MORE Foundation
MUSCULOSKELETAL ORTHOPEDIC RESEARCH AND EDUCATION

CME Application and Planning Worksheet

General Information

The CME planning process is based on criteria of the Accreditation Council for Continuing Medical Education (ACCME) and sound adult learning principles. For more information on the ACCME criteria, refer to the ACCME Standards for Integrity and Independence in Accredited Continuing Education. The MORE Foundation CE Committee has the responsibility to ensure that CME activities meet these requirements. This application is an essential step that will guide you through the planning process.

Except where noted, all sections must be completed. Email the completed document and attachments to CME@more-foundation.org :

Activity Information

Activity Title			
Department/Organization			
Event Location			
Event City/State/Zip			
Activity Contact Name			
Activity Contact Email		Phone	

Proposed Activity Type *(Select all that apply by placing an X in the appropriate box)*	
☐	**Live Activity** (Course, Symposium, Workshop, Conference, Live Webcast, Livestream)
☐	**Regularly Scheduled Series (RSS)** (Grand Rounds, Case Conference, Journal Club, M&M, etc.) Frequency: ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Other:
☐	**Enduring Material (Provide a copy or link of the enduring material as part of the CME/CE Review)** How long are you seeking CME approval for this enduring material: (up to 3 years)
☐	**Performance Improvement CME**
☐	**Other (please specify):**
Proposed Activity Date(s)	

Credit Type: How many credit hours are requested ?	
☐	*AMA PRA Category 1 Credits*
☐	*Other (Nursing, PT, AT, etc.) – Please Specify:*

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MUSCULOSKELETAL ORTHOPEDIC RESEARCH AND EDUCATION

Are you seeking Maintenance of Certification (MOC) or Continuing Certification (CC)?	☐ Yes (if yes, indicate specialty(s) below	☐ No

☐ Anesthesiology (ABA) ☐ Internal Medicine (ABIM) ☐ Ophthalmology (ABO)

☐ Otolaryngology, Head & Neck (ABOHNS) ☐ Pathology (ABPath) ☐ Pediatrics (ABP)

Leadership & Administrative Support Staff Information

Activity Medical Director/Moderator: The physician or basic scientist who has overall responsibility for planning, developing, implementing, and evaluating the content and logistics of a certified activity.

Name		Degree(s)	
Title	Affiliation	Department	
Address	City	State	ZIP
Phone	Fax	Email	

☐ Disclosure Form submitted with Application (Required)

Activity Co-Director/Moderator: The individual who shares responsibility for planning the certified activity. Designating an Activity Co-Director is optional but strongly encouraged.

Name		Degree(s)	
Title	Affiliation	Department	
Address	City	State	ZIP
Phone	Fax	Email	

☐ Disclosure Form submitted with Application (Required)

Administrative Coordinator: The individual responsible for the operational and administrative support of the certified activity.

Name		Degree(s)	
Title	Affiliation	Department	
Address	City	State	ZIP
Phone	Fax	Email	

☐ Disclosure Form submitted with Application (Required)

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MUSCULOSKELETAL ORTHOPEDIC RESEARCH AND EDUCATION

Planning Committee:
In addition to the activity medical director, co-director, and/or administrative coordinator, complete the following information for persons chiefly responsible for the design and implementation of this activity. All members of the planning committee must submit a disclosure included in the application.

Name	Marc Jacofsky		Email	Marc.Jacofsky@more-foundation.org	
Title	Executive Director	Affiliation	MORE Foundation	Degree(s)	PhD
Name	Victoria Icenogle		Email	Victoria.icenogle@more-foundation.org	
Title	Business Manager	Affiliation	MORE Foundation	Degree(s)	
Name	Alton Oldham		Email	Alton.oldham@more-foundation.org	
Title	CME Coordinator	Affiliation	MORE Foundation	Degree(s)	MS
Name			Email		
Title		Affiliation		Degree(s)	
Name			Email		
Title		Affiliation		Degree(s)	
Name			Email		
Title		Affiliation		Degree(s)	

Faculty Selection *(Select all that apply by placing an X in the appropriate box)*

Who will identify the presenter(s) and topic(s)	☐ Activity Chair/Moderator ☐ CME/CE Committee ☐ Other:
What criteria will be used in the selection of presenters	☐ Subject Matter Expertise ☐ Excellence in Teaching Skills ☐ Effective Communication Skills ☐ Previous Experience as a CME Presenter ☐ Other:

Faculty Disclosure *All faculty must complete a faculty disclosure form as part of the CME planning and approval process. What method(s) of disclosure to attendees will be used?*

☐ Will include on presentation(s) ☐ Will put on printed material(s) ☐ Will announce at start of activity

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MUSCULOSKELETAL ORTHOPEDIC RESEARCH AND EDUCATION

Educational Content Planning Process

The CME planning process is based on a foundation of **needs assessment** which serves to identify professional **practice gaps** of the intended audience, articulate the needs, and outline the objectives and expectations necessary to design learning activities that will change competence, performance, and/or patient outcomes.

