccredited CPD activities occurring at time and locations where accredited activities were scheduled? See <u>National Standard, Element 7</u> ☐ Not Applicable

17a. Are there any <u>unaccredited</u> CPD activities?
  ➢ If yes, I agree that unaccredited CPD activities will take place at times and locations that do not interfere or compete with accredited CPD activities: I agree ☐
  ➢ If yes, I agree that unaccredited CPD activities will not be listed or included in agendas, programs, or calendars of events: I agree ☐
	☐ Yes ☐ No

b. Are there any <u>non-CPD activities</u> (e.g., annual general meeting)? ➢ If yes, I agree to mark them as "unaccredited" within agendas, programs, or calendars of events preliminary and final): I agree ☐	☐ Yes ☐ No

If yes, please explain:

PART D: CPD Accreditation Agreements

The Royal College has several international CPD accreditation agreements. These agreements allow physicians and/or other health professionals 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 website

If you have arranged for this CPD activity to eligible for credit within any of these systems, please check all that apply:

☐	American Medical Association (AMA) PRA Category 1 Credit™
☐	European Union of Medical Specialists (UEMS)
☐	Qatar Council for Healthcare Practitioners (QCHP)
☐	European Board for Accreditation in Cardiology (EBAC)
☐	If this activity was accredited for another system, which one:

PART E: Have you completed and attached the following?
All documents are required unless "not applicable" is provided as an option.
Please check carefully to ensure your application is complete

☐ Has a **needs assessment** been completed? Attach a summary of the completed needs assessment of all areas checked off on application in Part B, number 2.

☐ Have you attached the **overall and session-specific learning objectives** either separately or in the program or brochure?

☐ Have you attached the **speaker letter**, confirming presentation standards were shared with each speaker

☐ Does the **preliminary and final program or brochure** include:
- The activity schedule, topics, and start and end times of individual sessions?
- The activity learning objectives for the overall activity and individual sessions?

☐ Have you attached any other materials that will be used to **promote or advertise** the activity? (for example, invitations, email announcements)

☐ Does the activity **budget** show receipt and expenditure of all sources of revenue for this activity including:
- A list of funding sources, including an indication of whether sponsorship was received in an educational grant or in-kind support?
- A list of expenditures including the CME Accreditation fee?
- The expected number of registrants?

☐ Have you attached the template for the **certificate of attendance** that will be provided to the participants? Is the title of the program on the certificate the same as on the application? This is the title participants will use to search in Mainport to claim their credits. *All physician organizations must maintain attendance records for five years.*

☐ Do the **evaluation and feedback forms** include:
- A question on whether the overall and session specific learning objectives were met?
- A question for participants to identify the potential impact to their practice?
- A question for participants to identify if the overall program is free from commercial or any degree of bias?
- A question on which CanMEDS Roles were addressed during the activity?
- A question if enough time was allocated for interactive learning?
- A question about the appropriateness or relevance of the scenario
- A question about program design (e.g., sufficient instruction time, sufficient practice time)
- A question about whether individual participants or teams (for team-based assessment) are provided with feedback on their performance.
- A question on whether instructor/activity evaluates competencies, skills and/or attitudes.

☐ Regardless of how the activity is funded, have you:
- Attached a sample **conflict of interest (COI) form**?
Described the process for the collection, management, and disclosure of conflicts of interest?

☐ Has the **Chair of Scientific Planning Committee** attested that he/she agrees with the content provided in the application package?

SPONSORSHIP REQUIREMENTS ☐ Not Applicable
☐ Have you attached the sponsorship and/or exhibitor prospectus developed to solicit sponsors/exhibitors for the activity?
☐ If sponsorship has been received for this activity, have you attached the **written agreement** template that is signed by the CPD provider organization and the sponsor?
☐ Have you included your sponsorship information in your budget template?
MOC SECTION 3 SIMULATION REQUIREMENTS
☐ Have you provided access to the slide decks or online modules?
☐ Have you attached a copy of the (Indicate all that apply): ☐ Answer sheet for the knowledge assessment tool <u>including</u> answer references, ☐ Skill assessment checklist/debrief tool <u>including</u> references for further skill development. ☐ Attitudinal survey tool <u>including</u> references for additional study.
☐ Have you described how feedback will be provided to the participants for the assessment tool?

PART F: Declaration

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 National Standard for Support of Accredited CPD Activities have been met in preparing for this event. If this event is held in Québec, we agree to comply with the Le Conseil québécois de développement professionnel continu des Médecins Code of Ethic. www.cqdpcm.ca.

I Agree	By clicking "I agree" you are agreeing to the declaration stated above
Name of Chair:	
Signature of Chair:	
Date: (dd/mm/yyyy)	