



## DALHOUSIE CPDME ACCREDITATION APPLICATION FORM

### APPROVAL OF ACCREDITED GROUP LEARNING ACTIVITIES: MAINPRO + and/or MAINTENANCE OF CERTIFICATION SECTION 1

To apply, **please send the following** to the Dalhousie Continuing Professional Development and Medical Education (CPDME) at [CPDME.Accreditation@dal.ca](mailto:CPDME.Accreditation@dal.ca):

- Completed application form
- Completed supporting forms included in the accreditation package
- Appropriate supporting documents (a Documentation Checklist can be found at the end of this application form)

Please keep a copy for your records – Please fill in **ALL** boxes unless listed as optional.  
Please **DO NOT** send this form to the Royal College or the College of Family Physicians

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### PART 1: PROGRAM INFORMATION

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Program Title: \_\_\_\_\_

Location: City: \_\_\_\_\_ Province: \_\_\_\_\_

Program Dates: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Format: Face to Face  Online  Both

1a. Will this event be held more than once during the following calendar year?

- Yes  No

1b. If yes, please indicate the number of times the event will occur:

- 2  3  4  More \_\_\_\_\_ (indicate how many)

1c. Indicate location and date for each occurrence. (If necessary, include an attachment with these details.)

2a. Is the program sponsored by a physician organization/medical organization as [defined by the Royal College](#)?

Yes

No (we cannot accredit programs not so sponsored)

2b. Please provide the name of the physician organization or medical organization.

3. Please provide the name and contact information for the program planner (Chair of the Planning Committee) requesting approval.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Title: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Name of primary (Accountable) organizer: \_\_\_\_\_

Please note: this person's name and contact information will be indicated as the person to contact for information.

Contact and address to send assessment:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website (if applicable): \_\_\_\_\_

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## PART 2: MANDATORY EDUCATIONAL REQUIREMENTS

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**Criterion 1: The activity must be planned to address the identified needs of the target audience.**

Please provide an explanation or supporting documentation for each of the following questions.

**1. Who is the target audience for this activity? Please list indicating specific specialties, family practice and, if applicable, indicate other health professionals for whom the activity is intended.**

(NOTE: Specialty/target audience group must be represented by members on the planning committee)

- family physicians       specialists       both

**Details below:**

**2. Who are the members of the planning committee? Please list below and indicate which part of the target audience they represent. Include ALL planning committee members.**

**3. What sources of information were selected by the planning committee to define the content of this activity?** (For example, reviews of the scientific or education literature, clinical practice guidelines, the Royal College Question Library, surveys or focus groups conducted by the sponsoring organization, previous conferences.)

**4. Please list one or more keywords to describe your program** (i.e., area of interest, specific illness/condition, medical specialty involved, etc.):

**Optional**

**5. What outcomes or gaps in knowledge, attitudes, skills, or performance, did the planning committee identify?** (For example: physician performance information from hospitals or provincial/national databases, self-assessment tests, or audits of practice)

**Criterion 2: The activity must create learning objectives (2-3) to address identified needs. The learning objectives must be printed on the program brochure and/or hand-out material.**

Please provide an explanation or supporting documentation for each of the following issues or questions.

**1. What learning objectives were developed for this activity?**

2. Do the learning objectives express what the participants will know or achieve by participating in the activity?

Yes

No

3. How are the learning objectives linked to the evaluation strategies for the activity?

4. CanMEDS Role(s) relevant to this activity (please check all that apply):

Collaborator

Health Advocate

Medical Expert

Scholar

Communicator

Leader

Professional

**Criterion 3: At least 25% of the total education time must be devoted to interactive learning strategies.**

Please send the proposed course schedule/agenda, with times, indicating discussion periods, workshops, small-group sessions, etc., and provide an explanation or supporting documentation for the following issues or questions.

**1. What learning methods have been incorporated to promote interactive learning?** (For example: discussion periods, small-group (less than 16 participants) workshops or seminars, audience response system?)

**Criterion 4: The activity includes an evaluation of learning for practice. The evaluation strategies for activities approved under section 1 and for MAINPRO + must include an assessment of participants' satisfaction with the program content/relevance.**

Please provide a **copy of the evaluation tools** developed for this activity. The evaluation form should include opportunities for the participant to identify what they have learned and its potential impact for their practice (i.e. Personal Learning Projects – PLPs, commitment to change). Also, the **evaluation form must include the following question:**

**Did you perceive any degree of bias in any part of this program? \_Yes \_No  
If yes, please explain:**

**Optional**

1. The evaluation strategy includes a measurement of enhanced participant performance?

Yes                       No

2. Are there any improved health outcomes?       Yes                       No

If you have answered NO to 1 and 2 above, please read Criterion 5 and then go to Part 3.

3a. Do you have any other evaluation tools that you use?       Yes                       No

3b. If yes, please describe:

**Criterion 5: Provide an example of communication between the planning committee and speakers regarding conflict of interest, the presentation of evidence, the discussion of barriers to change, use of copyright protected materials, privacy of patient information, and adherence to the National Standard and CMA Guidelines. (See the Policy and Sample Letter to Speakers for details.)**

NOTE: This information is REQUIRED for all applications and should be included as a separate document.

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## PART 3: MEETING ETHICAL STANDARDS FOR CONTINUING PROFESSIONAL DEVELOPMENT

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Group CME activities approved for Section 1 and MAINPRO + Level 1 must meet the Canadian Medical Association (CMA) Guidelines governing the relationship between physicians and the pharmaceutical industry. Please see [National Standard for Support of Accredited CPD Activities](#).

The Chair of the planning committee must read and apply the National Standard to the event planning; he/she must sign the National Standard Acceptance form (included with this application package).