Design Format: The format for the activity should be based on adult learning principles.	
Format	**Why?** Explain why this educational format is appropriate for this activity.
☐ Lecture – interactive with Q&A ☐ Panel Discussion ☐ Case Presentation ☐ Case Discussion with Audience Interaction ☐ Small Group Discussion ☐ Problem-Solving ☐ Laboratory Activity ☐ Simulation ☐ Demonstration ☐ Brainstorming ☐ Other (Describe):	

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MUSCULOSKELETAL ORTHOPEDIC RESEARCH AND EDUCATION

Identify Practice Gaps:
The practice gap is the difference between what actually occurs and what ideal or evidence-based practice should be. Identify the practice gaps that this event is designed to address and explain WHY this education is needed (~<100 words)

Needs Assessment Data and Sources:
What sources did you use to identify the practice gaps? (select all that apply).

- ☐ New methods of diagnosis or treatment (Knowledge)
- ☐ Availability of new medications or indications (Knowledge)
- ☐ Development of new technology (Knowledge)
- ☐ Data from outside sources, e.g. public health statistics (Knowledge)
- ☐ Survey of target audience (Knowledge)
- ☐ Literature Review (Knowledge)
- ☐ Quality assurance or audit data (Competence & Performance)
- ☐ Professional society requirements (Competence & Performance)
- ☐ External requirements such as: National Committee for Quality Assurance (NCQA), Joint Commision on Accreditation in Healthcare (JCAHO), or Health Plan Employer Data (HEDIS) (Competence & Performance)
- ☐ Continuing review of changes in quality of care as revealed by quality department, medical audit, or patient care reviews (Knowledge, Competence & Performance)
- ☐ Referral patterns (Competence & Performance)
- ☐ Legislative, regulatory, or organizational changes effecting patient care (Knowledge, Competence & Performance)

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Source References and Explanation: Provide data source and accompanying explanation as evidence for how professional practice gap exists or could exist.

Identify Education Needs: State the educational need(s) that were determined to be the cause of the professional practice gap(s). Select only the type of need(s) that apply to this learning activity. Teaching and evaluation methods must correspond to the same educational need type (i.e. **knowledge** educational need must have objectives and evaluation to meet the **knowledge** need).	
Type of Need	**Educational Need**
☐ Knowledge	
☐ Competence	
☐ Performance	

Objectives and Expected Results: Select the key identified educational needs listed above that you wish to address with this activity and list specific, measurable learning objective(s), the type of change, and what is designed to change.		
Change Type	**Learning Objective**	**Designed to Change**
☐ Knowledge		
☐ Competence		
☐ Performance		

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Identify Evidence Based Support:
Provide 1-3 references from professional literature that provide evidence-based support for the education that will be presented.

Desireable Physician Attributes/Core Competencies: (select all that apply, at least 1)
CME activities should be developed in the context of desirable physician attributes. Place an X next to all American Board of Medical Specialties (ABMS)/Accreditation Council for Graduate Medical Education (ACGME), Association of American Medical Colleges (AAMC) or Interprofessional Education Collaborative competencies that will be addressed in this activity.

- ☐ Patient care/patient-centered care and procedural skills
- ☐ Medical Knowledge
- ☐ Pracitce-based learning and improvement
- ☐ Interpersonal and communication skills
- ☐ Professionalism
- ☐ System-based practice
- ☐ Work in interdisciplinary teams
- ☐ Apply quality improvement
- ☐ Utilize informatics
- ☐ Employ evidence-based practice
- ☐ Values/Ethics for interprofessional practice
- ☐ Roles/Responsibilities
- ☐ Teams and teamwork
- ☐ Other (describe):

Target Audience:
Based upon the above gap analyses and needs assessment, please select all that apply – at least one from each category. Make sure the activity in mind is related to what learners actually do in their practice.

