

## Maintenance of Certification

### Application for Accredited Group Learning Activities (Section 1)

of the Framework of CPD Options of the Maintenance of Certification program

Forward this completed application form, along with the required supporting documentation and payment to the Association of Medical Microbiology and Infectious Disease (AMMI) Canada **at least 12 weeks prior to the start to the course.**

**NO REFERENCE MAY BE MADE TO AMMI CANADA OR ITS MOC ACCREDITATION SYSTEM PRIOR TO THE ACTUAL NOTIFICATION THAT ACCREDITATION HAD BEEN AWARDED.**

**Please type or print clearly. Incomplete or illegible applications will be returned.**

#### COURSE INFORMATION

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

Location of program: \_\_\_\_\_

Hotel/Meeting Facility

City

Province

Program dates: \_\_\_\_\_

Start date (dd/mm/year)

End date (dd/mm/year)

How many times will this program be offered in the calendar year?     Once     2- 3 times     4+ times

#### PART A - ORGANIZATION REQUESTING APPROVAL

Events submitted for approval must meet the requirements of either Option 1 or Option 2. The application form must be completed by a member of the physician organization \* that developed or co-developed this event.

- Option 1 (\$2,500 plus HST)** – Activity planned by a **PHYSICIAN ORGANIZATION**. A physician organization is a not-for-profit-group of health professional with a formal governance structure that serves and is accountable to specialist physicians and others through continuing professional development, provision of health care and/or research. This definition excludes pharmaceutical companies of their advisory groups, medical and surgical supply companies, communications, or other for-profit organization and ventures/activities.

Name (s) of the physician organization(s) or medical organization(s) sponsoring the event:

\_\_\_\_\_

- Option 2 (\$5,000 plus HST)** – **NON-PHYSICIAN ORGANIZATION** wishing to co-develop educational activities with AMMI Canada **must contact the Society at the “IDEA” stage of the project.** An AMMI Canada member **MUST** sit on the planning committee, be the one responsible for submitting the MOC application and be involved in the entire development process. For more information, please contact Riccarda Galioto, [manager@ammi.ca](mailto:manager@ammi.ca) or 613-260-3233 ext 102.

Name(s) of the non-physician organization(s) sponsoring the event:

\_\_\_\_\_

**PART B**

**The AMMI Canada representative of the planning committee must submit this application and be a physician.** The assessment will be sent to this individual.

Name: \_\_\_\_\_

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

Tel.: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

**PART C - MANDATORY EDUCATIONAL REQUIREMENTS**

All education requirements in this section **must** be met and require supporting documentation submitted (brochure for the activity, evaluation form/tools, budget identifying all sources of revenue) in order for the activity to be approved under Section 1 of the MOC program.

**Criteria 1: The event must be planned to address the identified needs of the target audience.**

Please provide an explanation or supporting documentation for each of the following:

1. Describe the identified target audience for this event. If applicable, please indicate if this event is also intended to include other health professionals.
2. List all members of the planning committee, including their medical specialty or health profession. In the case of the co-development of this educational event, please indicate which members are representing the physician organization.
3. What sources of information were selected by the planning committee to develop the content of this event? Examples can include reviews of the scientific or education literature, clinical practice guidelines, and surveys or focus groups conducted by the organization planning the event.
4. **(Optional)** - What gaps in knowledge, attitudes, skills or performance did the planning committee identify for this event? Examples of strategies to assess these needs can include assessment of physician performance from hospitals, provincial or national databases, self-assessment programs, chart reviews, 360 degree assessments, case scenarios, audits of practice and/or quality improvement activities.

**PART C - MANDATORY EDUCATIONAL REQUIREMENTS cont'd**

**Criteria 2: Learning objectives that address identified needs must be created for the overall event and individual sessions. The learning objectives must be printed on the program brochure and/or handout materials.**

**Supporting documentation:** Please include a program brochure for this event that includes overall and session specific learning objectives.

Please respond to the following questions:

1. What learning objectives were developed for the overall event?
2. What learning objectives were developed for specific session?
3. How were the identified needs of the target audience utilized in the creation/development of the learning objectives?
4. Do the learning objectives express what the participants will be able to know or achieve by participating in the event?  
 Yes       No
5. How are the learning objectives linked to the evaluation strategies for this event? For example, does the evaluation form list the learning objectives or pose questions to participants about whether the learning objectives were met?

**Criteria 3: At least 25% of the total education time must be devoted to interactive learning**

Please include the proposed event schedule, with times indicating discussion periods, workshops, small group sessions, etc., with an explanation and supporting documentation for the following question:

1. What learning methods have been incorporated to promote interactive learning? Examples may include discussion periods, small groups (generally less than 16 participants), workshops, seminars or audience response systems.

**PART C - MANDATORY EDUCATIONAL REQUIREMENTS cont'd****Criteria 4: The event must include an evaluation of the event's established learning objectives and the learning outcomes identified by participants.**

The evaluation strategies for events approved under Section 1 must include:

- a) An assessment of the achievement of the identified learning objectives.
- b) Opportunities for participants to identify what they have learned and its potential impact for their practice.

