

Royal College of Physicians and Surgeons of Canada Application for Accreditation of **Self-Assessment Program CPD activities**

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

Self-assessment programs assess knowledge or the application of knowledge in specific areas, topics or domains. Self-assessment programs use structured formats, such as multiple-choice questions, and require participants to select the appropriate response. Participants receive feedback on the answers to provide opportunities to identify areas for improvement and future learning.

Important information before you begin:

- Self-assessment programs approved under Section 3 must be developed or co-developed by a [physician organization](#), please visit our [website](#) or contact the Royal College 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 in order 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 Self-Assessment 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](#)
- The Continuing Medical Education & Professional Development Office (CME & PD Office) has created helpful resources: <https://cumming.ucalgary.ca/cme/accreditation>

**OFFICE OF CONTINUING MEDICAL EDUCATION &
PROFESSIONAL DEVELOPMENT**
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, TRW 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, 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:	<input type="checkbox"/> Live in-person <input type="checkbox"/> Live virtual <input type="checkbox"/> Both in-person and virtual <input type="checkbox"/> Asynchronous		
How many times will this activity be held in a year?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+	Has this activity been previously accredited?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this activity been submitted to another CPD Accrerator? i.e. RCPSC, CFPC, CNA, CCCEP	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please name CPD Accrerator:	
Has this activity been rejected by another CPD Accrerator?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please elaborate:			
Do you want this event posted on the Royal College (RCPSC) website?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Anticipated number of participants:	

Select the option that applies to your organization:

Option 1

We are a **physician organization** that is planning this educational event alone or in conjunction with another physician organization.

Option 2

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 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:	
	<input type="checkbox"/> Check her 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:	
	Email:	Telephone #:

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3. Fax the fee payment form to our confidential fax line at (403) 270-2330 or mail cheque to Office of CME & PD, TRW Building, 3280 Hospital Drive NW, Calgary AB T2M 4Z6. Applications submitted within 30 business days (6 weeks) 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, 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)			
Title of group learning activity (as it will appear on the certificate of attendance):			
Activity start date: (dd/mm/yyyy)		Activity end date: (dd/mm/yyyy)	
Event location (insert city and province):			
Website Link to Registration (or insert 'not applicable')			
Delivery method of group learning activity:	<input type="checkbox"/> Live in-person <input type="checkbox"/> Live virtual <input type="checkbox"/> Both in-person and virtual <input type="checkbox"/> Online self-study		
How many times will this activity be held in a year?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+		
Anticipated number of participants:			
Do you want this event posted on the Royal College (RCPSC) website?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

<p>4. Name and contact information for organizations co-developing the activity</p> <p><i>(If there are more than two co-developing physician organizations, please list on separate document)</i></p> <p><i>Do not include sponsors as co-developers.</i></p>	<p>Names of Co-developing Organizations. List in the following order:</p> <ul style="list-style-type: none"> ➤ group, section/division, institute/department, faculty, university or ➤ group, section/division, SCN/department, zone, health authority 	
	<p>a) Name of first Co-developing Organization:</p>	
	<p>Is the co-developing organization a physician organization? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
	<p>Email:</p>	<p>Telephone #:</p>
	<p>Website address: <input type="checkbox"/> Check here if not applicable</p>	
	<p>b) Name of second Co-developing Organization:</p>	
	<p>Is the co-developing organization a physician organization? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
	<p>Email:</p>	<p>Telephone #:</p>
<p>Website address: <input type="checkbox"/> Check here if not applicable</p>		
<p>5. The physician organization agrees to maintain attendance records for 5 years.</p>		<p><input type="checkbox"/> Yes</p>
<p>6. Was the content developed by the Scientific Planning Committee?</p>		<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If no, who developed the content?</p>		
<p>7. Name and credentials of Scientific Planning Committee members (one must be a RCPS member)</p>	<p>How does the individual represent target audience?</p>	<p>Indicate if the individual is a member of the developing or co-developing physician organization?</p>
<p><i>Example: David Smith, MD, FRCPC</i></p>	<p><i>Example: Endocrinologist</i></p>	<p><i>Developing, Co-developing or n/a</i></p>

