

American Medical Directors Association (AMDA)  
2007 Joint Sponsorship Application

**Please complete the following form using the tab key or mouse to move between fields. Place an "X" in the box corresponding to your choice, or type in your response as directed. Text boxes will expand to accommodate text entered.**

**I. Activity Information**

a. State Chapter:

Title of Program:

Location of Program:

City:

State:

Hotel:

b. Activity Date(s):

c. Number of CME credits sought for approval:

d. Program Director/Title:

Type or attach a brief bio sketch:

Street Address:

City:

State:

Zip:

Phone:

Fax:

E-mail address:

e. AMDA Education Committee Member Liaison:

*Note: One physician **must** be a member of the AMDA Education Committee and be active in the activity planning process. (The Professional Development Coordinator or Director of Education will identify an Education Committee member to work with the planning team.)*

f. Planning Committee

Attach the following:

Planning committee members including AMDA committee appointments, affiliations, and phone numbers.

Copies of planning committee minutes from meetings, teleconferences, etc.

Brief bio sketch and completed Disclosure form for each planning committee member.

**II. Needs Assessment**

**ACCME Essential #2.1 and 2.2: The sponsor shall have established procedures for identifying and analyzing continuing medical educational needs and interests of prospective participants.**

a. Please provide a copy of your mission statement here:

b. Describe how the needs of the target audience been assessed:

Attach completed "Needs Assessment Worksheet"

c. What specific needs have been identified in your needs assessment for this activity?

Attach a copy of relevant needs assessment information (i.e., if "Peer-reviewed Literature" is indicated, please provide list of articles and/or abstracts.

Attach a copy of completed "Desired Results Worksheet"

d. What specific purpose(s) or objective(s) have been developed based on the needs assessment for this activity?

Attached Desired Results worksheet

e. How was this information analyzed to determine the topic and content for this activity?

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- f. State the needs identified by the above process. Attach "Desired Results" worksheet.
- g. What specific purpose or objectives have been developed based on the needs assessment for this activity?
- h.
- i. Target Audience  
Expected number of registrants:  
Of the expected registrants, what percentage are likely to be:  
    % Medical Directors  
    % Attending Physicians  
    % Other (describe):
- j. Specify any special prerequisites a participant must have to attend this conference (years of experience, special competencies, advanced, etc.)

### III. Learning Objectives

**ACCME Essential #2.3: The sponsor shall have explicit objectives for each CME activity.**

The learning objectives should flow logically from the needs assessment. Focus on what the participant is to learn or to be able to do as a result of participating in this activity (See Attachment A for a suggested list of verbs for developing objectives).

- a. What will the participants be expected to learn or do as a result of this activity?  see below  objectives attached

How will the learning objectives be communicated to each speaker?

- b. Attach a copy of written communication to the speakers from the course director.  
*Note: The overall objectives must be developed by the planning committee, but speakers may develop specific objectives for their sessions.*
- c. How will the objectives be communicated to the audience? (Check all that apply)  
 Written materials in advance of activity (e.g. brochure, flyer)  
 Written materials given during the activity (syllabus or other handout materials)  
 Other:

### IV. Program Design and Content

**The sponsor shall design and implement educational activities consistent in content and method with the stated objectives.**

- a. How is this program structured to achieve the overall learning objectives? (Please estimate the percentage for each format listed below)
- % Lecture
- % Lecture with question and answer periods
- % Panel discussion

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- % Videotape, audiotape alone
- % Videotape, audiotape with discussion
- % Case discussions
- % Demonstration of procedures
- % Small group "breakouts"
- % Other (specify):

b. How and by whom have the faculty been selected?

c. List all faculty indicating who are Certified Medical Directors, other credentials, and the session each will teach.

d. Attach a brief bio sketch for each faculty member.

e. Promotion

*Note: Promotional materials must receive approval from AMDA prior to printing and distribution.*

Please check to indicate that all promotional brochures include the following elements (adapted from The ACCME Report, June 1993):

