Dalhousie CPDME Accreditation/Certification Application Form

Please send the **completed application form and the appropriate supporting documents** to Dalhousie Continuing Professional Development and Medical Education (CPDME) at [CPDME.Accreditation@dal.ca](mailto:CPDME.Accreditation@dal.ca). To help ensure your application is complete, a checklist can be found in [Part 5](#_Part_5:_Application) of this form.

**Please Note:**

* Complete applications (with all required forms and supporting documents) should be submitted **at least eight weeks prior** to the start date of the program. Late applications may incur late fees or be declined.
* Accreditation applications and all supporting documents are kept by Dalhousie CPDME for a period of seven years. The planning committee should also retain copies of all documentation.

# Part 1: Program Information

|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Reviewer Checklist (CPDME Use Only)**  🞎 Program Reviewer | ⭘ Program Coordinator |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Physician Organization Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Is this program being developed/co-developed by a [physician organization](https://www.royalcollege.ca/en/standards-and-accreditation/cpd-accreditation/defining-physician-organizations.html)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | This program has been developed/co-developed by a physician organization. |
| Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No (we cannot accredit/certify programs not developed/co-developed by physician organizations) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Name of the physician organization/department applying for accreditation/certification. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Physician organization/department contact information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| City | | | | | | | | | | | | | | | | | | | | | Province | | | | | | | | | | | Postal Code | | | |
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|  | Is this program being co-developed with another organization? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes\* | | | | Organization Name(s): | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | \*If “yes” was selected above: Co-developing organization contact information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| City | | | | | | | | | | | | | | | | | | | | | Province | | | | | | | | | | | Postal Code | | | |
|  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | |
| **NOTE:** The physician organization/scientific planning committee is responsible and accountable for the development, delivery, and evaluation of the program (including content, and educational & ethical standards). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Program Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Program Title (as it should appear on the attendance certificate) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Program Start Date | | | | | | | | | | | | | | | | | | | Program End Date | | | | | | | | | | | | | | | | |
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|  | Credit Type (select all that apply)  **NOTE:** For more information regarding the standards and criteria for each type of program, please refer to the CFPC’s [Quality Criteria Framework](https://www.cfpc.ca/CFPC/media/Resources/Continuing-Professional-Development/QC-Grid-Criteria-Tables.pdf) and the RCPSC’s [Activity Standards](https://www.royalcollege.ca/en/standards-and-accreditation/cpd-accreditation/standards). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | The amount and category of credits are accurate and reflect the content submitted for review. |
| CFPC Mainpro+ | | | | | | | | | | | | | | | | | | | | RCPSC MOC | | | | | | | | | | | | | | | |
| Level: | | | | | | 1 | Type: | | | | Group Learning | | | | | | | | | | | | | Type: | | | Section 1 | | | | | | | | |
|  | | | | | | 2 |  | | | | Self-Learning | | | | | | | | | | | | |  | | | Section 3: Simulation | | | | | | | | |
|  | | | | | | 3 |  | | | | Assessment | | | | | | | | | | | | |  | | | Section 3: Self-Assessment Program | | | | | | | | |
| Paperclip with solid fill | **NOTE:** Level 2/3 and Section 3 applications must also include the applicable additional application forms. (You must contact our office to request these forms.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Where will this program be delivered or (for online programs) delivered from? (Select all that apply.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| New Brunswick | | | | | | | | Nova Scotia | | | | | | | | | Prince Edward Island | | | | | | | | | | | | | | Other: | | | |  |
|  | How will this program be delivered? (Select one.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In-person | | | | | | | | | | | | | | Online | | | | | | | | | | | | | | | Both | | | | | | |
|  | What is the format for the program? (Select one.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Live | | | | | | | | | | | | | | | | Asynchronous | | | | | | | | | | | | | | | | | | | |
|  | What is the program type? (Select one.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hospital or clinical rounds | | | | | | | | | | | | | | | | Journal club | | | | | | | | | | | | | | | | | | | |