Any financial assistance provided to reimburse physicians or their families for attending the program for travel or accommodation will result in non-approval for this application. For more information on the guidelines regarding sponsorship from Industry, please see the [CMA's Guidelines for Physicians in Interactions with Industry and Recommendations for Physician Innovators](#).

- The sponsoring or co-sponsoring organization must have control over the topics and content of the activity, as well as the speakers invited to present at the activity.
- The sponsoring or co-sponsoring organization must assume responsibility for ensuring the scientific validity, objectivity, and completeness of the content of the activity.
- The sponsoring or co-sponsoring organization must disclose to participants the financial affiliations of faculty, moderators, or members of the planning committee with any commercial organization/s supporting the program whose products are discussed or mentioned during the activity.
- All funds received in support of this activity must be provided in the form of an unrestricted educational grant payable to the sponsoring organization.
- The activity's brochure and/or other written materials must not identify any of the sponsor's products.

1. We comply with the above five statements:  Yes  No

2. With your application, please include a detailed copy of the budget for this program that identifies each source of revenue.

NOTE: The budget should include the participant fee (even if that cost is \$0) and (if applicable) the estimated accreditation fee (see the FAQs document for details on accreditation fees).

3. Identify all for-profit and not-for-profit organizations that are providing financial or in-kind support for this activity on the form included with this application package: *Financial Sponsorship Declaration*.

NOTE: The sponsoring organization/scientific planning committee must have signed contracts with all organizations providing support.

4. The program must adhere to these standards. If there are additional sources of financial assistance that have not been addressed above or on the Declaration, please describe them here:

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## DOCUMENTATION CHECKLIST

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Please ensure you have all the following documents included with your application:

Completed application form (signed)	<input type="checkbox"/>
Planning Committee meeting minutes and/or other planning documents	<input type="checkbox"/>
Detailed program/brochure ( <b>no sponsor logos</b> )	<input type="checkbox"/>
Detailed agenda/schedule of events (may be included in the brochure)	<input type="checkbox"/>
Example of communication between the planning committee and speakers	<input type="checkbox"/>
Evaluation form/tool (must include a question about potential perceived bias)	<input type="checkbox"/>
Detailed budget	<input type="checkbox"/>
<b>Either</b> Co-sponsorship Agreement form (signed) <b>or</b> Physician Organization Agreement and Approval Agreement forms (signed)	<input type="checkbox"/>
Conflict of Interest forms (signed) – for planning committee members and speakers/presenters	<input type="checkbox"/>
Planning Committee Membership forms (signed)	<input type="checkbox"/>
Financial Sponsorship Declaration (signed)	<input type="checkbox"/>
National Standard Acceptance (signed)	<input type="checkbox"/>

All documentation should be submitted to [CPDME.Accreditation@dal.ca](mailto:CPDME.Accreditation@dal.ca). Please use the name of your program in the subject line when communicating with Dalhousie CPDME.

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### DECLARATION – Signature is required for the application to be complete

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As the course planner, I accept the responsibility for the accuracy of the information listed on this application and, to the best of my knowledge, certify that the CMA's guidelines, entitled *Physicians and the Pharmaceutical Industry* (section 14 – 24) (Appendix 1) have been met in preparing for the CPD event.

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**Planning Committee Chair Name**  
(please print)

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**Planning Committee Chair Signature**

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**Date** (dd-mmm-yyyy)

**Accredited events MUST HAVE the applicable credit statement on the program brochure and materials (see applicable statements following).**

**NOTE: The accredited provider (in this case, Continuing Professional Development, Dalhousie University) will determine credit hours.**

**Programs targeting Family Physicians and Specialists:**

This one-credit-per-hour Group Learning program meets the certification criteria of the College of Family Physicians of Canada and has been certified by Dalhousie University Continuing Professional Development and Medical Education for up to \_\_\_\_ MAINPRO+ credits.

As an accredited provider, Dalhousie University Continuing Professional Development and Medical Education, designates this continuing professional development activity for up to \_\_\_\_ credit hours as an accredited group learning Section 1 activity as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada.

Through an agreement between the Royal College of Physicians and Surgeons of Canada and the American Medical Association, physicians may convert Royal College MOC credits to AMA PRA Category 1 Credits™. Information on the process to convert Royal College MOC credit to AMA credit can be found at: <https://edhub.ama-assn.org/pages/applications>.

**Programs targeting Family Physicians (only):**



This one-credit-per-hour Group Learning program meets the certification criteria of the College of Family Physicians of Canada and has been certified by Dalhousie University Continuing Professional Development and Medical Education for up to \_\_\_\_ MAINPRO+ credits.

**Programs targeting Specialists (only):**

As an accredited provider, Dalhousie University Continuing Professional Development and Medical Education, designates this continuing professional development activity for up to \_\_\_\_ credit hours as an accredited group learning Section 1 activity as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada.

Through an agreement between the Royal College of Physicians and Surgeons of Canada and the American Medical Association, physicians may convert Royal College MOC credits to AMA PRA Category 1 Credits™. Information on the process to convert Royal College MOC credit to AMA credit can be found at <https://edhub.ama-assn.org/pages/applications>.

## APPLICATION DECISION

**This section is to be completed by the Accredited Provider/s. The Accredited Provider should keep a copy of the completed application form.**

This application is:

Approved for MAINPRO +       Not Approved       Pending edits/completion

Number of credits: MAINPRO + \_\_\_\_\_

Signature of Accredited MAINPRO+ Provider: \_\_\_\_\_

Date: \_\_\_\_\_

Approved for Maintenance of Certification Section 1       Not Approved

Number of credits: Maintenance of Certification Section 1 \_\_\_\_\_

Signature of Accredited Maintenance of Certification Provider: \_\_\_\_\_

Date: \_\_\_\_\_