



By submitting this completed education plan to the MMA, the applying organization agrees to abide by the [MMA's Joint Providership Guidelines](#).

Activity Information

Activity Title: _____

Estimated hours of instruction: _____

How did you hear about us: _____

Activity Type: [click for a drop down list](#)

Are you a non profit?

Primary Contact

Name: _____

Phone: _____

E-mail: _____

Applying Organization: _____

Mailing/Billing Address: _____

City _____ State _____ Zip _____

Activity Location:

Outside Organizations

Are you collaborating with other organizations to plan/conduct this activity? No Yes

Name:

Activity Summary

What problem or knowledge issues is to be addressed?

How did you determine this activity is needed?

What do you want the outcome of the activity to be?

Learning Objectives *(List 3 or more objectives that address the identified need)*

At the end of this activity, the attendee should be able to:

- 1.
- 2.
- 3.

Basics

Description of activity:

Target Audience:

Activity Date(s): [Click here to enter a date.](#) **to** [Click here to enter a date.](#)

Why is this format appropriate for this activity?:

Commercial Support

Will this activity receive commercial support? No Yes Applying

Promotional Materials

Which of the following promotional materials are planned for this activity(Check all that apply)?

- Digital Materials (i.e electronic PDF) Email Social Media
- Printer Material (i.e. postcard) Website Other:

Note: It is mandatory that the MMA logo and CME requirements be placed on all promotional materials. This includes websites, save, the dates, and other collateral pieces.

***All promotional pieces must be reviewed and approved by the MMA prior to final production and distribution.**

Faculty

- Include a list of all Program Planning Committee Members
- Are members of interprofessional teams involved in the planning of this activity? No Yes
- Are patient/public representatives involved in the planning of this activity? No Yes
- Include a list of all Faculty/Speakers/Authors
- Are members of interprofessional teams involved in the presenting of this activity? No Yes
- Are patient/public representatives involved in the presenting of this activity? No Yes

Needs Assessment & Practice Gaps

Which educational format(s) will be used?
(check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Panel discussion | <input type="checkbox"/> Case based discussion |
| <input type="checkbox"/> Lecture | <input type="checkbox"/> Simulation |
| <input type="checkbox"/> Small group discussion | <input type="checkbox"/> Skills based training |
| <input type="checkbox"/> Question & answer | <input type="checkbox"/> Round table discussion |
| <input type="checkbox"/> Hands-on workshop | <input type="checkbox"/> Role playing |
| <input type="checkbox"/> Live Polling | <input type="checkbox"/> Other _____ |

The objectives of this activity are designed to change: (check all that apply)

- | |
|---|
| <input type="checkbox"/> Competence |
| <input type="checkbox"/> Performance |
| <input type="checkbox"/> Patient Outcomes |
| <input type="checkbox"/> Patients and Their Communities |

Which of the following methods were used to determine the **need** for this activity (Check all that apply)?

- | | |
|---|--|
| <input type="checkbox"/> Survey of Potential Learners/ Evaluations from Previous CME Activities | <input type="checkbox"/> Clinical Practice Guidelines |
| <input type="checkbox"/> Survey of Experts in the Topic(s) | <input type="checkbox"/> Quality Improvement (QI) Data |
| <input type="checkbox"/> New methods of diagnosis/treatment | <input type="checkbox"/> New Data/Research |
| <input type="checkbox"/> Medical Literature Review | <input type="checkbox"/> Re-credential/certification requirement |
| <input type="checkbox"/> New Technology | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Legislative/Regulatory Changes | |

Which of the following **core competencies** will be addressed by this activity (Check all that apply)?

- | | |
|--|--|
| <input type="checkbox"/> Patient Care | <input type="checkbox"/> Medical Knowledge |
| <input type="checkbox"/> Practice-based Learning & Improvement | <input type="checkbox"/> Interpersonal & Communication Skills |
| <input type="checkbox"/> Professionalism | <input type="checkbox"/> Systems-based Practice |
| <input type="checkbox"/> Patient-centered care | <input type="checkbox"/> Interdisciplinary Team Work |
| <input type="checkbox"/> Employ evidence based practice | <input type="checkbox"/> Apply quality improvement |
| <input type="checkbox"/> Informatics Utilization | <input type="checkbox"/> Value/Ethics for Interprofessional Practice |
| <input type="checkbox"/> Roles/Responsibilities | <input type="checkbox"/> Teams and Teamwork |
| <input type="checkbox"/> Interprofessional Communication | <input type="checkbox"/> Other: <input type="text"/> |

Evaluation *(If needed, we are able to provide you with a sample evaluation)*

What type of evaluation method are you planning on using for the activity (Check all that apply)?

- Quiz simulation
- Case Discussion
- Audience Response System
- Pre- and/or Post-tests
- Other:

* Evaluation questions and an evaluation summary will be required as part of your summary report

Which of the following changes will be evaluated as a result of this specific activity (Check all that apply)?

- Competence
- Performance
- Patient Outcomes

Required Attachments *(Omissions may delay application approval)*

- Planner/Faculty disclosure(s)
- Draft promotional materials (if available)
- Evaluation questions
- Planner/Faculty disclosure checklist
- Preliminary agenda with times

Interested In Offering Maintenance of Certification (MOC)?

If you wish to obtain Maintenance of Certification (MOC) credit for your activity, please select your board below. A separate email will be sent containing MOC paperwork and next steps. Board/diplomate IDs and date of birth (date/month) will need to be collected electronically in order to grant MOC credit for an activity.

- American Board of Anesthesiology (ABA)
- American Board of Internal Medicine (ABIM)
- American Board of Surgery (ABS)
- American Board of Otolaryngology-Head and Neck Surgery (ABOHNS)
- American Board of Ophthalmology (ABO)
- American Board of Pediatrics (ABP)
- American Board of Pathology (ABPath)

For Enduring Activities Only

Launch Date: [Click here to enter a date.](#) Expiration Date: [Click here to enter a date.](#)
(No more than 3 years from launch date)

How will learners access the course?

How will learner completion be verified?

* As part of your summary report we'll be asking for:

- Provide screen shots, the source videos, or PDFs of the activity
- Provide a screenshot of the CME product

Signature *(electronic or handwritten signatures accepted)*

Organization: _____

Print Name: _____

Title: _____

Signature: _____

Date: _____