**Provider Information:**

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| --- | --- |
| Responsible Organization: | Click or tap here to enter text. |
| Mailing Address: | Click or tap here to enter text. |
| Activity Director Name: | Click or tap here to enter text. |
| Phone: | Click or tap here to enter text. | Email: | Click or tap here to enter text. |
| Activity Administrator Name: | Click or tap here to enter text. |
| Phone: | Click or tap here to enter text. | Email: | Click or tap here to enter text. |
| Website: |  |
| **Educational Activity Information:** |
| Activity Title: | Click or tap here to enter text. |
| Activity Date(s) | Click or tap here to enter text. |
| Activity Location(s): | Click or tap here to enter text. |
| Number of CME hours requested: | Click or tap here to enter text. |
| This Activity is: | [ ]  Directly Provided (UHMS Only). [ ]  Jointly Provided |
| Activity Type is: | [ ]  Live “in-person”/Livestream[ ]  Journal-Based CME[ ]  Internet Activity/Enduring Material |
| Activity occurrence is: | [ ]  One-time activity. [ ]  Ongoing activity |
| Annual Application fee: $500 | [ ]  One year ($500) [ ]  2 years ($1,000). [ ]  3 years ($1,500) |
| **\***Annual Application fee is due upon receipt of this application and is non-refundable. After completion of each CME activity, a closing report must be submitted with a closing report processing fee of $300.  |

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| **PAYMENT INFORMATION \*\*US DOLLARS ONLY\*\* PAYMENT MUST ACCOMPANY FORM** |
|  [ ]  Check (make payable to UHMS) [ ]  Visa [ ]  Mastercard [ ]  American Express [ ]  Discover |
| Card #: | Click or tap here to enter text. | Expiration date: | Click or tap to enter a date. | CVV Code: | Click or tap here to enter text. |
| Name on the Card: | Click or tap here to enter text. | Card holders Signature: | Click or tap here to enter text. |
| Billing Address: | Click or tap here to enter text. | City: | Click or tap here to enter text. |
| State: | Click or tap here to enter text. | Billing Zip | Click or tap here to enter text. |

 **UHMS OFFICE USE ONLY**

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| [ ]  **Approved for** ***AMA PRA Category 1 Credits™.*** [ ]  **Not Approved**  |
| **Activity Approval Date: Click or tap to enter a date.** | **Activity Expiration Date: Click or tap to enter a date.**  |
|  | **Date:** Click or tap to enter a date. |
| **Education Committee (Co) Chair Signature** |

# **Planning Member Disclosures: To be collected before any educational planning takes place. Use the table below as a guide or proceed with collecting disclosures and tracking them directly in the *Performance-in-practice* excel spreadsheet.**

1. All planners are required to complete the *“Disclosure for all Individuals in Control of Content”* form before any planning of the educational content takes place. All relevant financial relationships with ineligible companies should be reported on the disclosure.
2. First, collect disclosures from all planning committee members before they play a role.
3. Then, review the planning members disclosures and determine if they are an owner/employee of ineligible companies. If yes, the planner is required to be recused from being in control of educational content and may not participate in a planner role.
4. If there are relevant relationships with ineligible companies unrelated to ownership/employment, these may be resolved through the designated mitigation strategies. (using peer-review of planning decisions (for planners) by person(s) that do not have conflicts of interest related to the content). If the relevant relationship is unresolvable, the planner should be recused.
5. Include this information on the *“Performance-in-practice”* excel spreadsheet. You will document 1) there were no relevant relationships with ineligible companies to mitigate; 2) that they were recused from their planning role; 3) or list their relevant relationship, nature of the relationship and mitigation strategy used on this spreadsheet.
6. Full disclosure must be provided to the learners before the start of the activity. (See UHMS CME Guidebook for full statement as it should be provided to the learners)

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| **Planner Name:**  | **Name of ineligible company(ies) AND include the nature of relationship (if applicable).** | **Is the relationship relevant to the overall educational program content that is expected to be presented?** | **If yes, was the planner recused from their role?** |
| Click or tap here to enter text. | Click or tap here to enter text. | [ ]  Yes[ ]  No[ ]  Not applicable | [ ]  Yes[ ]  No[ ]  Not applicable |
| Click or tap here to enter text. | Click or tap here to enter text. | [ ]  Yes[ ]  No[ ]  Not applicable | [ ]  Yes[ ]  No[ ]  Not applicable |
| Click or tap here to enter text. | Click or tap here to enter text. | [ ]  Yes[ ]  No[ ]  Not applicable | [ ]  Yes[ ]  No[ ]  Not applicable |
| Click or tap here to enter text. | Click or tap here to enter text. | [ ]  Yes[ ]  No[ ]  Not applicable | [ ]  Yes[ ]  No[ ]  Not applicable |
| Click or tap here to enter text. | Click or tap here to enter text. | [ ]  Yes[ ]  No[ ]  Not applicable | [ ]  Yes[ ]  No[ ]  Not applicable |
| Click or tap here to enter text. | Click or tap here to enter text. | [ ]  Yes[ ]  No[ ]  Not applicable | [ ]  Yes[ ]  No[ ]  Not applicable |
| Click or tap here to enter text. | Click or tap here to enter text. | [ ]  Yes[ ]  No[ ]  Not applicable | [ ]  Yes[ ]  No[ ]  Not applicable |

# **Mission: The provider has a CME mission statement that includes expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program**.

