



2017

ACOEM APPLICATION FOR JOINT PROVIDERSHIP FOR CONTINUING EDUCATIONAL ACTIVITIES

This application, along with all supporting materials, must be received at the ACOEM office no later than 60 days prior to your activity date. Please note that late and/or incomplete applications unfortunately cannot be accepted. All applications will be considered for *AMA PRA Category 1 Credit™* and ABPM MOC Credit.

Applications should be returned to:

Mary F. Lunn, ACOEM Education Department

Phone: (224) 265-6793 ~ Email: mlunn@acoem.org

ACOEM, 25 Northwest Point Blvd, Ste. 700, Elk Grove Village, IL 60007

SUBMITTER'S INFORMATION

This application should be completed and submitted by one member of the program planning committee and should pertain to the activity as a whole. It should not be completed by individual faculty pertaining only to their session(s).

Full Name with Credentials: _____

Organization: _____ City/State: _____

Email: _____

Phone: _____

ACTIVITY TITLE: _____

ACTIVITY TYPE

In-person, live activity

One-hour, live webinar

Please Note: At this time we do not offer joint providership of CME/MOC for enduring materials unless the one-hour, live webinar that this application is intended for is recorded. ACOEM will then consider providing CME for that recorded webinar as an enduring material. Additional processing fees applied.

ACTIVITY DATE (Start/End): _____

Please Note: Your activity date must be at least 60 days out from the date in which ACOEM receives your completed application.

ACTIVITY LOCATION – City/State (if applicable): _____

REQUESTED NUMBER OF CME/MOC HOURS: _____

Is this activity being organized by an ACOEM SECTION OR COMPONENT?

___ No

___ Yes

If yes, please specify: _____

JOINT PROVIDERSHIP FEES

The following joint providership fees will be in effect for applications received beginning July 1, 2015. All fees are due at the time the application is submitted.

Fees are not refundable once joint providership is granted. Should providership not be granted, fees paid by ACOEM components are fully refundable while outside entity fees are refundable minus a handling fee of \$250.

ACOEM Component

- Joint Providership Administration Fee: \$250
- CME/MOC Credit Fee: Not Applicable
- Recorded Webinar offered as an Enduring Material: \$150 Additional Fee

Please Note: At this time we do not offer joint providership of CME/MOC for enduring materials unless the one-hour, live webinar that this application is for is recorded. ACOEM will then consider providing CME for that recorded webinar as an enduring material. Additional processing fees apply.

ACOEM Special Interest Section

- Joint Providership Administration Fee: Not Applicable
- CME/MOC Credit Fee: Not Applicable
- Recorded Webinar offered as an Enduring: Not Applicable

Non-ACOEM Component or Section (Outside Entity)

- Joint Providership Administration Fee: \$750
- CME/MOC Credit Fee:
 - 1 – 10.75 Credits: \$1,000
 - 11-20.75 Credits: \$1,250
 - 21 + Credits: \$1,500

Method of Payment:

- PAYMENT:** Check enclosed **Payable to ACOEM** (US Funds Only) American Express Discover Master Card VISA

Credit Card #: _____ Exp. Date: _____ Signature: _____

Is COMMERCIAL SUPPORT being accepted for this activity?

___ No

___ Yes

___ If YES, you must include with this application a budget that details the commercial support received and how it will be spent.

Also, if commercial support is being accepted for this activity, ACOEM’s Letter of Agreement (LOA) must be completed and returned with this application. Please contact ACOEM for a copy of the LOA.

ACTIVITY DESCRIPTION

Please list a description of your activity below; please do not attached a separate document.

EDUCATIONAL GAPS

Educational gaps are the difference between what the learner should know, but doesn't. In other words, why is your program educationally necessary? Please list your activity's educational gap(s) below.

Example: Recent government regulations have changed the way physicians need to performance XYZ exams. However, there are currently no educational courses available to provide them with the new regulations, making it difficult to be in compliance.

Please Note: Educational gaps are not learning objectives, agenda items, or descriptions of your program. Therefore, please do not list that information below. Only the activity's educational gaps should be listed.

LEARNING OBJECTIVES

What is/are the activity learning objective(s)?

Please Note: Your attendee will evaluate these learning objectives to see if they were met.