| Small group learning | | | | | | | | | | | | | | | | Faculty development\* | | | | | | | | | | | | | | | | | | | |
| Regularly scheduled series | | | | | | | | | | | | | | | | Single delivery conference, scientific assembly, congress, etc. | | | | | | | | | | | | | | | | | | | |
| Other (please describe): | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | \*If “faculty development” was selected above, please identify the domain(s) (select all that apply): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clinical Preceptor   * Clinical coach (supervisor in day-to-day practice) * Competency coach (an educational adviser along the course of learner training) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Teacher Outside the Clinical Setting   * Design and delivery of teaching sessions outside the clinical setting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Educational Leader   * Educational programmer (design and development of educational programming) * Educational administrator (leadership roles in teaching sites and educational programs) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Who is the target audience for this program? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Scope (select one): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Provincial (physicians within the province of delivery) | | | | | | | | | | | | | | | | | | | | | Maritimes (physicians within NS, NB, PEI) | | | | | | | | | | | | | |
|  | National (physicians across Canada) | | | | | | | | | | | | | | | | | | | | | Other: | | | | | |  | | | | | | | |
| Please list the specific specialties, family practices and, if applicable, other health professionals for whom the activity is intended. (E.g. Anesthesiologists, remote/rural family physicians, emergency medicine physicians, residents, researchers, etc.): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Has this program been previously accredited? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | The previous program file is complete with no outstanding documents (if applicable) |
| Yes | | | | | | | | | | | | | | | | | | | | | | | | | No | | | | | | | | | | |
| Name of accrediting provider: | | | | | | | | | | | |  | | | | | | | | | | | | |
| Date(s) of accreditation: | | | | | | | | | | | |  | | | | | | | | | | | | |
| **Session Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | How many times will this program be held during the following 12 months? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 1 | | | | | 2 | | | | 3 | | | | | | 4 | | | | | | | | More: | | | | | | |  | | | (indicate how many) | | |
|  | Indicate the location and date for each session. (You **MUST** include **at least one**.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| All sessions will be delivered at/from the same location. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | City, Province | | | | | | | | | | | | | | | | Venue | | | | | | | | | | | | | | | | Date(s) | |
|  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | |
|  | | City, Province | | | | | | | | | | | | | | | | Venue | | | | | | | | | | | | | | | | Date(s) | |
|  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | |
|  | | City, Province | | | | | | | | | | | | | | | | Venue | | | | | | | | | | | | | | | | Date(s) | |
|  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | |
|  |  | | City, Province | | | | | | | | | | | | | | | | Venue | | | | | | | | | | | | | | | | Date(s) | |  |
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|  |  | | City, Province | | | | | | | | | | | | | | | | Venue | | | | | | | | | | | | | | | | Date(s) | |  |
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| Paperclip with solid fill | **NOTE**: If necessary, attach a document with the details of the additional sessions. (For example, a calendar or schedule of events.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Are there any social events or activities?  **NOTE:** Social events/non-educational activities may not be offered concurrently with accredited educational activities. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Yes | | | | | | | | | | | | | | | | | | | No | | | | | | | | | | | | | | | | |
|  | If there are social events, please describe (including when these activities take place in relation to the certified learning): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Social/unaccredited activities don’t occur at a time/place that competes with accredited activities.  Unaccredited activities aren’t listed within the activity agendas/programs/etc.  \*See also the Brochure/Agenda |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | What is the total education time for the program (excluding meals, breaks, opening/closing remarks, etc.)?  **NOTE:** If the program has multiple sessions, please indicate the time per session. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Hours: | | |  | | | | | | | | | | | | | | | | Minutes: | | | | | | |  | | | | | | | | | |
| Paperclip with solid fill | **NOTE:** A detailed agenda with the dates, session times, topics, interactivity time, etc. must be submitted with the application. It will be used to corroborate the time indicated above. (The agenda may be included with the draft brochure.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