PART B: Educational Standards

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

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Acute Care Point of Care Ultrasonography (POCS) <input type="checkbox"/> Addiction Medicine <input type="checkbox"/> Adolescent and Young Adult Oncology <input type="checkbox"/> Adolescent Medicine <input type="checkbox"/> Adult Cardiac Electrophysiology <input type="checkbox"/> Adult Echocardiography <input type="checkbox"/> Adult Hepatology <input type="checkbox"/> Adult Interventional Cardiology <input type="checkbox"/> Adult Thrombosis Medicine <input type="checkbox"/> Advanced Heart Failure & Cardiac Transplantation <input type="checkbox"/> Aerospace Medicine <input type="checkbox"/> Anatomical Pathology (AP) <input type="checkbox"/> Anesthesiology (ANES) <input type="checkbox"/> Brachytherapy <input type="checkbox"/> Cardiac Surgery <input type="checkbox"/> Cardiology (adult or pediatrics) <input type="checkbox"/> Child and Adolescent Psychiatry <input type="checkbox"/> Child Maltreatment Pediatrics <input type="checkbox"/> Clinical Immunology & Allergy (adult or pediatrics) <input type="checkbox"/> Clinical Pharmacology & Toxicology <input type="checkbox"/> Clinician Educator <input type="checkbox"/> Clinician Investigator Program <input type="checkbox"/> Colorectal Surgery <input type="checkbox"/> Critical Care Medicine (adult or pediatrics) <input type="checkbox"/> Cytopathology <input type="checkbox"/> Dermatology <input type="checkbox"/> Developmental Pediatrics <input type="checkbox"/> Diagnostic Radiology <input type="checkbox"/> Emergency Medical Services <input type="checkbox"/> Endocrinology & Metabolism (adult or pediatrics) <input type="checkbox"/> Forensic Pathology <input type="checkbox"/> Forensic Psychiatry <input type="checkbox"/> Gastroenterology (adult or pediatrics) <input type="checkbox"/> General Internal Medicine <input type="checkbox"/> General Pathology <input type="checkbox"/> General Surgery <input type="checkbox"/> General Surgical Oncology <input type="checkbox"/> Geriatric Medicine <input type="checkbox"/> Geriatric Psychiatry <input type="checkbox"/> Gynecologic Oncology <input type="checkbox"/> Gynecologic Reproductive Endocrinology & Infertility <input type="checkbox"/> Hematological Pathology <input type="checkbox"/> Hematology <input type="checkbox"/> Hematopoietic Stem Cell Transplantation <input type="checkbox"/> Hyperbaric Medicine <input type="checkbox"/> Infectious Diseases (adult or pediatrics) | <ul style="list-style-type: none"> <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Interventional Radiology <input type="checkbox"/> Maternal Fetal Medicine <input type="checkbox"/> Medical Biochemistry <input type="checkbox"/> Medical Genetics and Genomics <input type="checkbox"/> Medical Microbiology <input type="checkbox"/> Medical Oncology <input type="checkbox"/> Neonatal Perinatal Medicine <input type="checkbox"/> Nephrology (adult or pediatrics) <input type="checkbox"/> Neurology (adult or pediatrics) <input type="checkbox"/> Neuropathology <input type="checkbox"/> Neuroradiology <input type="checkbox"/> Neurosurgery <input type="checkbox"/> Nuclear Medicine <input type="checkbox"/> Obstetrics & Gynecology <input type="checkbox"/> Occupational Medicine <input type="checkbox"/> Ophthalmology <input type="checkbox"/> Orthopedic Surgery <input type="checkbox"/> Otolaryngology - Head and Neck Surgery <input type="checkbox"/> Pain Medicine <input type="checkbox"/> Palliative Medicine <input type="checkbox"/> Patient Safety and Quality Improvement <input type="checkbox"/> Pediatric Emergency Medicine <input type="checkbox"/> Pediatric Hematology/Oncology <input type="checkbox"/> Pediatric Radiology <input type="checkbox"/> Pediatric Surgery <input type="checkbox"/> Pediatric Urology <input type="checkbox"/> Pediatrics <input type="checkbox"/> Physical Medicine & Rehabilitation <input type="checkbox"/> Plastic Surgery <input type="checkbox"/> Prehospital and Transplant Medicine <input type="checkbox"/> Psychiatry <input type="checkbox"/> Public Health and Preventive Medicine <input type="checkbox"/> Radiation Oncology <input type="checkbox"/> Respiriology (adult or pediatrics) <input type="checkbox"/> Rheumatology (adult or pediatrics) <input type="checkbox"/> Sleep Disorder Medicine <input type="checkbox"/> Solid Organ Transplantation <input type="checkbox"/> Sport and Exercise Medicine <input type="checkbox"/> Surgical Foundations <input type="checkbox"/> Thoracic Surgery <input type="checkbox"/> Transfusion Medicine <input type="checkbox"/> Trauma General Surgery <input type="checkbox"/> Urology <input type="checkbox"/> Vascular Surgery <input type="checkbox"/> Other/General Practice/Health Care Professionals |
|--|---|