**Supporting documentation:** Please provide a copy of the evaluation form(s) developed for this event, and respond to the following questions:

1. Do you provide an opportunity for participants to identify if the stated learning objectives were achieved?

- Yes                       No

2. Are there opportunities for participants to identify and/or reflect on what they have learned? One example of this would be a question asking what the participants learned or plan to integrate into their practice).

- Yes                       No

3. (Optional) Does the evaluation strategy intend to measure improved participant performance?

- Yes                       No

If yes, please describe the tools or strategies used.

4. (Optional) Does the evaluation strategy intend to measure improved health care outcomes?

- Yes                       No

If yes, please describe the tools or strategies used.

5. (Optional) Will the participants receive feedback related to their learning?

- Yes                       No

If yes, please describe the tools or strategies used.

## PART D - ETHICAL STANDARDS FOR CONTINUING PROFESSIONAL DEVELOPMENT

Group CPD events approved under Section 1 must:

- Meet the CMA Guidelines entitled *CMA Policy: Physicians and the Pharmaceutical Industry (Update 2001)* governing the relationship between physicians and the pharmaceutical industry.
- Meet the Code of Ethics for parties involved in Continuing Medical Education of the Conseil de l'éducation médicale continue du Québec (CEMCQ) (only if event held in Quebec) ([http://www.cemcq.qc.ca/en/documents/guide\\_ethique.pdf](http://www.cemcq.qc.ca/en/documents/guide_ethique.pdf)).
- **The evaluation form must include the following question: "Did the activity comply with the Code of Ethics for parties involved in Continuing Medical Education?"**

**Each of the following ethical standards MUST be met for this event to be approved under Section 1:**

- |                                                                                                                   | <b>We comply with<br/>this standard</b>                  |
|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1. The physician organization(s) must have control over the topics, content and speakers selected for this event. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Describe the process by which the topics, content and speakers were selected for this event.

- |                                                                                                                                                |                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 2. The physician organization(s) must assume responsibility for ensuring the scientific validity and objectivity of the content of this event. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|

Describe the process to ensure validity and objectivity of the content for this event.

- |                                                                                                                                                                                                                                                                                                             |                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 3. The physician organization(s) must disclose to participants all financial affiliations of faculty, moderators or members of the planning committee (within the past two years) with any commercial organization(s), regardless of its connection to the topics discussed or mentioned during this event. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|

Describe how conflict of interest information is collected and disclosed to participants.

**PART D - ETHICAL STANDARDS FOR CONTINUING PROFESSIONAL DEVELOPMENT (cont'd)**

4. All funds received in support of this event must be provided in the form of  Yes  No  
**AN UNRESTRICTED EDUCATIONAL GRANT** payable to the physician organization(s).

**Supporting documentation:** Provide a copy of the budget that identifies all sources of revenue and expenditures for this event and describe how the physician organization(s) assumes responsibility for the distribution of these funds, including the payment of honoraria to faculty.

5. The [AMMI Canada Funding Policy](#) has been reviewed.  Yes  No

6. Financial assistance (for travel or accommodation) **is NOT provided** to reimburse physicians or their families for attending an educational event (See *CMA Policy* - <http://policybase.cma.ca/dbtw-wpd/PolicyPDF/PD01-10.pdf>)  Yes  No

7. Drug or product advertisements **do NOT appear** on, or with, any of the written materials (preliminary or final programs, brochures, or advanced notifications) for this event.  Yes  No

**Supporting documentation:** Provide a copy of any promotional materials.

8. Generic names **MUST** be used rather than trade names on all presentations and written materials.  Yes  No

Describe the process to advocate speakers' adherence to using generic rather than trade names of medications and/or devices included within all presentations or written materials.

9. Will the financial support provided by the commercial organizations for hospitality or social events during the program meet the CMA Guidelines?  Yes  No

**PART E – DECLARATION OF CHAIR**

As the chair of the committee, I accept responsibility for the accuracy of the information provided in response to the questions listed on this application, and to the best of my knowledge, I certify that the CMA's guidelines, entitled, *CMA Policy: Physicians and the Pharmaceutical Industry (Update 2001)*, have been met in preparing for this event. If this event is held in Québec, we are aware that it is mandatory to adhere to *the Conseil de l'ÉMC du Québec's Code of Ethics* entitled, *Code of Ethic for parties involved in Continuing Medical Education*.

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Signature of Chair of Planning Committee

Date



## PART F – ACCREDITATION FEE AND PAYMENT

AMMI Canada charges an accreditation fee to review all MOC applications. This fee covers the administrative costs associated with reviewing the program. **Applications received without payment will not be processed.**

- Option 1 (Physician Organization)                      \$2,500 plus HST (\$325)
- Option 2 (Non- Physician Organization)              \$5,000 plus HST (\$650)

N.B. Additional fees apply to applications received less than 12 weeks to presentation. Please contact Riccarda Galioto ([manager@ammi.ca](mailto:manager@ammi.ca)) for details.

### Payment:

- Cheque or money order (*payable to AMMI Canada*)
- VISA               MasterCard

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Card number

Expiry Date

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Name on card

### Have you included the following supporting documents:

- Evaluation Form/Tool
- Budget
- Promotion materials

## QUESTIONS:

Association of Medical Microbiology and Infectious Disease (AMMI) Canada

**Riccarda Galioto**

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