# Part 2: Administrative Information

|  | | | | | | | | | | | | | **Reviewer Checklist (CPDME Use Only)**  🞎 Program Reviewer | ⭘ Program Coordinator |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Advertising Details** | | | | | | | | | | | | |  |
|  | | Would you like this program to appear on the Dalhousie CPDME [Conferences & Events webpage](https://medicine.dal.ca/departments/core-units/cpd/conferences.html)? | | | | | | | | | | |  |
| Yes | | | | | | | No | | | |
|  | | If applicable, would you like this event to appear on the CFPC member-accessible Calendar of Events? | | | | | | | | | | |
| Yes | | | | | | | No | | | |
|  | | If applicable, would you like this event to appear on the RCPSC website? | | | | | | | | | | |
| Yes | | | | | | | No | | | |
| **Contact Details** | | | | | | | | | | | | |  |
|  | | Chair(s) of the Planning Committee (there must be at least one Chair) | | | | | | | | | | | The Chair(s) is identified |
| Title | First Name | | | | | | | | Last Name | |
|  |  | | | | | | | |  | |
| Email Address | | | | | | | | | Phone Number | |
|  | | | | | | | | |  | |
| Title | First Name | | | | | | | | Last Name | |
|  |  | | | | | | | |  | |
| Email Address | | | | | | | | | Phone Number | |
|  | | | | | | | | |  | |
|  | | Main Contact(s) for Accreditation (to contact if there are questions about the application) | | | | | | | | | | |
| Same as above | | | | | | | | | | |
| Title | First Name | | | | | | | | Last Name | |
|  |  | | | | | | | |  | |
| Email Address | | | | | | | | | Phone Number | |
|  | | | | | | | | |  | |
| Title | First Name | | | | | | | | Last Name | |
|  |  | | | | | | | |  | |
| Email Address | | | | | | Phone Number | | | | |
|  | | | | | |  | | | | |
|  | | Main Contact for Participants/Registration | | | | | | | | | | |
| Use Main Contact info above | | | Use Chair info above | | | | | | | |
| Title | First Name | | | | | | | Last Name | | |
|  |  | | | | | | |  | | |
| Email Address | | | | | Phone Number | | | | | |
|  | | | | |  | | | | | |
|  | | Registration or Program Website (if applicable) | | | | | | | | | | |
|  | | | | | | | | | | |
| **Scientific Planning Committee (SPC)** | | | | | | | | | | | | |  |
|  | Please list ALL the members of the SPC and indicate which part of the target audience they represent. (Individuals who played administrative roles only do not need to be listed.)  **NOTE:** At least one active, physician member of the CFPC and/or RCPSC must be included in the SPC, depending on the type of credits being sought. (There must be a member to represent each applicable College.) Please see the [Accreditation/Certification Policy](https://medicine.dal.ca/departments/core-units/cpd/accredplanning/AccreditationPackages.html) for details around the SPC. | | | | | | | | | | | | The SPC is representative of the target audience (see [#14](#TargetAudience)).  The SPC has representatives for the CFPC and/or RCPSC and Dal FoM.  Commercial interests/sponsors are excluded from the SPC. |
| **Name** | | | | | | | | | | | **Designation (e.g. MD, CFPC/RCPSC)** |
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|  | The SPC must include at least one physician faculty member of the Dalhousie Faculty of Medicine, who must be actively involved in the planning and production of the program. Of the above-listed members of the SPC, who is the designated representative of the Dalhousie Faculty of Medicine? | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Paperclip with solid fill | **NOTE:** All members of the SPC (except those who had an administrative-only role) must provide a written description of their Conflict of Interest (COI) information. Please submit a completed COI form for each member of the SPC with the application. | | | | | | | | | | | | All SPC members have provided their COI information.  The SPC has a process to review all COI information.  There is a process to disclose COI info  The SPC has procedures to handle situations where concerns about COIs are brought to its attention.  \*See also the COI forms and Disclosure Slides |
|  | How are the SPC members’ COI declarations collected and disclosed to the: | | | | | | | | | | | |
|  | | | (E.g.: The SPC’s COIs are reviewed by the Chair) | | | | | | | | |
| Physician organization | | |  | | | | | | | | |
|  | | | (E.g.: Initial program slide lists the SPC members and summarizes any COI information) | | | | | | | | |
| Program participants | | |  | | | | | | | | |
|  | What methods will the SPC Chair use to manage the SPC members’ potential conflicts of interest and any concerns raised about their conflicts of interests? | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Paperclip with solid fill | **NOTE:** Members of the SPC must be actively involved in the planning of the program. Those who are also members of the CFPC and/or RCPSC must complete a [Planning Committee Membership (PCM) form](https://medicine.dal.ca/departments/core-units/cpd/accredplanning/AccreditationPackages.html). Please include all of these with the application. | | | | | | | | | | | | All SPC physician members have completed the PCM forms. |
| **Speakers/Presenters, Facilitators, Moderators, etc.** | | | | | | | | | | | | |  |
|  | Does this program include speakers/presenters, facilitators, moderators, peer reviewers, assessors, or mentors? | | | | | | | | | | | |  |
| Yes | | | | | No – Please skip to [Part 3: Educational Information](#_Part_3:_Educational) | | | | | | |
| Paperclip with solid fill | **NOTE:** All speakers, moderators, facilitators, and authors must provide a written description of their COI information. The SPC must review these disclosed financial relationships in advance of the activity to determine whether action is required to manage potential or real conflicts of interest. Please submit a completed COI form for each individual with the application. | | | | | | | | | | | |
|  | Describe the SPC's process for the selection of speakers/presenters, facilitators, coaches, peer reviewers, assessors, mentors: | | | | | | | | | | | | The speakers, facilitators, etc. provided their COI information.  The SPC has a process to review all COI information.  There is a process to disclose COI info  The SPC has procedures to handle situations where concerns about COIs are brought to its attention.  \*See also the COI forms and Disclosure Slides |
|  | | | | | | | | | | | |
|  | How are the speakers’, facilitators’, moderators’, authors’ COI declarations collected and disclosed to the: | | | | | | | | | | | |
| SPC | | |  | | | | | | | | |
| Program participants | | |  | | | | | | | | |
|  | What methods will the SPC use to manage the speakers’, facilitators’, moderators’, and authors’ potential conflicts of interest and any concerns raised about their conflicts of interest? | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Paperclip with solid fill | **NOTE:** All members of the SPC, speakers, moderators, facilitators, and authors must disclose to participants their relationships as described in the COI form. The SPC must also disclose the mitigation strategy for all identified COIs or potential for bias, as well as all financial and in-kind support. A sample of the disclosure template must be provided with your application. (Please see the Accreditation/Certification Policy for further details.) | | | | | | | | | | | |  |