<p>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).</p>		
<p>a) Perceived Needs:</p>		
<input type="checkbox"/> Consultation with Scientific Planning Committee members Summary results attached: <input type="checkbox"/>	<input type="checkbox"/> Surveys Summary results attached: <input type="checkbox"/>	<input type="checkbox"/> Questionnaires Summary results attached: <input type="checkbox"/>
<input type="checkbox"/> Focus Groups Summary results attached: <input type="checkbox"/>	<input type="checkbox"/> Direct request from target audience. Summary results attached: <input type="checkbox"/>	
Others (list):		
<p>b) Unperceived Needs:</p>		
<input type="checkbox"/> Self-assessment tests Summary results attached: <input type="checkbox"/>	<input type="checkbox"/> Direct observation of practice performance	<input type="checkbox"/> Provincial databases
<input type="checkbox"/> Chart audits	<input type="checkbox"/> Practice audits	<input type="checkbox"/> Incident reports
<input type="checkbox"/> Chart-stimulated recall Interviews	<input type="checkbox"/> Quality assurance data from clinics, PCNs, hospitals, regions	<input type="checkbox"/> Published literature (RCT, cohort studies). List of references attached: <input type="checkbox"/>
<input type="checkbox"/> Clinical Practice Guidelines list. List of references attached: <input type="checkbox"/>	<input type="checkbox"/> Performance-assessment with Standardized patients	<input type="checkbox"/> Electronic Medical Record data
<input type="checkbox"/> Others (list):		
<p>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?</p>		
[Empty space for identifying learning needs or gaps]		
<p>4. How were the identified needs of the target audience used to develop the overall and session-specific learning objectives? Indicate all that apply:</p>		
a) The scientific planning committee shared the needs assessment results with the speakers who are responsible for developing the learning objectives.		<input type="checkbox"/> Yes <input type="checkbox"/> No
b) The scientific planning committee used the needs assessment results to define the learning objectives for the speakers.		<input type="checkbox"/> Yes <input type="checkbox"/> No
If applicable, describe other methods:		<input type="checkbox"/> Not Applicable

5. Course and session Learning Objectives requirements: See link How to write learning objectives		
<p>a) Are overall course learning objectives learner-centered and measurable? If No, explain:</p> <p>b) Are individual session learning objectives learner-centered and measurable? If No, explain:</p> <p>c) Are Learning objectives available to participants prior to activity start date? i. If No, explain:</p> <p>ii. If Yes, indicate if Learning Objectives are listed in any of the following: <input type="checkbox"/> Website <input type="checkbox"/> Brochure/Flyer <input type="checkbox"/> Email/Letter <input type="checkbox"/> Other (list):</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	
6. CanMEDS Role(s) relevant to this activity? Check all that apply:		
<input type="checkbox"/> Medical Expert <input type="checkbox"/> Communicator <input type="checkbox"/> Collaborator	<input type="checkbox"/> Leader <input type="checkbox"/> Health Advocate	<input type="checkbox"/> Professional <input type="checkbox"/> Scholar
7. Does this course have modules? <input type="checkbox"/> Yes <input type="checkbox"/> No There is an additional administration fee of \$50 per module.		# of modules: _____
8. Describe the key knowledge areas or themes assessed by the self-assessment program. <i>(Questions 7 – 15 for Self-Assessment Program)</i>		
9. State the sources of information selected by the planning committee to develop the content of this activity (e.g. scientific literature and clinical practice guidelines)		
10. Which learning methods were selected to help the CPD activity meet the stated learning objectives? Describe the rationale for the selected format (e.g. multiple-choice questions, short answer questions, etc.) to enable participants to review their current knowledge or skills in relation to current scientific evidence.		

