RIVERSIDE METHODIST HOSPITAL

CONTINUING MEDICAL EDUCATION PLANNING FORM

THIS FORM MUST BE COMPLETED AND RECEIVED FOR APPROVAL BY THE CME COMMITTEE AND IS ABSOLUTELY NECESSARY IF CATEGORY 1 CREDIT IS TO BE PROVIDED TO THE ATTENDEES.

IF THIS IS COMPLETED FOR PART OF A CONFERENCE SERIES (i.e. Surgery Grand Rounds), THE FORM MUST BE RECEIVED NO LATER THAN THE 15th OF THE MONTH PRIOR TO THE ACTIVITY. IF THIS IS FOR A SINGLE/SPECIAL EVENT (i.e. Symposium), IT MUST BE RECEIVED NO LATER THAN 90 DAYS PRIOR TO THE ACTIVITY.

1. NAME OF PERSON/GROUP SUBMITTING PLANNING FORM

2. RMH CME COMMITTEE/MEDICAL STAFF MEMBER INVOLVED IN PLANNING (**Please attach a list of the Planning Committee members if applicable**.)

3. TOPIC

4. LOCATION

5. IS THIS ACTIVITY PART OF A SERIES OR A SPECIAL EVENT?

☐ CONFERENCE SERIES i.e. grand rounds: ____________________________________

☐ SPECIAL EVENT (**Please attach an agenda**.)

6. ACTIVITY DATE & TIME

DATE: **TIME:**

7. CATEGORY REQUESTED

☐ CATEGORY 1 (See Category 1 Guidelines)

☐ CATEGORY 2

NUMBER OF HOURS REQUESTED

8. HOW WAS THE NEED FOR THIS TOPIC DETERMINED & WHY IS IT PERTINENT FOR THE AUDIENCE? Check all that apply. (**Documentation needed for each topic**.)

- ☐ PERCEIVED NEED
- ☐ SELF-ASSESSMENT
- ☐ PATIENT CARE AUDIT
- ☐ PROCESS IMPROVEMENT
- ☐ MORBIDITY/MORTALITY STATS
- ☐ NEED PERCEIVED BY LEADERSHIP
- ☐ NEED OF SPECIALTY GROUP
- ☐ HEALTH CARE STATISTICS
- ☐ DISEASE FREQUENCY
- ☐ MEDICAL STAFF COMMITTEE REQUEST
- ☐ UPDATE NEEDED/NEW TECHNIQUE OR TREATMENT

☐ OTHER: ____

PLEASE EXPLAIN THE ABOVE CHECKED SOURCES:

9. TARGET AUDIENCE (i.e. primary care physicians, surgeons)

10. TEACHING METHOD

- ☐ DIDACTIC LECTURE
- ☐ INTERACTIVE LECTURE
- ☐ SMALL GROUP DISCUSSION
- ☐ CASE STUDIES
- ☐ DEMONSTRATION/HANDS ON
- ☐ PANEL DISCUSSION OR DEBATE
- ☐ OTHER

11. PHARMACEUTICAL/COMMERCIAL SUPPORT (**See guidelines**)
Attach additional pages if more than one.

COMPANY:

NAME OF REPRESENTATIVE:

PHONE NUMBER OF REP.:

12. WOULD YOU LIKE TO APPLY FOR AMERICAN/OHIO ACADEMY OF FAMILY PHYSICIANS PRESCRIBED CREDITS? (OAFP, AAFP)

☐ YES ☐ NO

13. SPEAKER (**Attach CV or biographical sketch**) If more than one speaker, include on agenda.

NAME:

ORGANIZATION:

14. CONSIDER THE NEEDS & INTERESTS OF THE TARGET AUDIENCE AND STATE THE OBJECTIVES FOR THIS ACTIVITY. OBJECTIVES ARE NEEDED FOR EACH TOPIC PRESENTED OR FOR THE OVERALL ACTIVITY. (Attach additional pages if necessary.)

THE OBJECTIVES SHOULD BE WRITTEN TO CONCLUDE THE FOLLOWING SENTENCE: (SUGGESTED VERBIAGE TO COMPLETE THIS SENTENCE IS ENCLOSED. VERBS SUCH AS "KNOW" OR "UNDERSTAND" ARE NO LONGER ACCEPTABLE.)

"**AFTER PARTICIPATING IN THIS ACTIVITY, THE PHYSICIAN SHOULD BE ABLE TO**:"

A.

B.

C.

15. PLEASE LIST 3 REFERENCES WHICH ATTENDEES MAY USE TO INCREASE AWARENESS OF THIS TOPIC OR REFER TO FOLLOWING THIS ACTIVITY

A. AUTHOR(S): ______________________________

TITLE OF ARTICLE: ______________________________

PUBLISHED IN: ______________________________
(book/journal, year, volume and pages)

B. AUTHOR(S): ______________________________

TITLE OF ARTICLE: ______________________________

PUBLISHED IN: ______________________________
(book/journal, year, volume and pages)

C. AUTHOR(S): ______________________________

TITLE OF ARTICLE: ______________________________

PUBLISHED IN: ______________________________
(book/journal, year, volume and pages)