- Clear identification of the sponsor (AMDA) and joint sponsor
- Statement of overall objectives for the program
- Description of the target audience
- Names and affiliations of all faculty
- Time schedule for each presentation or event
- The correct accreditation and designation statements (See Attachment B)
- Clear information concerning fees, and, if appropriate, what the fee covers; and
- Statement of commercial support with signed letter(s) of agreement, if applicable.
- Attach a copy of the draft program, which should include the time schedule, topics, faculty, and teaching methods for each session)

f. Accreditation and Credit Statements for Meeting Materials and Certificates

- AMDA approved language for Accreditation and Credit Statement is in brochure and on certificate.

**v. ACCME Essential # 3.3: Compliance with ACCME Standards for Commercial Support**

a. ACCME requires signed letters of agreement between AMDA and all commercial supporters (see Attachment C). Commercial support must be acknowledged on printed announcements and brochures; however, reference must not be made to specific products.

Is there commercial support for this activity?  yes  no

b. If yes, list all companies providing support and attach letters of agreement from all financial supporters for signature by an AMDA representative. (See Attachment C.)

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Is commercial support acknowledged on printed announcements and brochures?  yes  no

- c.  Attach completed and signed disclosures for each planning committee member, faculty member, or author (See Attachment D.)

Disclosure of Financial Relationships of those with control over CME content (See Attachment D.)

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. **ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.**

AMDA requires Disclosures be presented to participants in on-site printed materials, **including the presence of written Disclosures on the first slide of each presentation for that session.** Additionally, disclosures for PLANNING COMMITTEE MEMBERS and ALL FACULTY.

Faculty disclosures for a given session must be made orally immediately preceding each session. Faculty who do not submit disclosures must be replaced by qualified faculty members who have supplied the required disclosures. If no replacement can be found for the faculty with missing disclosures, that session (or portion of the session when there are multiple speakers) must be canceled.

\*\*\*PLEASE NOTE \*\*\*

**For an individual with no relevant financial relationship(s) the learners must be informed in on-site materials that no relevant financial relationship(s) exist.**



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- Funds from a commercial source must be in the form of an education grant to the sponsor for support of programming, catering, production of syllabus, or other support of the course. The terms, conditions, and purposes of such grants are documented in a signed agreement.
- All support must be given with the full knowledge and approval of the sponsor. No other funds from a commercial source shall be paid to the director, faculty or others involved with the CME activity.
- Commercial support will be acknowledged in printed program materials; however, no reference will be made to specific products or services.
- Following the CME activity, the sponsor should be prepared to report information concerning the expenditure of funds to each commercial supporter.
- Commercially supported ancillary events must be in compliance with AMA guidelines on Gifts to Physicians and must not compete with nor take precedence over educational events.
- CME faculty and sponsor relationships with commercial entities – whether or not they are supporting the activity – must be disclosed to participants when they have a bearing on the speaker’s presentation(s).
- Disclosures will be made prior to the program in printed materials, whenever possible, in printed materials for the on-site program and/or syllabus or other handout materials. All disclosures must also be made verbally from the podium at the beginning of the presentation and documented by the program chair or a member of the program committee.
- Funds provided by a commercial source will not be used to pay expenses for course non-faculty. Selection of residents, fellows or other participants to receive scholarships or other funding to assist with attendance will be done by the academic/training institution or by the sponsor.

**VI. Evaluation**

**ACCME Essential #2.4 & 2.1: The sponsor shall evaluate the effectiveness of its overall continuing medical education program and component activities and use this information in its CME planning. Evaluation instruments should include questions about changes physicians will make in their approach to problem solving or clinical treatment or diagnosis.**

- a. How do you plan to evaluate the planned activity? (Check all that apply)
  - Evaluation form developed for this event.
  - Pretest, Post-test.
  - Focus groups.
  - Committee members' evaluation.
  - Other (specify):
- b. How will the evaluation be used? (Check all that apply)
  - The planning committee will review the evaluations to determine whether objectives were met.
  - Feedback will be provided to the speakers.
  - The evaluations will be used to plan future CME and/or CMD activities.
  - Other (specify):
  - Attach a copy of the evaluation instrument(s) to be used.

