

**ALBERT EINSTEIN HEALTHCARE NETWORK
MEDICAL STAFF OFFICE
CONTINUING MEDICAL EDUCATION
EXPLANATION OF CME FORMS**

Forms having (*Italicized*) sections are to have the information typed in. Highlight the box, and begin over-typing the information. Much information can be copied from the Application and inserted into other documents.

Physician Survey

This survey is conducted, at least annually or as often as quarterly, of the departmental attending physicians to assist the Physician Activity Leader (PAL) to determine topics for CME for the upcoming period.

This information is subject to review by PMS for the recertification of the CME Program.

Additional means for determining needs for CME are:

Mortality/Morbidity statistics

Faculty perception or request

Patient Care Audit

QA/PI Reports

Consultation Reports

Physician Activity Leader staff Support File Checklist

This form is to be attached to the PAL's office folder for an Activity. A copy is to be sent to the CME Office with the Application and attachments. This is designed as a ready checklist for the timely completion of all required documents.

Faculty Letter

This form is basic in that it identifies the person presenting the program, the activity program and date, the departmental sponsor, and any financial arrangements.

The letter requests the speaker to forward material on the presentation for review by the PAL prior to review for approval of CME credit. This information is also subject to review by PMS for the recertification of the CME Program.

This form identifies the learning objectives anticipated by participating in the program. A copy of this letter is to be attached to the Activity Report and forwarded to the CME Office.

Please remind the speaker(s) that disclosure must be made, verbally, at the beginning of the Activity program.

A copy of the Standards for Commercial Support is included for the speaker's information as to the manner in which the PMS and ACCME require financial support.

Disclosure of financial arrangements

Disclosure of any real or apparent relationship between the grantor of educational funding must be made. The speaker is to sign the only first page of the form. The PAL is to resolve any indicated conflicts and sign page two. If the issues are not resolved, Category 1 credit will not be issued. Attendees may use the Activity as Category 2 credit. Send the signed form to the CME Office.

Disclosure must be made to the attendees prior to the beginning of the presentation. A signed copy at the Sign-in table suffices. The PAL or monitor must signify how the presentation was made on the day of the presentation. A copy should be sent with the attendance sheets to the CME Office.

Letter of Agreement for Commercial Support

This form is to be used in every incidence of commercial support for speakers' honoraria or expenses. Type in the information as indicated and have the sponsoring Physician Activity Leader sign. This form and any commercial support are to be sent to the CME Office.

The Standards for Commercial Support is included for the company offering support. Grants (checks) are to be sent to the CME Office for posting to the CME Fund. Disbursements will also come from the CME Fund after commercial funds have been deposited. This information is subject to review by PMS for the recertification of the CME Program.

Department File Checklist

The department's administrative assistant uses this form to track the status of the application.

Program Flier

This is the recommended "FLIER" to be posted. It contains required statements for accreditation, certification of hours, and the general conflict of interest disclosure statement. Please type in the number of hour(s) approved by the CMEC Subcommittee. This information is subject to review by PMS for the recertification of the CME Program.

Attendance Record

This is the suggested format for recording attendance. It is suggested that the names of known attendees be typed into the form. This allows for a legible record of the Attendees as signified by their signature or initials. Only legible identifications can be recorded for CME credit. This form is to be sent to the CME Office with the Activity program evaluations or summaries. Credit cannot be issued until this data is entered.

Evaluation of Activity Program

This form is to be given to the attendees prior to the end of the Activity. You are encouraged to type in the information and then copy as many forms as needed. These forms require the attendee write his/her name to be awarded credit for attendance. If attendance was less than the time for the program, it is to be noted and only that time will be awarded.

These forms are to be submitted to the CME Office to record the PRA credit to be assigned.

Activity Evaluation Summary

This form allows the sponsoring department to tabulate the attendee's evaluations. A copy of this form is to be sent to the CME Office with the Attendance Record for the Activity program. This information is subject to review by PMS for the recertification of the CME Program.

NOTE:

All forms are subject for comment and possible revision. This initial redesign is the of many CME programs and suggestions from staff of various departments, such as you. Please make recommendations to the CME Office if instruction of form clarity can be improved.