# Part 3: Educational Information

|  | | | | | | | | | | | **Reviewer Checklist (CPDME Use Only)**  🞎 Program Reviewer | ⭘ Program Coordinator |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Needs Assessment** | | | | | | | | | | |  |
|  | Please describe your needs assessment process used to identify the perceived and unperceived needs of the target audience for this program. | | | | | | | | | | **Needs Assessment** - the activity must be planned to address the identified needs/practice gaps of the target audience.  Perceived/Unperceived needs or gaps in knowledge were identified.  Indirect needs assessment performed and is relevant to the target audience.  ☐ Needs assessment addresses physician competency through CanMEDS.  \*See also, the Needs Assessment documentation |
|  | | | | | | | | | |
|  | What needs assessment strategies were used to identify the learning needs (both perceived and unperceived) of the target audience? (Select all that apply) | | | | | | | | | |
| **Perceived Needs**  Questionnaire/survey  Course evaluations  Patient surveys  Healthcare data  Literature reviews  Focus groups  Quality improvement data  Opinion of planning committee  Competence/performance of potential participants | | | | | | | **Unperceived Needs**  Self-assessment tests  Chart audits  Chart stimulated recall interviews  Direct observation from practice performance  Standardized patients  Quality assurance data from hospitals/regions  Provincial databases  Incident reports  Published literature (RCT, cohort studies)  Quality improvement data  Referral patterns | | |
| Other (please explain): | | |  | | | |
|  | | |  | | | |
|  | | | | | | | Other (please explain): | |  |
|  | What perceived and unperceived needs/gaps in knowledge were identified? | | | | | | | | | |
|  | | | | | | | | | |
|  | If this program was accredited in the past, how was the collected data from the previous program(s) considered during the needs assessment process? | | | | | | | | | |
|  | | | | | | | | | |
| Paperclip with solid fill | **NOTE**: Please include documentation of the needs assessment process (tools used, results, etc.) and any other program planning documents (meeting minutes, summaries, survey results, etc.) with the application. | | | | | | | | | |
| **Learning Objectives** | | | | | | | | | | |  |
| **NOTE:** Learning objectives must be written from the learner’s perspective, action-oriented, and measurable. Please see the [Accreditation/Certification Policy](https://medicine.dal.ca/departments/core-units/cpd/accredplanning/AccreditationPackages.html) for details and resources. | | | | | | | | | | | **Learning Objectives** – should confirm that the [identified needs](#IdentifiedNeeds) are being addressed (overall program and session-specific).  There are overall program learning objectives.  There are session-specific learning objectives.  They are written from the perspective of the learner.  They use active verbs.  They are derived from the needs assessment.  They are measurable.  They are provided to the participants in advance.  Brochures/agendas/etc. display learning objectives.  \*See also the Brochure/Agenda |
|  | How were the identified needs of the target audience used to develop the overall and session-specific learning objectives?  E.g.: Did the SPC share the needs assessment results with the speakers who are responsible for developing the learning objectives? Did the SPC use the needs assessment results to define the learning objectives for the speakers? | | | | | | | | | |
|  | | | | | | | | | |
|  | What learning objectives were developed for the overall event? (At least 1 objective.) Please also indicate which CanMEDS role the learning objective is linked to. | | | | | | | | | |
|  | | | | | | | | | |
|  | What learning objectives were developed for the specific sessions? (At least 1 objective for each session.) Please also indicate which CanMEDS role the learning objective is linked to. | | | | | | | | | |
|  | | | | | | | | | |
|  | What learning methods were selected to help the program meet the stated learning objectives? (E.g., lecture, panel, debate, case studies, small group discussions, demonstration, simulation, etc.) | | | | | | | | | | A variety of learning formats are being used.  The format and environment appropriate for learning. |
|  | | | | | | | | | |
| Paperclip with solid fill | **NOTE:** The learning objectives must appear on the brochure, program, and/or other educational materials. A preliminary copy of all brochures/programs, promotional materials (ads, invitations, etc.) must be included with the application. Final copies of these materials will be required before the program occurs. Please see the [Accreditation/Certification Policy](https://medicine.dal.ca/departments/core-units/cpd/accredplanning/AccreditationPackages.html) for details on what should be included on the brochure/program, | | | | | | | | | |
| **Program Content** | | | | | | | | | | |  |
|  | Was the content developed by the physician organization/SPC? | | | | | | | | | | Content/materials were developed to address the identified needs, uninfluenced by sponsors. |
| Yes | | | | | No, it was developed by: | | |  | |
