



Texas Academy of Palliative Medicine

General Instructions for CME Application

1. Introduction

- a. TAPM can act as a sponsor for CME accreditation of presentations for TAPM members.
- b. Whether a given presentation will receive accreditation will be determined on an individual basis, based on several criteria, set out in the application.
- c. TAPM will only sponsor such accreditation for presentations dealing with palliative, hospice or end-of-life topics.
- d. At the present time, TAPM is sponsoring CME accreditation only for TAPM members. See www.tapm.org/Membership.htm for information or contact tapm@earthlink.net.
- e. The actual CME accrediting organization is the American Academy of Family Physicians (AAFP). Such CME is considered equivalent to, but not exactly the same as AMA Category 1 credit. (See below for more information.)
- f. Since AAFP is the accrediting organization, their rules must be followed. One of these is that a family physician must be involved in the planning and development of the course materials. Please ensure that this occurs. Contact TAPM for help in locating a family physician who can help with this effort, if there is not someone otherwise available.
- g. Requests to consider whether presentations will be designated for Texas State Board of Medical Examiner mandated ethics hours should be indicated on the form.

2. Policy on Commercial Support of CME

- a. TAPM has adopted the following policy regarding commercial support of CME. The activity director, each presenter and any commercial supporter must comport to this policy for CME accreditation to be granted for any presentation.
- b. It is the policy of the Texas Academy of Palliative Medicine to abide by the Accreditation Council for Continuing Medical Education's *Standards for Commercial Support* as updated in 2004 (or in any more recent update), which can be viewed at www.tapm.org/vault/SCS.pdf.
- c. All relationships by providers of commercial support for the presentation and all such relationships for all presenters at any TAPM-sponsored CME activity must be clearly disclosed in writing to participants prior to the presentation.

3. Fees and Cost

- a. There is a fee to cover administrative costs and for the AAFP application for every requested *activity* (not per hour), according to the following schedule:
- b. Single Activity (as in a single presentation or up to a full one day of programming)
 - \$100 / date for a local or state activity
 - \$200 / date for a national level activity
- c. Multiple Day Activity (a multi-day program)
 - All** dates must be listed at the time of application
 - \$100 for the first day + \$50 for each consecutive day for local or state activities
 - \$200 for the first day + \$100 for each consecutive day for national activities
- d. Ongoing series (such as hospital or medical staff series)
 - All** dates must be listed at the time of application with topics listed
 - \$250 per series (up to one year)
- e. Fees may be:
 - Subject to change without prior notice;
 - Paid in by check made out to **TAPM**; or by credit card through "PayPal" on the TAPM website.
- f. Payment of the fee does not guarantee CME approval.
- g. Once processing of the application begins, the fee cannot be refunded.

4. Application Specifics

- a. Completed applications must be received by TAPM at least six (6) weeks prior to the presentation to ensure adequate time for processing.
- b. Only the following statement regarding CME may be made about any presentation prior to final approval:
*Application for CME credit has been filed with the American Academy of Family Physicians. **Determination of credit is pending.***
- c. Only the following statement may be used regarding CME accreditation after receiving final approval::
This activity has been reviewed and is acceptable for up to (___) Prescribed credit hour(s) by the American Academy of Family Physicians. AAFP Prescribed credit is accepted by the AMA as equivalent to AMA PRA category 1 credit for the AMA Physician's Recognition Award. When applying for AMA PRA, Prescribed credit hours earned must be reported as Prescribed Hours, not as Category 1.
- d. The names **Texas Academy of Palliative Medicine, TAPM, American Academy of Family Physicians** or **AAFP**, or the TAPM or AAFP logos may not be used in the promotion of presentations except to denote accreditation for continuing medical education, once such approval is received. These are not "TAPM-approved" or "AAFP-sponsored" presentations.
- e. The following application form *must* be completed for each presentation and/or speaker. These may be mailed, faxed, or emailed - with signatures faxed or mailed.
- f. Each presenter **must** complete a disclosure statement (included below) prior to final approval for CME accreditation. Any disclosures, or the lack thereof, will be printed on the evaluation form.
- g. If multiple presentations of the same program on multiple dates are planned, please indicate each date on one application form.
- h. If the application is for a one or more day program comprised of multiple presentations, then complete a separate form for each presentation and submit an hour-for-hour time-line of the entire program. Indicate begin and adjourn times. Indicate break times, including breaks for meals. There must be a 15-minute break for every two-hours of programming and at least 30-minutes for meals.