11. Describe the process that allows participants to demonstrate or apply knowledge, skills, clinical judgement or attitudes. (e.g. through the creation of an answer sheet and scoring or web based assessment tools) and record their answers?

Attach a copy of the answer sheet for the assessment tool that allows participants to demonstrate knowledge, skills, clinical judgement or attitudes and shows how feedback will be provided to the participants.

- assessment tool attached
 web based assessment tool attached
 or link:

12. How will feedback be provided to participants on their performance to enable the identification of any areas requiring improvement through the development of a future learning plan?

Choose all that apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> pre-test attached | <input type="checkbox"/> feedback criteria tool attached | <input type="checkbox"/> scoring tool attached |
| <input type="checkbox"/> post-test attached | <input type="checkbox"/> answer sheet attached | <input type="checkbox"/> other: |
| <input type="checkbox"/> web based assessment tool attached | | |

13. The program must provide participants with references justifying the appropriate answer.

Choose all that apply:

- sample reference of answer and reference(s) attached
- sample reference of face to face instructor-group participants debrief attached
- sample reference of face to face instructor-individual participant debrief attached
- sample post-activity written evaluation of performance

14. Describe how the references are provided to participants.

15. How will the overall learning activity and each individual module (if applicable) be evaluated by participants?

16. If the evaluation strategy intends to measure changes in knowledge, skills or attitudes of learners, describe: [Examples might include, pre-post competency surveys or quizzes) or <input type="checkbox"/> Not Applicable	
17. If the evaluation strategy intends to measure improved health care outcomes, describe: [Examples might include practice or chart audits, quality assurance data] <input type="checkbox"/> 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 non-profit support.	
1. Has the CPD activity been sponsored by one or more sponsors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, have the terms, conditions and purposes by which sponsorship is provided been documented in a written agreement that is signed by the CPD provider organization and the sponsor? (for profit and non-profit sponsorship)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Sponsorship agreements are attached or if no sponsors <input type="checkbox"/> Not applicable	
3. If sponsorship has been received, all details have been included in the CME Budget form and attached:	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
4. 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:	
<input type="checkbox"/> the identification of the educational needs of the intended target audience <input type="checkbox"/> development of learning objectives; providing information to speaker who will develop the learning objectives <input type="checkbox"/> selection of educational methods <input type="checkbox"/> selection of speakers, moderators, facilitators, and authors <input type="checkbox"/> development and delivery of content <input type="checkbox"/> evaluation of outcomes	
If any areas were not under exclusive control of the SPC, please explain:	
5. Describe the process used to ensure content for this activity is scientifically valid, objective, and balanced across relevant therapeutic options. Attach educational content, ie. slide deck, modules.	
The Planning Committee reviewed presentation materials to ensure:	
<input type="checkbox"/> addressing any potential conflicts of interest <input type="checkbox"/> appropriateness of selected educational delivery methods	<input type="checkbox"/> incorporation of evidence <input type="checkbox"/> copyright adherence
If any areas of review were not covered by the SPC, please explain:	

6. Description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.
The Planning Committee ensured presentation standards were shared with each speaker by: <input type="checkbox"/> face to face meeting <input type="checkbox"/> telephone <input type="checkbox"/> email or letter
Additional information to describe this process:
7. All accredited CPD activities must comply with the National Standard (See National Standard, Element 2 for details for support of accredited CPD activities). If the scientific planning committee identifies that the content of the CPD activity does not comply with the ethical standards, which process would be followed? How would the issue be managed? [Examples might include changing the content of the session, removal of the session from the program] RCPSC Resource: CPD Activity Toolkit FAQs Scroll down "On conflict of interest"
8. How are the scientific planning committee members', speakers, authors, moderators, facilitators' and or/authors' conflicts of interest declarations collected and disclosed to: [See National Standard, Element 3 for details] a) the physician organization? and b) the learners attending the CPD activity?
9. If a conflict of interest is identified, what are the scientific planning committee's methods to manage potential or real conflicts of interest? Please describe the plan. RCPSC Resource: CPD Activity Toolkit FAQs Scroll down "On conflict of interest"
10. The CPD provider organization or SPC must retain overall accountability for payment of travel, lodging, out-of-pocket expenses, and honoraria made to members of the scientific planning committee, speakers, moderators, facilitators and/or authors. If the responsibility for these payments are delegated to a third party, describe how the CPD provider organization or SPC retains overall accountability for these payments. [See National Standard, Element 4.4 for details] or <input type="checkbox"/> Not Applicable

