



Activity Information

Activity Title: _____

Estimated hours of instruction: _____

How did you hear about us: _____

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

Primary Contact

Name: _____

Phone: _____

E-mail: _____

Applying Organization: _____

Mailing/Billing Address: _____

City _____ State _____ Zip _____

Activity Summary

Why is this activity needed? What clinical problem or medical knowledge issues are 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:

Target Audience:

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

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)

Location/Venue of Activity:

Registration or attendee fee? No Yes (please attach the fee schedule)

Commercial Support

Will this activity receive commercial support? No Yes Applying

Outside Organizations

Are you collaborating with other organizations to address this issue? No Yes

Name:

Promotional Materials

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

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

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

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

- | | |
|--|---|
| <input type="checkbox"/> Practice-based Learning & Improvement | <input type="checkbox"/> Medical Knowledge |
| <input type="checkbox"/> Patient Care | <input type="checkbox"/> Interpersonal & Communication Skills |
| <input type="checkbox"/> Systems-based Practice | <input type="checkbox"/> Professionalism |
| <input type="checkbox"/> Interdisciplinary Team Work | <input type="checkbox"/> Evidence-based practice |
| <input type="checkbox"/> Quality Improvement | <input type="checkbox"/> Informatics Utilization |
| <input type="checkbox"/> Value/Ethics for Interprofessional Practice | <input type="checkbox"/> Roles/Responsibilities |
| <input type="checkbox"/> Interprofessional Communication | <input type="checkbox"/> Other: <input type="text"/> |

What barriers could impede physicians implementing these changes to their practice: (Check all that apply)?

- | | |
|--|---|
| <input type="checkbox"/> Lack of time | <input type="checkbox"/> Reimbursement/Insurance issues |
| <input type="checkbox"/> Budget/cost | <input type="checkbox"/> Professional guidelines |
| <input type="checkbox"/> Patient compliance issues | <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)?

- | | |
|---|--|
| <input type="checkbox"/> Post-Activity Evaluation | <input type="checkbox"/> Post-Test/Learning Assessment |
| <input type="checkbox"/> Case Discussion | <input type="checkbox"/> Written Responses |
| <input type="checkbox"/> Audience Response System | <input type="checkbox"/> Quiz |
| <input type="checkbox"/> Table-top Exercise | <input type="checkbox"/> Simulation |
| <input type="checkbox"/> Pre- and Post-tests | <input type="checkbox"/> Other: <input type="text"/> |

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

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

Required Attachments *(Omissions may delay application approval)*

- | | |
|---|--|
| <input type="checkbox"/> planner disclosure(s) | <input type="checkbox"/> faculty and speaker lists |
| <input type="checkbox"/> draft promotional materials (if available) | <input type="checkbox"/> preliminary agenda |

Interested In Offering 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
- American Board of Internal Medicine
- American Board of Surgery
- American Board of Pediatrics

For Enduring Activities Only

How will learners access the course?

How will learners completion be verified?