5. Required Documents from the Presentation

- a. Disclosure Forms
 - i. Disclosure statements are mandatory (see items 2-b and 4-f above) and must be submitted prior to TAPM issuing accreditation approval.
 - ii. Verification that disclosure is given to participants is also mandatory. This is accomplished in by including the disclosure information on the evaluation form.
- b. Funding Agreements
 - i. If commercial support is used to underwrite any of the costs of the program, then a completed funding agreement indicating the amounts budgeted and the nature of the relationships and agreements must be submitted. A sample form is included below. The AACME's *Standards for Commercial Support* must be followed (see item 2-b).
- c. Sign-In Sheets
 - i. A sign-in sheet to verify attendees must be obtained at the time of the presentation (at least once daily), with a copy forwarded to TAPM.
 - ii. A printed list of the attendees is greatly preferred.
 - iii. A sample form is included, but any form indicating name of program, date, location and participant signatures is acceptable.
- d. Evaluation Forms
 - i. These are also mandatory necessary.
 - ii. TAPM will create evaluation forms that meet all requirements.
 - iii. If the applicant wishes to use other forms, these must be submitted with the application for approval. Disclosure information must be included on these forms.
 - iv. Completed evaluation forms must be returned to TAPM after the event. Copies or faxes are satisfactory.
 - v. Failure to use and return approved evaluation forms jeopardizes CME accreditation.
- e. Certificates of Attendance cannot be created without a returned sign-in sheet and completed evaluations.
 - i. If names are illegible, blank certificates will be forwarded to the presenter for completion.
 - ii. The applicant is responsible for disseminating the certificates of attendance.

Information Needed for CME Application

(Complete this page once, and the next page for *each* presentation &/or speaker.)

Date of Application	Please indicate the date application submitted.	
Date of Presentation	If multiple dates of the same presentation, please list each date.	
Single/Multiple Presentations	Is this program comprised of one or multiple presentations?	<input type="checkbox"/> Single <input type="checkbox"/> Multiple (How many? _____)
Title of Overall Program	This is for multiple presentations on one or more days. If only one presentation, then leave blank.	
Venue for activity	List name of venue (e.g. hotel, hospital, etc.) (If multiple, list all.)	
Location of activity	City, State (List all for multiple presentations.)	
Overview of subject matter for the overall program	One paragraph (30 – 75 words) describing the program (continue on another sheet if more space needed)	
Commercial Support	Indicate whether this activity has commercial support or not. Please name the organization and attach a funding agreement.	
Target Audience	e.g. Palliative Medicine Physicians, FP's etc. (If not physicians, credit cannot be granted.)	
Applicant name	Your name	
Applicant address information	Your mailing address	
Applicant phone information	Your phone number	
Applicant fax information	Your fax number	
Applicant email information	Your email address	
Activity Director	Pick one	<input type="checkbox"/> Applicant <input type="checkbox"/> AAFP Member <input type="checkbox"/> TAPM staff member
AAFP member consulted for accreditation	AAFP requires an FP be involved in program development to ensure that it meets the needs of FP's.	Name: _____ or TAPM staff to do: _____
AAFP member's signature & ID #	AAFP member to sign here and include his/her AAFP ID number.	

Note: By signing, the signatory is consenting to his/her signature being scanned onto an AAFP application.

Presentation Information

Title of Presentation	Be complete, but list this as you want it displayed	
Timeline	Exact time of start (this includes introductions) and end (after Q&A) for each presentation. Include breaks & meals. (A separate schedule may be attached.)	
Hours requested	How many hours of credit is being requested for this presentation?	
Ethics Designation	Is this presentation being offered for ethics designation? ___ Yes ___ No	
Learning objectives	Please give at three objectives for the presentation. These should be in the form:	At the end of this presentation, participants should be able to . . .
Presenter's Name	Name (with titles) exactly as it would appear on flyers	
Presenter's Information & Qualifications	Brief bio (< 30 words) describing the speaker, including degrees and appointments.	
Speaker disclosures	Complete form	See separate form.
Learning methods	Typically Lecture, Handouts +/- slides, PowerPoint, case discussion, etc.	
Methods of evaluation	TAPM will create unless otherwise requested.	TAPM will create unless checked: ___ If checked, submit a copy of the form you plan to use.
Applicant Signature	Applicant to sign.	