TARGET AUDIENCE/OEM COMPETENCIES

This activity would most likely appeal to those interested in and/or the activity's content would best apply to the following competencies and/or fields of occupational and environmental medicine (select all that apply):

- | | |
|--------------------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> OEM Related Law and Regulations | <input type="checkbox"/> Clinical – Endocrinology |
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Clinical – Gastroenterology |
| <input type="checkbox"/> Work Fitness and Disability Management | <input type="checkbox"/> Clinical – Hematology/Oncology |
| <input type="checkbox"/> Toxicology | <input type="checkbox"/> Clinical – Infectious Disease |
| <input type="checkbox"/> Hazard Recognition, Evaluation, and Control | <input type="checkbox"/> Clinical – Musculoskeletal |
| <input type="checkbox"/> Disaster Preparedness/Emergency Mangmnt | <input type="checkbox"/> Clinical – Neurology |
| <input type="checkbox"/> Health and Productivity | <input type="checkbox"/> Clinical – Ophthalmology |
| <input type="checkbox"/> Public Health, Surveillance, Disease Prevention | <input type="checkbox"/> Clinical – Otolaryngology |
| <input type="checkbox"/> OEM Related Management and Administration | <input type="checkbox"/> Clinical – Pain Management |
| <input type="checkbox"/> Clinical – General | <input type="checkbox"/> Clinical – Psychiatry |
| <input type="checkbox"/> Clinical – Cardiology | <input type="checkbox"/> Clinical – Pulmonary |
| <input type="checkbox"/> Clinical – Dermatology | <input type="checkbox"/> Clinical – Reproductive Medicine |
| <input type="checkbox"/> Clinical – Emergency Medicine and Surgery | <input type="checkbox"/> Clinical – Sleep Medicine |

CONTENT QUESTIONS AND ANSWERS

- Three Questions – along with the answers – are required per contact hour
- Questions must be submitted together, number consecutively, and contained in one file
- Your answer key should be located at the end of the file

Please remember to include the Q/A as a separate attachment when submitting this application!

DISCLOSURE INFORMATION

Disclosure information must be obtained from all faculty/moderators and program planning committee members. ACOEM's disclosure form must be used and is located at the end of this document. The disclosure form should be cut and pasted into its own document which should be distributed to faculty/moderators and planning committee members and returned to you. Please merge all disclosures into one PDF and submit it as an attachment to this application.

___ Remember to include all disclosure forms as a separate attachment when submitting this application!

FACULTY/MODERATOR INFORMATION

When listing the faculty/moderator information, please be sure to include their full name with credentials, their organization and city/state.

PROGRAM PLANNING COMMITTEE MEMBERS

When listing the Program Planning Committee Members information, please be sure to include their full name with credentials, their organization and city/state.

HOUR BY HOUR PROGRAM AGENDA

Please list below or attached a separate document.

COMMENTS

Please use the following space for any comments you wish to relay to us regarding your activity.

ADDITIONAL REQUIREMENTS

Should your application be approved, ACOEM will guide you on how to meet the following requirements:

- ✓ All activity promotion and recruiting materials, emails, advertisements must be reviewed and approved by ACOEM before distribution to potential participants.
- ✓ Peer review for clinical accuracy and commercial bias are required for all educational content, either directly by ACOEM or through a physician member of the program planning committee.
- ✓ We will provide you with instructions for the attendee regarding the claiming of CME and MOC credits, as well as conducting the evaluation process and relaying financial disclosure information to the audience.
- ✓ A comprehensive list of on-site and post activity requirements will be sent to you should your application be approved.

Disclosure of Relevant Financial Relationships

ACOEM Component Joint Providership Application
ACCME Criteria: C7

DISCLOSURE INFORMATION

In accordance with the Accreditation Council for Continuing Medical Education’s Standards for Commercial Support, all planners, faculty, and authors involved in the development of CME content are required to disclose to the accredited provider their **relevant financial relationships**. *An individual has a relevant financial relationship if he or she (or spouse/partner) has a financial relationship in any amount occurring in the last 12 months with a commercial interest whose products or services are discussed in the CME activity content over which the individual has control.* ACOEM will disclose relevant financial relationships to the activity audience.

The ACCME defines a “commercial interest” as any proprietary entity producing, marketing, re-selling, or distributing health care goods or services, used on, or consumed by, patients, with the exemption of non-profit or government organizations and non-health care related companies.

Your Name: _____

Title of Activity: _____ Date of Activity: _____

Nondeclaration Statement:

_____ I declare that neither I nor my spouse or partner has a relevant financial relationship with any commercial interest(s) related to the subject matter of the CME program.

Declaration Statement:

_____ I (or my spouse or partner) currently have a relevant financial relationship with a commercial interest(s) related to the subject matter of the CME program, **as listed below:**

FINANCIAL RELATIONSHIP	NAME OF COMMERCIAL INTEREST
Honorarium:	_____
Consultant:	_____
Grant/Research Support:	_____
Stock Shareholder:	_____
Other Financial/Material Support:	_____
Speaker’s Bureau:	_____
Employee:	_____
Other:	_____

Failure to return this form as requested by ACOEM will result in disqualification from participation in the development and presentation of the CME activity. ACOEM will use this form to determine relevant financial relationships, which shall be disclosed to the CME activity audience, and conflicts of interest (or unresolved conflicts of interest), which shall be resolved before the individual may participate in the development or presentation of this CME activity.

Your Signature: _____ Today’s Date: _____