Audience

- ☐ Primary Care Physicians
- ☐ Specialty Physicians
- ☐ Pharmacists
- ☐ Nurse Practitioners
- ☐ Physical/Occupational Therapists
- ☐ Social Workers
- ☐ Residents/Fellows

Location

- ☐ Local/Regional
- ☐ National
- ☐ International

Specialty

- ☐ Anesthesiology
- ☐ Emergency Medicine
- ☐ Family Medicine
- ☐ Internal Medicine
- ☐ Neurology
- ☐ Oncology
- ☐ Orthopedics
- ☐ Pediatrics
- ☐ Phsychiatry
- ☐ Radiology
- ☐ Rheumatology
- ☐ Surgery
- ☐ Other (Specify):

☐ Registered Nurses ☐ Students ☐ Other (Specify):		☐ Pain Management	

Evaluation and Outcomes:
How will this activity be evaluated for its effectiveness? Based on the objectives and desired outcomes listed previously (i.e., changes in competence, performance, or patient health outcomes) which methods will be used? Select all appropriate methods of evaluation and other post-course evaluation mechanisms.
Note: MORE Foundation's policy is that a course evaluation must be completed to receive a CME/CE certificate. Summary data will be requested for the evaluation method(s) selected if obtained by joint partner.

Will More Foundation provide a web-based evaluation and certificates to the participants?

☐ Yes (the final evaluation questions must be received at least 3 weeks prior to the activity.)

☐ No (draft evaluation and certificates must be submitted for approval)

Knowledge and Competence	
☐ Post Activity questionnaire (minimum required). ☐ Audience response system (ARS) ☐ Customized pre and post-test	☐ Physician and/or patient surveys ☐ Other (specify):

Performance	
☐ Post Activity questionnaire (minimum required). ☐ Audience response system (ARS) ☐ Customized pre and post-test	☐ Physician and/or patient surveys ☐ Other (specify):

Knowledge and Competence	
☐ Post Activity questionnaire (minimum required). ☐ Audience response system (ARS) ☐ Customized pre and post-test	☐ Physician and/or patient surveys ☐ Other (specify):

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Commercial Support Commercial Support is allowed for CME activities; however, activities must be developed without the influence or support of any commercial entity. All financial support must be reported to MORE Foundation.	
1. Will this activity receive commercial support (financial or in-kind grants or donations). Note: Exhibitor fees are not considered commercial support. **Attach a list of all commercial support.**	
☐	*No*
☐	Yes – Commercial Support Agreements must be executed and submitted to MORE Foundation prior to event.
2. Will this activity receive commercial support that is regarded as promotional?	
☐	No
☐	Yes
3. Will exhibitor tables/booths be allowed at this activity?	
☐	No
☐	Yes. Please provide a copy of a map exhibitor locations or description of location. Exhibitor must be in a separate distinct space from the educational space.
4. Would you like this event to be posted on the MORE Foundation website.	
☐	No
☐	Yes

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Required Additional Documentation

Each CME/CE activity application is eligible for review upon presentation to the CE Committee and should include the following:

1. Completed Application Form
2. Program agenda (preliminary draft is acceptable)
3. Faculty qualification (CV or resume)
4. Faculty and planning committee disclosure forms
5. Promotional material (draft is acceptable)
6. Projected budget, if commercial support or exhibitor fees are planned
7. Proposed evaluation form
8. Proposed sign-in method
9. For enduring materials, provide a. material or link b. permission of presenter(s)

At least 3 weeks prior to the event:

1. Powerpoint presentation(s) if peer review is requested in letter of agreement
2. Final evaluation form
3. Certificate if not provided by MORE Foundation
4. Final program agenda, brochures, handouts, etc.
5. All promotional/marketing material
6. Executed commercial support agreements

Within 60 days of the completion of the CME activity, send the following via e-mail or to:

MORE Foundation
PO Box 87535
Phoenix, AZ 85080

1. Sign-in sheets or other record of those attending
2. Powerpoint presentation(s) or other documentation as pertinent for other methods of instruction (e.g. discussion questions for panel discussion)
3. Summary of completed evaluations if web-based evaluation is not done by MORE Foundation
4. Final budget

Questions can be addressed to: CME Committee at CME@more-foundation.org

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Required Additional Documentation

I acknowledge that submission of this application does not constitute approval of CMEs, CNEs, or CEs. There is an application fee, which is not refunded after the CE Committee has reviewed the CME Application and Planning Worksheet.

Applicant/Course Coordinator/Moderator Signature: _____Date _____

Invoices shall be sent to:

Name/Organization: _____ ATTN: _____

Address: _____

_____

_____

Phone: _____ E-mail: _____

---------- **THIS SECTION FOR OFFICIAL USE BY MORE FOUNDATION CME COMMITTEE** ----------

APPROVAL ACTION Activity Title _____

Approved for _____AMA PRA Category 1 Credits™
Approved for Other _____CE Hours
Not approved _____
CE Committee Chair Signature: _____ Date: _____

Applicant notified (Date): _____