Wyoming Medical Center
Application Form for CME Credit Request

Date:

Course Title: _____________________________

Dates of Course: ___________________________

Total Hours Requested: ____________________

Location of Program: City: ____________________

Room: _________________________________

Sponsoring Organization: _____________________

Program Director: __________________________

Phone Number: ___________________________

Address: ____________________________

City: ____________________ State: __________ Zip: __________

1. Please list the objectives of your program. (i.e. When this program is completed the participants will be able to / will know _________.)

2. Please indicate which needs assessment tools you used to develop this program.

- Specialty Society Request
- Ethical Issues
- Current Medical Trends
- New Diagnostic/Therapeutic Modalities
- Commitment on Medical Education
- Legislative Mandate
- Other

Explain your selection process:

3. Briefly describe the methodologies and tools to be used in evaluating this program.

4. What professional practice gap of your learners will this activity address?

5. What do you plan to change as a result of this educational intervention?

6. Which of the following physician competencies will be gained from this activity?

- Patient Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
- Medical Knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care.
- Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvement in patient care.
- Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, families, and other health professionals.
- Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
- Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value.

7. Will there be any commercial support for this activity? □ Yes □ No

If yes, please complete the following:

a. Type of support: □ Unrestricted Grants □ In-kind □ Exhibits □ Other

b. Names of Supporters:

c. Total amount of grant and in-kind support you are requesting:

d. Total amount of exhibit/other income you are expecting:
Please read and confirm by checking all of the following:

☐ I confirm that all financial support from commercial interests require a signed written letter of agreement between the accredited provider and each supporter. All co/joint sponsors need to be listed on the letter of agreement.
☐ I confirm all forms of commercial grants and in-kind support will be applied for, received, and managed by the accredited institution/CME office, unless the CME office approves other arrangements.
☐ I confirm that the source of financial support will be disclosed to the audience.
☐ I confirm that the ACCME Standards for Commercial Support (attached) have been read and that this CME activity will actively promote improvements in health care and NOT proprietary interests or commercial supporters.

_______________________________________________  ____________________
Signature of Program Director  Date

Please submit this application before program. After program please forward the following:
☒ CV’s of Speakers
☒ Objectives of Programs
☒ Handouts or Outline of Lectures
☒ Advertisements
☒ Completed Evaluations
☒ Sign in Sheets
☒ Legible Attendee List (I prefer this to be typed with attendees that need a certificate highlighted).
☒ Speaker Disclosure Form and other persons involved in the content of the program, ie CME coordinator, education committee members, etc.
☒ If commercial support was used:
   ☑ Signed Agreement
   ☑ Copy of Check
   ☑ Evidence of Payment to Speakers
☐ Appropriate Payment