*Note: The evaluation must measure accomplishment of the specific behavioral objectives.*

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**VII. Administration**

**ACCME Essential #3.1 and 3.2: The sponsor shall provide evidence that management procedures and other necessary resources are available and effectively used to fulfill its continuing medical education mission.**

a. Administrative Personnel

- Type or attach a list of all administrative and coordinating personnel who will assist the Program Director (include areas of responsibility, address, phone number, fax number, and email).

b. Budget

- Attach a copy of the program budget and indicate sources of revenue for the planned activity (e.g., registration fees, exhibitors, and commercial support, with monetary amount(s) defined for each source) as well as expected expenses.

c. Attendance

All sponsors are required to maintain attendance records for six (6) years. Verification of attendance will be done by (Check all that apply):

- Registration list – annotated by attendee initials or other means to verify attendance.  
 Signed evaluation form or detachable cover form that declares number of hours attended.  
 Sign-in sheet for each session/day.

d. Meeting Facility

Describe in a few sentences the meeting room facilities to be used for your program.

**VIII. Fees**

Application fees have been established as follows. Please check appropriate fee[s]:

- One day program – 8 hours or less (\$275)  
 Two day program (\$525)  
 Three or more days of programming (\$775)  
 Duplication of same program in another timeframe or location (\$100)  
 Late fee applies. Application received less than 30 days prior to the first promotional activity(s) (\$100)

**Total fee(s) paid by attached check: \$**

**IX. Application and Post Program Supporting Documents Checklists**

**Application Documents Checklist**

- List of planning committee members with CV's or bios and disclosures  
 A copy of planning committee minutes.  
 A copy of your needs assessment.  
 A copy of written communication to the speakers.  
 A copy of the program budget.

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- A copy of the draft program including a description of the target audience and a list of the course objectives.
- A copy of your evaluation instrument(s).
- Letters of agreement from all financial supporters.
- Faculty disclosures completed by all faculty.
- Faculty and planning committee bio sketches and Disclosures.
- Draft of all other promotional materials.
- Sample participant certificate to be awarded.
- A check payment of the appropriate fee(s).

**Note:** The *completed* application must be received by AMDA at least 60 days prior to your first scheduled promotion.

**Post Program Documents Checklist**

Within 30 days following your program, submit the following materials to AMDA's Education Department:

- A roster of program attendees including names and addresses.
- A summary of the participant evaluation results and/or the Planning Committee's evaluation results, including suggestions for adjustments/improvements of process, content, or delivery.
- The final printed brochure or publicity.
- A copy of the syllabus and/or other handout materials including disclosures made to learners (When available please provide these materials in an electronic format such as on a CD.)
- A final accounting report that includes total income received, including commercial support, and total expenses.

**X. Signature:**

**Please print out a copy of this signature page and include a signed copy with your completed application**

My signature attests that all elements of program planning and implementation have adhered to requirements as indicated on the above checklists. I accept authority and responsibility for all aspects of planning and implementation according to AMDA requirements and ACCME Essentials. Further, I attest that the planning and implementation of the program is in strict compliance with ACCME Standards for Commercial Support and AMA Guidelines for Gifts to Physicians. Further, I agree to abide by all AMDA policies and requirements pertaining to providing programs for CME credit. Within 30 days of the completion of the program, I will send a roster of attendees, evaluation results, the final program, and any handout materials made available to attendees.

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Program/Activity Director

Date

**Please submit your application fee(s) and one copy of your application and supporting documents to:**

**AMDA Education Department  
education@amda.com  
10480 Little Patuxent Parkway, Suite 760  
Columbia, MD 21044-3552.**

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**FOR AMDA PERSONNEL USE ONLY**

**Approved by:**

**Professional Development Coordinator**

**Date**

**Not Approved:**

**Professional Development Coordinator**

**Date**

**Comments/Recommendations/Commendations:**