|  | What are the sources of information selected by the SPC/speaker to develop the content of this activity? (Select all that apply.)  **NOTE:** Incorporating scientific evidence into the planning and delivery of the program is a requirement for accreditation. | | | | | | | | | |
| Scientific literature | | | | | | Qualitative research | | | |
| Clinical practice guidelines | | | | | | Quantitative research | | | |
| Other (please explain): | | | |  | | | | | |
| Paperclip with solid fill | **NOTE:** Completed program content (slide decks, workbooks, tools, resources, etc.), must be submitted when applicable. This is not required for single delivery conferences, rounds, regularly scheduled series, journal clubs, and faculty development programs. | | | | | | | | | |
|  | Please list one or more keywords to describe your program.  **NOTE:** Please see the [Keyword Options List](https://medicine.dal.ca/departments/core-units/cpd/accredplanning/AccreditationPackages.html). If your keywords are not available, we will choose the closest equivalents. | | | | | | | | | |
|  | | | | | | | | | |
|  | Please select the [CanMEDS Role(s)](https://www.royalcollege.ca/en/standards-and-accreditation/canmeds) relevant to this activity. (Select all that apply.) | | | | | | | | | |
| Collaborator | As Collaborators, physicians work with patients, families, healthcare teams, other health professionals, and communities to achieve optimal patient care. | | | | | | | | |
| Communicator | As Communicators, physicians facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter. | | | | | | | | |
| Medical Expert | Physicians are skilled clinicians who provide comprehensive, continuing care to patients and their families within a relationship of trust. Physicians apply and integrate medical knowledge, clinical skills, and professional attitudes in their provision of care. | | | | | | | | |
| Health Advocate | As Health Advocates, physicians responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations. | | | | | | | | |
| Leader | As Leaders, physicians are central to the primary health care team and integral participants in healthcare organizations. They use resources wisely and organize practices which are a resource to their patient population to sustain and improve health, coordinating care within the other members of the health care system. | | | | | | | | |
| Professional | As Professionals, physicians are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behavior. | | | | | | | | |
| Scholar | As Scholars, physicians demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application, and translation of knowledge. | | | | | | | | |
|  | Please describe how the CanMEDS competencies have been considered in the needs-assessment process. | | | | | | | | | |  |
|  | | | | | | | | | |
|  | What learning methods have been incorporated to promote interactive learning? (e.g., Q&A periods, use of chat/discussion boards, reflective questions, polling the audience)  **NOTE:** At least 25% of the total education time must be devoted to interactive learning. This time must be shown in the agenda. Please see the [Accreditation/Certification Policy](https://medicine.dal.ca/departments/core-units/cpd/accredplanning/AccreditationPackages.html) for details. | | | | | | | | | | **Learning Methods & Interactivity** – activities, environments, and teaching methods must be conducive to effective learning and support the learning objectives.  The agenda identifies interactive learning (at least 25%).  A variety of learning formats are being used (supporting identified needs and learning objectives).  The format and environment are appropriate for learning.  \*See also the Brochure/Agenda |
|  | | | | | | | | | |
|  | The educational design must include discussion of commonly encountered barriers to practice change. Please confirm that this is included in your program. | | | | | | | | | | Educational Design includes discussion of commonly encountered barriers to change.  See also [#56-57](#SpeakerLetterComponents) and the Speaker Communication Sample |
| Yes | | | | | | | | | |
| No – Please explain | |  | | | | | | | |
| **Evaluations** | | | | | | | | | | |  |
| Paperclip with solid fill | **NOTE:** Participants must have the opportunity to evaluate the overall program and (if applicable) individual sessions/activities. The evaluation tool must include questions regarding:   * whether the learning objectives (both overall and session-specific) were met, * if the content was balanced and free from commercial or other inappropriate bias, and * the potential impact of the program for the participants’ practice/knowledge/skills.   Please include a sample of your evaluation tool(s) for this activity with the application. | | | | | | | | | | **Evaluations** – participants must be able to evaluate the program (as a whole & each session).  Participants can evaluate the program (whole and sessions)  Eval includes questions on:  if learning objectives were met  if there was perception of bias  potential impact of the activity for the participants’ practice (change in what they know or know how to do)  \*See the Evaluation Survey(s) |