<p>11. The Scientific Planning Committee must ensure 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. [See National Standard, Elements 5 & 6 for details]</p>	<p><input type="checkbox"/> Yes</p>
<p>12. If incentives were provided to participants associated with an accredited CPD activity, how were these incentives reviewed and approved by the physician organization? [See National Standard, Element 6 for details] or <input type="checkbox"/> Not Applicable</p>	
<p> </p>	
<p>13. 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 National Standard, Element 7 for details]</p>	
<p> </p>	
<p>13a. Are there any <u>unaccredited CPD activities</u>?</p> <ul style="list-style-type: none"> ➤ If yes, I agree that they take place at times and locations that do not interfere or compete with accredited CPD activities: I agree <input type="checkbox"/> ➤ If yes, I agree that unaccredited CPD activities will not be listed or included in agendas, programs, or calendars of events: I agree <input type="checkbox"/> 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>13b. 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 <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Additional comments:</p>	
<p>PART D: CPD Accreditation Agreements</p>	
<p>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</p> <p>If you have arranged for this CPD activity to eligible for credit within any of these systems, please check all that apply:</p>	
<p><input type="checkbox"/> <u>American Medical Association (AMA) PRA Category 1 Credit™</u></p>	
<p><input type="checkbox"/> <u>European Union of Medical Specialists (UEMS)</u></p>	
<p><input type="checkbox"/> <u>Qatar Council for Healthcare Practitioners (QCHP)</u></p>	
<p><input type="checkbox"/> <u>European Board for Accreditation in Cardiology (EBAC)</u></p>	
<p><input type="checkbox"/> If this activity was accredited for another system, which one:</p>	

PART E: Have you completed and attached the following?

All documents are required unless “not applicable” is provided as an option.

Please read carefully.

<input type="checkbox"/> 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.
<input type="checkbox"/> Have you attached the overall and session-specific learning objectives either separately or in the program or brochure?
<input type="checkbox"/> Does the preliminary and final program or brochure include: <ul style="list-style-type: none"> • The activity schedule, topics, and start and end times of individual sessions? • The activity learning objectives for the overall activity and individual sessions?
<input type="checkbox"/> Have you attached any other materials that will be used to promote or advertise the activity? (for example, invitations, email announcements)
<input type="checkbox"/> Have you attached the sponsorship and/or exhibitor prospectus developed to solicit sponsors/exhibitors for the activity? <input type="checkbox"/> Not Applicable
<input type="checkbox"/> 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? <input type="checkbox"/> Not Applicable
<input type="checkbox"/> Does the activity budget show receipt and expenditure of all sources of revenue for this activity including: <ul style="list-style-type: none"> • 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? • The expected number of registrants?
<input type="checkbox"/> 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. [See Sample Certificate of Attendance for details]
<input type="checkbox"/> Do the evaluation and feedback forms include a question: <ul style="list-style-type: none"> • if the overall learning objectives were met, and if the session specific learning objectives were met • for participants to identify the potential impact to their practice • for participants to identify if the overall program is balanced and free from commercial or other inappropriate bias
<input type="checkbox"/> Have you attached a copy of the answer sheet for the assessment tool that allows participants to demonstrate knowledge, skills, clinical judgment or attitudes. <input type="checkbox"/> Not Applicable
<input type="checkbox"/> Have you described how feedback will be provided to the participants for the assessment tool? <input type="checkbox"/> Not Applicable
<input type="checkbox"/> Regardless of how the activity is funded, have you: <ul style="list-style-type: none"> • Attached a sample conflict of interest (COI) form? • Described the process for the collection, management, and disclosure of conflicts of interest?
<input type="checkbox"/> Have you provided access to the education material, i.e. slide decks, online modules?
<input type="checkbox"/> Has the Chair of Scientific Planning Committee attested that he/she agrees with the content provided in the application package?

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 to the Code of Ethics entitled, [Conseil québécois de développement professionnel/professionnel continu des médecins \(www.cqdpccm.ca\)](#) .

I Agree By clicking " I agree" you are agreeing to the declaration stated above

Name of Chair:

Signature of Chair:

Date: (dd/mm/yyyy)