

**THE AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE ~  
FOR PROFIT APPLICATION FOR JOINT SPONSORSHIP (LIVE EVENT)  
2006**

<b>GENERAL INFORMATION</b>
----------------------------

This form, along with a **non-refundable processing fee of \$195.00 per offering**, should be submitted **no later than 30 days\*** prior to your deadline for printing any promotional materials for the activity.

*PLEASE PRINT*

Activity Title (Name of Topic/Event): \_\_\_\_\_

Activity Location (City/State): \_\_\_\_\_

Name of Organization Hosting Educational Event: \_\_\_\_\_

Type of Educational Offering: \_\_\_\_\_  
(Seminar, Conference, Course, etc)

Date/Time: \_\_\_\_\_

Hours of Instruction for Which CME is Sought: \_\_\_\_\_

Faculty Director: \_\_\_\_\_

Key Contact Person: \_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_

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

E-Mail: \_\_\_\_\_

**Please Note: All correspondence relating to this application will be forwarded to the key contact person via e-mail.**

ACOEM is accredited by the Accreditation Council for Continuing Medical Education (ACCME) and may choose to sponsor CME activities during its period of accreditation. ACOEM will consider jointly sponsoring educational activities with partners whose continuing medical education mission is in concert with ACOEM's and who understand and agree to abide by the Essentials Areas and Policies of ACCME.

\* Rush application review (less than 30 days prior to the event) may incur additional charges.

<b>CONDITIONS</b>
-------------------

By completing this application, the undersigned agrees to the following:

1. ACOEM will be **contacted at the beginning of the planning process and be involved** in all necessary aspects of the CME activity for which joint sponsorship is sought.
2. Promotional materials will not be printed and distributed until ACOEM provides **written authorization to do so**. Draft copies of the promotional material must be approved before being sent for final printing and distribution. **No mention of joint sponsorship or CME may be used until the program has been approved by ACOEM** and in accordance with ACCME Guidelines. A "save the date" announcement may be made in advance of approval, however.
3. ACOEM's name and seal and the phrase "jointly sponsored by ACOEM" will be placed prominently on the cover of all promotional materials, on the program and on syllabus materials. Promotional materials will conform to the *Identity Standards and Basic Guidelines* established for use of ACOEM name and seal.
4. The **prescribed wording** which follows is to be used in promotional and program materials:  
This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the Joint Sponsorship of the American College of Occupational and Environmental Medicine and [insert name of non-accredited sponsor].

The American College of Occupational and Environmental Medicine is accredited by the ACCME to provide continuing medical education for physicians.

As a **separate paragraph** in your promotional materials, you must include the following statement:

"The American College of Occupational and Environmental Medicine designates this educational activity for a maximum of [number of credits] *AMA PRA Category 1 Credit(s)*<sup>TM</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity."

5. Certificates for AMA PRA category 1 credit are to be provided **only to physicians (MDs and DOs)**. Other healthcare professionals who participate in an educational activity designated as AMA PRA category 1 credit for physicians may be given letters or certificates documenting their attendance.

**AMA PRA Category 1 certificates for MDs and DOs should read:**

"The American College of Occupational and Environmental Medicine certifies that [name of MD, DO] has participated in the educational activity titled [name of activity] at [location, when applicable] on [date] and is awarded [number of credits] *AMA PRA Category 1 Credit(s)*<sup>TM</sup>."

**Attendance certificates for the non-physician participants may read as follows:**

"The American College of Occupational and Environmental Medicine certifies that [name of participant] has participated in the educational activity titled [title of activity] at [location, when applicable] on [date]. This activity was designated for [number of credits] *AMA PRA Category 1 Credit(s)*<sup>TM</sup>."

**For Profit Application Processing Fee = \$195,**

**plus Activity Fee:**

1-4 Hours = \$600      5-8 Hours = \$ 1,200      9-12 Hours = \$ 1,800      13-16 Hours = \$ 2,400

Over 16 Hours = \$2,400 + \$150 per Credit Hour Above 16

<b>JOINT SPONSORSHIP APPLICATION REQUIREMENTS</b>
---

I. **SUMMARY OF DOCUMENTATION REQUIREMENTS CHECK LIST**

The following documents **must** be submitted with the application:

- A copy of your continuing medical education mission statement (Please Note: Even if you have previously submitted an application for joint sponsorship, you must still attach your mission statement)
- A summary of the needs assessment completed for the activity
- Minutes of planning meetings held to date regarding this program and names, title, and affiliation of planners
- Proposed program outline/schedule/agenda with times clearly indicated
- Copy of course budget
- Proposed list of faculty with hospital or medical school affiliations and clinical designations
- Copies of proposed evaluation form(s)

II. Explanation of **Essential Area 1**

The provider must have a written statement of its continuing medical education (CME) mission, which includes the CME purpose, content areas, target audience, type of activities provided, and expected results of the program.