# Part 4: Ethical and Financial Information

|  | | | | | | | | | | **Reviewer Checklist (CPDME Use Only)**  🞎 Program Reviewer | ⭘ Program Coordinator |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ethical Standards** | | | | | | | | | |  |
| **NOTE:** All accredited activities must comply with the [CMA’s *Guidelines* *for physicians in interactions with industry* and *Recommendations for Physician Innovators*](https://policybase.cma.ca/link/policy14454)*,* and the [*National Standard for Support of Accredited CPD Activities*](https://cdn.dal.ca/content/dam/dalhousie/pdf/faculty/medicine/departments/core-units/cpd/Accreditation/NationalStandard.pdf)*.* | | | | | | | | | | The SPC has ensured scientific validity and objectivity. |
|  | The program complies with these standards. | | | | | | | | |
| Yes | | | | No | | | | |
|  | How did the SPC ensure the content was scientifically valid, objective, and balanced across relevant therapeutic options? | | | | | | | | |  |
|  | | | | | | | | |  |
|  | What is the SPC’s process to handle situations when activities aren’t compliant with the *National Standard*? | | | | | | | | | The SPC has a process to handle situations when activities aren’t compliant with the *National Standard*. |
|  | | | | | | | | |
|  | Has the SPC maintained control over the below program elements: | | | | | | | | | The SPC has control over the program elements (needs assessment, learning objectives, content and topics, educational methods, speaker selection, and evaluations).  Sponsors did not participate in decisions regarding program elements.  \*See also the Sponsor Agreements (if applicable). |
| Yes | No | | Identification of the educational needs of the intended target audience | | | | | |
| Yes | No | | Development of learning objectives | | | | | |
| Yes | No | | Selection of educational methods | | | | | |
| Yes | No | | Selection of speakers, moderators, facilitators and authors | | | | | |
| Yes | No | | Development and delivery of content | | | | | |
| Yes | No | | Evaluation of outcomes | | | | | |
|  | If you answered “No” to any of the elements above, please explain: | | | | | | | | |
|  | | | | | | | | |
|  | Does the SPC have a process in place to convey the below topics to your speakers, facilitators, and presenters?  **NOTE:** See the [Accreditation/Certification Policy](https://medicine.dal.ca/departments/core-units/cpd/accredplanning/AccreditationPackages.html) for additional details on what should be included in the communication with speakers. For an example of this communication, please see our sample letter. | | | | | | | | | The organizers provided specific instructions to the speakers regarding the format, Quality Criteria, and the program learning objectives.  Speakers are advised of the requirements around the incorporation of evidence.  Content developers/deliverers were informed about the identified needs, learning objectives, and ethical requirements (ensuring a balanced view and using generic names for therapeutic options).  Speakers have instructions about COIs and disclosure.  \*See also, the Speaker Communication Sample |
| Yes | No | | **Learning Objectives**: Speakers, facilitators, etc. should be provided with the program’s overall learning objectives. If applicable, they should also be given instructions on how to create learning objectives for their presentation/session. | | | | | |
| Yes | No | | **Evidence:** Presentations and education materials should be balanced and reflect current scientific literature (with an outline of the evidence and how it was used, and references). Descriptions of therapeutic options must use generic names (or both generic and trade names) and not reflect exclusivity and branding. Unapproved uses of products or services (i.e., off-label use of medications) must be disclosed to the audience. | | | | | |
| Yes | No | | **Barriers to Change:** Presentations should include discussion of commonly encountered barriers to practice change. | | | | | |
| Yes | No | | **Copyright:** Speakers, facilitators, etc. are required to abide by [Dalhousie’s policy](https://libraries.dal.ca/services/copyright-office/fair-dealing.html) on the use of copyright protected material.They are responsible to obtain permission to use and/or share any prepared materials. Industry slides and industry-related colours/images are not permitted. | | | | | |
| Yes | No | | **Privacy:** Speakers, facilitators, etc. must protect the privacy of patients when using information related to their care for educational purposes. | | | | | |
| Yes | No | | **Conflicts of interest**: All conflicts of interest must be disclosed (verbally and in writing) to participants, whether or not there is a conflict to disclose. The disclosure must include what steps have been taken to mitigate the potential conflict of interest. | | | | | |
| Yes | No | | **Program Format/Interactivity:** Speakers should have instructions relating to the learning format(s)/method(s), and presentation requirements (e.g. presentation and discussion time allotment, available methods for interactivity, etc.). | | | | | |
| Yes | No | | **Guidelines and Standards:** Speakers, facilitators, etc. must adhere to the [*CMA’s Guidelines*](https://policybase.cma.ca/link/policy14454)*,* and the [*National Standard*](https://cdn.dal.ca/content/dam/dalhousie/pdf/faculty/medicine/departments/core-units/cpd/Accreditation/NationalStandard.pdf)*.* (**NOTE:** Copies of or links to these documents must be provided.) | | | | | |
|  | If any of the above topics were not conveyed to the speakers, facilitators, etc., please explain: | | | | | | | | |
|  | | | | | | | | |
| Paperclip with solid fill | **NOTE:** A sample of your communication with the speakers, facilitators, etc. must be included with the application. | | | | | | | | |
| **Equity, Diversity, Inclusivity, and Accessibility (EDIA)** | | | | | | | | | |  |
| **NOTE:** We strongly encourage taking the principles of EDIA into consideration when developing learning events. Please see the Accreditation Policy for additional information and examples. | | | | | | | | | |  |