 **UHMS Mission Statement:** The Continuing Medical Education mission of the Undersea and Hyperbaric Medical Society is to develop and promote evidence-based educational activities that improve the scientific knowledge, competence and/or performance within the scope of undersea and hyperbaric medicine, including wound healing. The primary aim is to improve health care delivery and quality of patient care in diving and hyperbaric medicine practice. The target audience of this effort are physicians and allied health professionals, both nationally and internationally.

***CME Purpose***

The primary purpose of the UHMS Physician CME program is to educate physicians in all disciplines, both nationally and internationally, with the principles and practices of undersea and/or hyperbaric medicine. The secondary purpose is to educate allied health professionals and medical administrators who have educational interests or needs in undersea or hyperbaric medicine. Ultimately, these activities should enhance health care delivery and quality of patient care.

[ ]  **Please check the box indicating you understand and agree to plan your activity in accordance with the UHMS CME Mission as the responsible accredited provider.**

# **Introduction: Please provide a brief description about your educational activity.**

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| Click or tap here to enter text. |

# **Educational Needs: The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.**State the professional practice gap(s)\* of your learners which the activity was based. *When there is a gap between what the professional is doing or accomplishing compared to what is "achievable on the basis of current professional knowledge," there is a professional practice gap.*

Identify Needs Assessment Data and Sources for compliance: the educational needs (of knowledge, competence, or performance) that underlie the professional practice gap of learners are incorporated into CME activities. Effective CME activities are planned to address areas of professional practice or behavior(s) that need improvement. In order to identify the problems or issues that are causing gaps in the targeted participants knowledge, competence or performance, it is important to review available data to make evidence-based decisions about the needed content.

**Professional Practice Gap:** What is the problem or issue that needs to be addressed?

**Educational Need:** Why does the gap exist? In other words, what is the underlying cause of the gap?

* **Knowledge:** Knowledge, in the presence of experience and judgment
* **Competence:** Competence is in the educational measurement term. Competence is about ability. Competence is what you would do if you could do it. It’s descriptive of strategy. Competence is knowledge put into action by the learner.
* **Performance:** Performance implies “in practice.” You put competence into action. You put it into practice.

**Needs Assessment data source and/or reference(s):** Indicate the data sources that identified the need for this activity to your attention.

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| **Professional practice gap 1:** |
| Click or tap here to enter text. |
| **State the educational need(s) you determined to be the cause of the gap:** |
| Click or tap here to enter text. |
| **Check the education need(s) that apply to this practice gap:** |
|  [ ]  **Knowledge** [ ]  **Competence** [ ]  **Performance**  |
| **Data source(s)/Reference(s)** |
| Click or tap here to enter text. |
| **Professional practice gap 2:** |
| Click or tap here to enter text. |
| **State the educational need(s) you determined to be the cause of the gap:** |
| Click or tap here to enter text. |
| **Check the education need(s) that apply to this practice gap:** |
|  [ ]  **Knowledge** [ ]  **Competence** [ ]  **Performance**  |
| **Data source(s)/Reference(s)** |
| Click or tap here to enter text. |
| **Professional practice gap 3:** |
| Click or tap here to enter text. |
| **State the educational need(s) you determined to be the cause of the gap:** |
| Click or tap here to enter text. |
| **Check the education need(s) that apply to this practice gap:** |
|  [ ]  **Knowledge** [ ]  **Competence** [ ]  **Performance**  |
| **Data source(s)/Reference(s)** |
| Click or tap here to enter text. |
| **Professional practice gap 4:** |
| Click or tap here to enter text. |
| **State the educational need(s) you determined to be the cause of the gap:** |
| Click or tap here to enter text. |
| **Check the education need(s) that apply to this practice gap:** |
|  [ ]  **Knowledge** [ ]  **Competence** [ ]  **Performance**  |
| **Data source(s)/Reference(s)** |
| Click or tap here to enter text. |

**Designed to Change: The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement. Explain how this activity is designed to change competence, performance, or patient outcomes.***In fulfillment of its mission, and as a next step in the planning process, the accredited provider designs its education to change learners’ strategies/skills (i.e., competence), and/or what learners actually do in practice (i.e., performance), and/or the impact on the patient or on the care delivered (i.e., patient outcomes).*

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| Click or tap here to enter text. |

# **Appropriate Formats: The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity. Explain why the educational format is appropriate for this activity.**

*Activity formats (e.g., didactic, small group, interactive, hands-on skill labs) should be chosen based on what the provider hopes to change as a result of the education. Adult education literature provides guidance about which learning formats are more effective than others depending on the outcome that is desired, the setting, and the needs of the learners.*