- Mission Statement attached

III. Explanation of **Essential Area 2**

The provider must use a planning process that links identified educational needs with a desired result in its provision of all CME activities and use needs assessment data to plan CME activities.

**NEEDS/INTEREST:**

How did you identify that there was a need/interest for having this activity? What were the sources?

Check All That Apply:

- Previous course evaluations
- Questionnaires
- Clinical expert opinion
- Focus groups
- Survey of potential audience
- Journal articles/textbook references
- Requests from potential participants
- Market research
- Board examination specifications
- Board examination demographics
- New program/technique/medical issue for which professionals should be educated
- Other \_\_\_\_\_

Please summarize the finds from the surveys of needs. (You may submit the analysis from the needs/interest report on a separate sheet if necessary).

---



---



---



---



---

TARGET AUDIENCE(S):

- Physicians – Specify by Specialty/Subspecialty: \_\_\_\_\_
- Other Health Care Professionals (Specify): \_\_\_\_\_

LEARNING OBJECTIVES:

The provider must communicate the purpose or objectives of the activity so the learner is informed before participating in the activity. For assistance in writing learning objectives, please visit the Additional Joint Sponsorship Resource area on the ACOEM website:

<http://www.acoem.org/education/jointsponsor/Learning%20Objectives.doc>

At the conclusion of this learning activity, the participant should be able to:

---



---



---



---



---



---

LEARNING METHODS:

- Lecture/discussion
- Case presentation/discussion
- Demonstration/manipulative technique
- Panel discussion
- Individual study assignment
- Small group workshop
- Other (specify): \_\_\_\_\_

EVALUATION METHODS:

The provider must evaluate the effectiveness of its CME activities in meeting identified educational needs and evaluate the effectiveness of its overall CME program and make improvements in the program.

Check All That Apply:

- Pre-and-post course tests
- Performance/competency test
- Participate self-assessment tests
- Participant satisfaction evaluation
- Follow-up survey
- Faculty/observer evaluation
- Other (Specify): \_\_\_\_\_

III. Explanation of Essential Area 3

The provider must: have an organizational framework for the CME unit that provides the necessary resources to support its mission including support of the parent organization, if a parent organization exists; operate the business and management policies and procedures of its CME program (as they relate to human resources, financial affairs and legal obligations), so that its obligations and commitments are met.

- Provide the name of the person responsible for the management procedures below:

\_\_\_\_\_

The Faculty Director whose name appears on the front page of this application accepts responsibility that the essentials are being met throughout the planning, implementation and evaluation of this activity and agrees to submit all post program materials within 2 weeks of completion of this program. Non-compliance can result in denial of future applications and possible fine.

- Signature of the Faculty Director below:

\_\_\_\_\_

DISCLOSURE METHODS

The provider must present CME activities in compliance with the ACCME's policies for disclosure and commercial support.

Each speaker and planning committee member is to submit a signed Faculty Disclosure Form. Check how you will inform the audience of any necessary disclosure:

- In the introduction, **before the presentation**
- Printed in the promotional material
- Printed in the syllabus
- Appearance in the splash screens or front material on digitized media

ATTENDANCE VERIFICATION

- Participants either register in advance or on-site
- Sign-in sheets at the activity
- Other: \_\_\_\_\_

*I attest that the information reported is complete and accurate.*

Name of Person Submitting this Application: \_\_\_\_\_

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

Organization Representing: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Submission: \_\_\_\_\_

**ACOEM USE ONLY**

Activity title: \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Approved for _____ AMA PRA Category 1 Credits | <input type="checkbox"/> Application Fee Rec'd: \$_____ Date: _____ |
| <input type="checkbox"/> Not Approved/Reason(s): _____                 | <input type="checkbox"/> Credit Fees Rec'd: \$_____ Date: _____     |
| <input type="checkbox"/> Notification Sent: _____                      |   |

\_\_\_\_\_  
Date of Action

\_\_\_\_\_  
Director of Education