|  | How has the SPC considered the principles of EDIA in the planning, development, and delivery of this program? Please consider all aspects of the program (needs assessment; selection of SPC members, speakers, moderators, and facilitators; content; learning objectives; learning methods; etc.) and provide examples. | | | | | | | | |
|  | | | | | | | | |
|  | How will the SPC notify the audience of how the principles of EDIA were considered? | | | | | | | | |
|  | | | | | | | | |
|  | If unable to consider the principles of EDIA in the planning, development, and delivery of this program, please explain what barriers were encountered and how can they be potentially overcome to incorporate this in the future. | | | | | | | | |  |
|  | | | | | | | | |  |
| **Financial Details** | | | | | | | | | |  |
| Paperclip with solid fill | **NOTE**: A detailed program budget (showing all sources of revenue and expenditures) must be included with the application. | | | | | | | | | There are no travel expenses for non-faculty or spouses.  Incentives for participants must be approved by the SPC.  \*See also the Budget. |
|  | How will travel, lodging, legitimate out of pocket expenses, and honoraria payments be made to members of the SPC, speakers, moderators, facilitators and/or authors? (If a third party has been delegated, please explain how the SPC/physician organization retains accountability.) | | | | | | | | |
|  | | | | | | | | |
|  | If incentives were provided to participants, how were they reviewed and approved by the SPC or physician organization?  **NOTE:** Travel, lodging, and other out of pocket expenses for the participants or family members of participants, SPC members, speakers, facilitators, etc. cannot be paid for or subsidised by the physician organization, SPC, or sponsors. (This does not preclude participants claiming and receiving compensation from residency programs, employers, or provincial CPD support funds.) | | | | | | | | |
|  | | | | | | | | |
|  | Anticipated number of participants: | | | | | | | | |
|  | | | | | | | | |
|  | What are the sources of funding for this program? (Select all that apply.)  **NOTE:** Programs must be planned and managed to ensure independence from commercial interests and other potential sources of influence. | | | | | | | | |  |
| Participant fees (registration, materials, meals, etc.) | | | | | | Department/faculty funding | | |
| Government agency | | | | | | Healthcare facility | | |
| Medical device company | | | | | | Medical education or communications company | | |
| Not-for-profit organization | | | | | | Pharmaceutical company | | |
| Other: | |  | | | | | | |
|  | Will this program receive financial or in-kind sponsorship from an external organization? | | | | | | | | |
| Yes | | | | | | No | | |
| **Sponsorship Details**  (If your program does not have external sponsors, skip this section and proceed directly to [Part 5: Application Checklist](#_Part_5:_Application).) | | | | | | | | | |  |
|  | Will all financial and in-kind support be received and managed by the SPC/physician organization? | | | | | | | | | The SPC has retained overall accountability for all payments related to this program.  ☐ There are written agreements between the sponsors and the SPC/physician organization. |
| Yes | | | | | | No | | |
| Paperclip with solid fill | **NOTE:** The terms, conditions, and purposes by which sponsorship is provided must be documented in a written agreement signed by the physician organization/SPC and the sponsor. If applicable, a copy of each agreement must be included with the application. | | | | | | | | |
|  | Please list the sponsors providing financial and/or in-kind support, and the details of that funding. (Additional rows may be added to the sponsor table by clicking in the bottom row, then clicking the “+” at the far right.) | | | | | | | | |
|  | **Sponsor/Organization Name** | | | | | **Sponsor Type** | | **Support Type** | **Amount ($) and Description of In-Kind Support** |  |
|  |  | | | | | Select type | | Select type |  |
|  |  | | | | | Select type | | Select type |  |
|  |  | | | | | Select type | | Select type |  |
|  |  | | | | | Select type | | Select type |  |
|  |  | | | | | Select type | | Select type |  |
|  |  | | | | | Select type | | Select type |  |
|  |  | | | | | Select type | | Select type |  |
|  |  | | | | | Select type | | Select type |  |  |
|  |  | | | | | Select type | | Select type |  |  |
|  | What measures are in place to ensure that interactions with sponsors meet professional and legal standards, including the protection of privacy, confidentiality, copyright, and contractual law regulations? | | | | | | | | | Interactions with sponsors meet professional & legal standards.  Sponsorship recognition & disclosure is separate from the educational content.  Sponsor acknowledgement includes the standard statement.  There’s no tagging.  There are no product-specific ads/promos/branding strategies (within/around ed materials, slides, agendas, etc., and in locations with accredited activities.)  Commercial exhibits/ads are in a location that’s separate from the accredited activity.  \*See also the Brochure/Agenda and the Sponsor Agreement |
|  | | | | | | | | |
|  | Have the sponsors/exhibitors been acknowledged with the standard acknowledgement statement (“This program has received an educational grant or in-kind support from [SPONSOR NAMES]”) on the brochure/program and/or other promotional materials? | | | | | | | | |
| Yes | | | | No | | | | |
|  | Have you ensured that product-specific advertising, promotional materials, and branding strategies aren’t included on/within/adjacent to:   * the activity’s educational materials, slides, abstracts, and handouts; * activity agendas, programs, or calendars of events; and * any webpages or electronic media containing educational material. | | | | | | | | |
| Yes | | | | No | | | | |
|  | Have you ensured that product-specific advertising, promotional materials, branding strategies, commercial exhibits/advertisements are completely separated from the accredited activities and their locations? | | | | | | | | |
| Yes | | | | No | | | | |

