

**CAMC Health Education and Research Institute  
APPLICATION FOR APPROVAL FOR  
CONTINUING MEDICAL EDUCATION ACTIVITY**

In order to receive consideration for approval of a CME activity, this application should be submitted at a **minimum 120 days prior to the date of the activity**. Please submit the application to: CAMC Health Education and Research Institute – Dept. of Continuing Education, 3110 MacCorkle Ave. S.E., Charleston, WV 25304

Non-refundable joint provider application fee - \$500

1. Program/Conference Title: \_\_\_\_\_

2. Date: \_\_\_\_\_

3. Location: \_\_\_\_\_

4. Total anticipated number of education contact hours: \_\_\_\_\_

5. Primary Sponsor (organization, agency): \_\_\_\_\_

6. State the specific conference goal to which this activity is directed (Example: This program is designed to introduce current concepts on the clinical diagnosis of outpatient infectious diseases.) **Broad conference goal(s) needed here...**

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

7. Needs Assessment/Practice Gaps

Describe how the need was determined (**documentation must be provided**):

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

8. Specify the physician audience to whom the activity is directed: \_\_\_\_\_

List other professional groups to be invited: \_\_\_\_\_

List specific background requirements of prospective participants (if any):

\_\_\_\_\_

9. Format(s) to be used: \_\_\_\_\_ Lecture \_\_\_\_\_ AV presentations  
\_\_\_\_\_ Demonstration \_\_\_\_\_ Panel/group discussion  
\_\_\_\_\_ Case Presentation \_\_\_\_\_ Simulation  
\_\_\_\_\_ Role Play \_\_\_\_\_ Other (specify)

10. Faculty Disclosure Forms must be received from all faculty.  
**Please state a plan for disclosing this information to the program audience.**\_\_\_\_\_

11. List the specific learning objectives to be stated in program advertisement. Objectives must be measureable. **Avoid** words such as “understand”, “learn”, “comprehend”, “know”. (*Further examples found on our website*) Example: At the conclusion of this program, participants should be able to:

- Identify, Discuss, Describe, List

12. Describe the procedure to determine if your objectives are realized (evaluation tool).  
*Examples found on our website.*

13. Describe procedures for advertising this activity.\_\_\_\_\_

14. Specify registration fees.\_\_\_\_\_  
Do you expect receipts to equal expenses? \_\_\_\_\_  
If not, from what source(s) will funds be drawn to cover expenses? (If funding sources include commercial support agencies; Letters of Agreement with these sources must be attached.) ...*LOA examples found on our website*

15. Attach a copy of each of the following:

a) needs assessment/practice gaps documentation	f) list of planning committee members, disclosure forms and planning meeting minutes
b) final agenda	g) tentative brochure information
c) vita and faculty disclosure forms for each speaker	h) proposed evaluation instrument
d) tentative budget	i) signed Joint-sponsorship agreement ( <i>this will be drafted by CAMC Institute upon approved for CME</i> )
e) Letters of Agreement from commercial support agencies	

16. Signature: Program Chairman\_\_\_\_\_

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(To be completed by the CAMC Health Education and Research Institute Continuing Education Department/CME Committee Member)

Recommendations: \_\_\_\_\_

Reviewed by \_\_\_\_\_  
Continuing Education/CAMC CME Committee Member

Reviewed by \_\_\_\_\_  
Chairman/CAMC CME Committee