Note: By signing you agree:

1. To ensure compliance with the Accreditation Council for Continuing Medical Education's *Standards for Commercial Support*, and
2. That your signature may be scanned onto an AAFP application.

Payment Information

Amount to be paid: _____

Payment method:

- Check: to be made out to **TAPM**, and mailed to **TAPM, P. O. Box 127, Rockdale, TX 76567**
- Credit card: Go online to www.tapm.org and click the **PayPal** button

TAPM Website Listing

Do you wish information about this program listed on the TAPM website: www.tapm.org? Yes No

Checklist for completion

- Every box on the preceding pages has a response entered.
- The Applicant has signed.
- The AAFP member has signed.
- Each presenter's disclosure form is complete and attached.
- There is a completed funding agreement attached (if commercial support is being obtained).
- Payment for this application is attached, has been mailed to TAPM, or has been made by credit card?

Submit Applications by:

Emailing completed forms to tapm@earthlink.net (and faxing signature pages) or,

Faxing completed forms to TAPM at 512-857-1233, or

Mailing completed forms to:

TAPM, P. O. Box 127, Rockdale, TX 76567

Speaker Disclosure of Commercial Affiliations

The purpose of continuing medical education (CME) is to enhance the physicians' ability to care for patients. It is the responsibility of the accredited provider of a CME activity to assure that the activity is designed primarily for that purpose. Accredited providers often receive financial and other support from non-accredited commercial organizations. Such support can contribute significantly to the quality of CME activities. Speakers are expected to disclose to the audience:

1. any significant financial interest or other relationship with the manufacturer(s) or provider(s) of any commercial product(s) or service(s) discussed in an educational presentation;
2. any significant financial interest or other relationship with any companies providing commercial support for the activity; and,
3. how any conflicts of interest will be resolved to ensure a balanced presentation.

The intent of this disclosure is not to prevent a speaker with commercial affiliations from presenting, but rather to provide listeners with information from which they may make their own judgments.

Name(s) of CME Activity: _____

Date(s) of Activity: _____

Name of Speaker: _____

Presentation Topic: _____

PLEASE COMPLETE BOTH SECTIONS AND SIGN ON THE SIGNATURE LINE BELOW:

Section 1:

Do you have a financial interest of affiliation with (1) the manufacturer of any products, devices or services to be discussed in your presentation at this activity; or (2) with any of the companies providing commercial support for this activity?

Yes No

If yes, please identify the company and the nature of this relationship below:

<u>Affiliation or Financial Interest</u>	<u>Name of Organization/Company</u>
<input type="checkbox"/> Grant or research support	_____
<input type="checkbox"/> Employee or Consultant	_____
<input type="checkbox"/> Speaker's Bureau	_____
<input type="checkbox"/> Major stock or investment holder	_____
<input type="checkbox"/> Other	_____

Section 2:

Please indicate how you propose to manage any conflicts of interest.

(Used by CME provider in determining if CME credit can be granted for the presentation.)

I will ensure that all participants are aware of these disclosures before the presentation.

Signature of Speaker: _____ Date: _____



Texas Academy of Palliative Medicine

Funding Agreement for Commercial Support for a Continuing Medical Education Program

Between:

_____ (hereinafter called "Supporter"), and

_____ (hereinafter called "Provider"),

for a program/presentation entitled:

_____ to be given on

_____ (date) at _____ (location).

Both parties agree to abide by the Accreditation Council for Continuing Medical Education's *Standards for Commercial Support* (see www.tapm.org/vault/scs.pdf). These include, but are not limited to the Supporter being prohibited from:

1. influencing the planning of the presentation's content,
2. interfering with the presentation, and
3. from displaying or using product-promoting materials in or during the CME presentation.

Funding is in the form of

- Unrestricted Grant, or
 Other (please explain: _____).

It is understood by all parties that funding will be used for the purpose of:

- obtaining CME accreditation for the above activity,
 planning and logistically producing the program (e.g. room & equipment rental, etc),
 honoraria and expenses for the presenter(s) (amounts of honoraria must be disclosed to TAPM),
 other (please explain: _____),
 other (please explain: _____).

The amount of the funding is: \$ _____.

Agreed to this _____ day of _____, _____ by:

For Supporter:

For Provider:

Signature

Signature

Title

Title