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| Click or tap here to enter text. |

**Competencies: Indicate the desirable physician attributes (i.e. competencies) this activity addresses.***The ACCME is looking for an active recognition of "desirable physician attributes" in the planning process (e.g., "We have planned to do a set of activities that touch on professionalism and communications to address our patients' concerns that they are not receiving complete discharge instructions - which is the identified professional practice gap.") The simple labeling of an activity with a competency is a start and provides the learner with information with which to choose an activity and potentially will be important for reporting purposes within Maintenance of Certification/Continuing Certification.*

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| --- | --- | --- |
| **ACGME/ABMS** | **Institute of Medicine** | **Interprofessional Education Collaborative** |
| [ ]  Patient Care & Procedural Skills | [ ]  Provide Patient-Centered Care | [ ]  Values/Ethics for Interprofessional Practice |
| [ ]  Medical Knowledge | [ ]  Work in Interdisciplinary Teams | [ ]  Roles/Responsibilities |
| [ ]  Practice-Based Learning and Improvement | [ ]  Employ Evidence-Based Practice | [ ]  Interprofessional Communication |
| [ ]  Interpersonal and Communication Skills | [ ]  Apply Quality Improvement | [ ]  Teams and Teamwork |
| [ ]  Professionalism | [ ]  Utilize Informatics |
| [ ]  Systems-Based Practice |

# **Other Educational Strategies/Tools (Optional)**

What strategies could be used to enhance change in your learners as an adjunct to this activity? Examples include patient surveys, patient information packets, email reminders to the learners (i.e., summary points from the lecture, new information, posters throughout the hospital, pocket guides).

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| Click or tap here to enter text. |

# **CME Application Checklist:**

[ ]  Letter of Agreement Joint Providership Eligible Organization

[ ]  CME Application for UHMS Accredited Education (this packet)

[ ]  Schedule: include lecture title, faculty member, designated start/stop time, and lunch/breaks so all hours are designated. Exam time can count for CME only if it is conducted on-site as part of the educational activity (live courses)

[ ]  Disclosures for all Individuals in Control of Educational Content (planners, faculty, authors, reviewers, etc.)

[ ]  Performance-in-Practice Individuals in Control of Content Excel Spreadsheet

[ ]  Any promotional materials to include the accreditation statement, designation statement, disclaimer as it will be provided to the learners before the start of the activity.

# **Commercial Support Additional Document Checklist:**

[ ]  Itemization of the expenditure of these funds at the category level, e.g. honoraria, faculty and staff travel and lodging, catering, etc. (A response to this item is not required for in-kind commercial support.)

[ ]  Commercial Support Excel Spreadsheet: List the name(s) of the commercial supporter(s) of this activity and the $ value of any monetary commercial support and/or indicate non-monetary (in-kind) support. Use one row for each supporter.

* Name of Commercial Supporter
* Type of Commercial Support
* Amount of Monetary Support, if any

[ ]  Letter of Agreement for each commercial supporter to include signatures by the commercial supporter, joint provider and UHMS CME representative.

**Introductory 40-Hour Course Document Checklist:**

[ ]  Required ICHM content areas checklist

[ ]  Schedule with objectives listed for each lecture

[ ]  CV/Bio for each faculty member that reflects their hyperbaric specific training and experience

[ ]  Certificate of Completion template

**Closing Report Document Checklist (see separate form):**(submitted after the conclusion of each educational activity)

* **UHMS Closing Report Document Summary/Checklist**
* **Activity Closing Report Excel Spreadsheet**: complete all fields (where applicable) on the excel spreadsheet titled “*Activity Closing Report Provider name.*” Update this same excel spreadsheet as an ongoing list with each course and re-send to be updated in ACCME PARS system upon completion of each course activity.
* **Evaluation summary:** showing how the provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions. Describe the strategies you used to obtain data or information about changes achieved in learners’ competence or performance or patient outcomes as a result of their participation in this activity, including, for example, questions you asked the learner about changes in competence or performance or other change data such as quality improvement or patient outcomes.
* **List of all participants:** in an excel spreadsheet, even if they are not claiming CME credit. Please include full name, credentials, address, email, CME hours earned.
* **Final announcement**: brochure, handout, PPT slide that contains the accreditation statement, designation statement, disclosure statement and disclaimer policy exactly as it was provided to the learners before the start of the educational activity.
* **CME Certificates:** submit copies of all certificates as provided to the learners
* **Closing report processing fee:** check or credit card payment enclosed ($300)
* **Recording of program**: only If livestreamed, a copy of the program recording is required to keep on file through a shared link and accessible for a 4-year term.
* **Sharing of Information policy statement:** a copy of the registration page showing the “opt-out” option with the “sharing of information” policy statement
* **Exam scores:** Introductory Courses are required to submit the exam scores for all learners in an excel spreadsheet to include the learners full name, credentials, and final score.