# Part 5: Application Checklist

|  |  |
| --- | --- |
|  | Completed application form(s)   * If you are seeking a Level 2/3 and/or Section 3 accreditation, the applicable Level 2/3 and Section 3 application form(s) must be submitted with this application form. |
|  | If applicable, a (tentative) schedule or calendar of events for the planned sessions throughout the year.   * This is mainly for programs with multiple sessions throughout the year, like rounds, journal clubs, series, etc. |
|  | Needs assessment documentation   * This may include a copy of the needs assessment tool(s) and results, survey results, meeting minutes, speaker/topic selection notes, etc. |
|  | Completed COI forms for the SPC members, speakers, moderators, facilitators, authors, etc.   * Please ensure each form has been **fully** completed. * **NOTE**: The SPC must review all disclosed financial relationships before the program, to determine whether action is required to manage potential, perceived, or real COIs. The SPC must have procedures in place for if a COI comes to its attention prior to/during the program. |
|  | 3-step disclosure slide template |
|  | Completed Planning Committee Membership (PCM) forms for the SPC physician members |
|  | A detailed agenda of events   * This should include the dates, times, topics, speakers, etc. * Time for Q&A, discussion, and other forms of interactivity should be indicated. * This may be included as part of the draft brochure. |
|  | Draft brochure/program/handbook, promotional materials, invitations, etc. including:   * Program and/or session title(s) * Location(s) and date(s) * Learning objectives (overall and session-specific). (See the [CFPC](https://www.cfpc.ca/CFPC/media/Resources/Continuing-Professional-Development/QTB_Writing_ENG_FINAL.pdf) and [RCPSC](https://www.royalcollege.ca/en/standards-and-accreditation/cpd-accreditation/tools-and-resources/toolkit-learning-objectives) websites for requirements on learning objectives.) * Detailed agenda of events (with start/end times for educational sessions, interactivity, breaks, etc.) * Speaker, facilitator, moderator, etc. names (when applicable) * Acknowledgement of sponsors, if applicable * Acknowledgement of the SPC members * Dalhousie CPDME approval statement and logo (provided in the accreditation letter, once approved) * Applicable credit hour statements   + You **may not** advertise the program as accredited (or that you’re seeking accreditation) until CPDME has approved the program and issued the letter of accreditation.   + CPDME will provide the final accreditation statement(s) in the letter of accreditation, once the program has been approved. |
|  | Completed program content (slide decks, workbooks, tools, resources, etc.), when applicable   * This does not apply to single delivery conferences, rounds, regularly scheduled series, journal clubs and faculty development programs (see question 12) |
|  | Evaluation tool(s) with questions around:   * Whether the stated learning objectives were met (both overall and session-specific) * If the content was balanced and free from commercial or other inappropriate bias   + This question should ask if any bias was perceived and, if so, details around the perceived bias. For example:   Did you perceive any degree of bias in any part of this program? \_Yes \_No If yes, please explain:   * The potential impact of the program for the participants’ practice/knowledge/skills |
|  | Speaker communication sample   * Includes details on the program (e.g. overall program learning objectives, learning methods, presentation and Q&A duration, etc.) * Addresses the applicable required topics (COI disclosure, scholarly approach, barriers to change, program format/interactivity, learning objectives, copyright, privacy, and adherence to guidelines) plus any other information specific to the program and/or required by the SPC * See question 56 and our Sample Speaker Letter for details |
|  | If applicable, copies of the written agreement between the financial/in-kind sponsors and the SPC/physician organization |
|  | A detailed program budget   * Must list all anticipated expenses and sources of revenue (e.g. CPDME accreditation fee, registration fees, sponsorships, rentals, etc.) * Names of commercial and non-commercial sources of funding must be listed. * If there are no fees associated with the program, a statement to this effect is required. |

# Part 6: Declarations

|  |  |  |  |
| --- | --- | --- | --- |
| As the Chair of the scientific planning committee:   * I accept responsibility for the accuracy of the information provided on this application. * I attest that I have read the [CMA’s *Guidelines* *for physicians in interactions with industry* and *Recommendations for Physician Innovators*](https://policybase.cma.ca/link/policy14454)*,* and the [*National Standard for Support of Accredited CPD Activities*](https://cdn.dal.ca/content/dam/dalhousie/pdf/faculty/medicine/departments/core-units/cpd/Accreditation/NationalStandard.pdf)*.* I certify that, to the best of my knowledge, these guidelines have been met in preparing for this event. * I attest that I have read the *Dalhousie CPDME Accreditation/Certification Policy*, enclosed with the accreditation package. I agree that we will comply with these guidelines and will pay the accreditation fees as outlined in the policy. * I agree that we (the physician organization) are responsibility for content, and educational and ethical standards for this event. | | | |
| **I agree** | By clicking “I agree”, you are confirming that you have read and agree with the declarations stated above. | | |
|  | |  |  |
| Chair Name | |  | Date |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Application Review (CPDME Use Only)** | | | | | | |
| **Reviewer Name(s)** | Dr. Lisa Bonang | | | | **Review Date** |  |
| **Program Approved** | Yes | | No | | Revisions Required (see below) | |
| **Approved Credit Hours** |  | **Credits per hour** | | x | **Total Credits** | = |
| **Rationale** |  | | | | | |
| **Recommendations or Revisions** |  | | | | | |