



American Society of Plastic Surgeons Application for Joint Providership of a CME Activity

PART 1: Logistics

Title of Activity: _____

Activity Date(s): _____

Activity Location: _____

Name of Organization Making Application: _____

Contact Name: _____

Contact Phone: _____ Contact Email: _____

Contact Address: _____

City: _____ State: _____ ZIP: _____

PART 2: Needs Assessment

1. What is the intended audience for this activity? (Check all that apply)

- Practicing Plastic Surgeons Physician Assistants Medical Students Nurses
 Office Managers/Office Staff Residents Other (please specify)

2. What change(s) do you hope to effect with this activity? (What are members of your audience not currently doing that they should be doing? Or, what are members of your audience currently doing that they should not be doing?)

Click or tap here to enter text.

3. Why does this change (Why do these changes) need to be made? (What patient safety issues are at stake? What efficiencies will this change produce? How will results be improved after this change takes effect?)

Click or tap here to enter text.

4. Where did you find the data to support the argument(s) you provided to question number three above? (Check all that apply and provide details)

Journal articles (provide titles and references) _____

Consulting with other professionals/experts (provide names) _____

Research analysis (cite findings) _____

Literature review (provide titles and references) _____

National Clinical Guidelines (cite) _____

New Procedure Rx changes Patient surveys Other surveys

Other please describe: _____

5. What obstacles do you think might prevent learners from making changes to their practices and how will you address those obstacles during the activity?

Click or tap here to enter text.

6. How will you communicate information to the learners?

Lecture Hands-on workshop Panel Discussion Case Studies

Live Surgery Demonstration of Equipment/Techniques Other (please specify) _____

7. Why was this format selected and how is it appropriate for the objectives and desired results of the activity?

Click or tap here to enter text.

8. Overall meeting learning objectives:

Click or tap here to enter text.

PART 3: Other Planning

1. This activity is being planned to change:

- Physician competence Physician performance Patient outcomes

Physician Competence – Giving physicians new abilities/strategies

Physician Performance – Helping physicians modify their practice

Patient Outcomes – Helping improve patient outcomes

2. Please check the physician attributes that this activity is designed to enhance (see definitions below):

- Professionalism Patient Care and Procedural Skills Medical Knowledge
 Practice-based Learning and Improvement Interpersonal and Communication Skills
 Systems-Based Practice

Professionalism

Activity addresses doctors' professional responsibilities and an adherence to ethical principles.

Patient Care and Procedural Skills

Activity addresses patient care, including the safe and effective use of procedures, that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.

Medical Knowledge

Activity addresses established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.

Practice-Based Learning and Improvement

Activity enables doctors to demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Note that this is typically reserved for long-term Practice Improvement CME activities.)

Interpersonal and Communication Skills

Activity provides training for doctors on developing interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and health professionals.

Systems-Based Practice

Activity raises doctors' awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

3. Will this activity receive money from a commercial interest (i.e. a company that produces, markets, re-sells, or distributes health care goods or services consumed by, or used on, patients)?

- Yes No

If "yes", indicate type of anticipated revenue:

- Educational Grant Exhibits Support (for reception, dinner, golf outing, meeting tote bag, etc.)

Other _____



American Society of Plastic Surgeons Agreement for Joint Providership of a CME Activity

I, _____, as representative for the
_____ educational activity agree to the

following:

1. This agreement must be submitted to ASPS prior to the commencement of the planning of the educational activity. ASPS will be fully involved in all necessary aspects of the CME activity for which joint providership is requested.
2. The joint provider will designate a single point of contact to act as a liaison between ASPS and the joint provider.
3. The joint provider will use ASPS' Disclosure Collection System for all Conflict of Interest Disclosures.
4. The joint provider and ASPS will follow the attached timeline and work out dates that meet these requirements at a minimum.
5. The joint provider will monitor all activity at the live event to ensure that the educational activity will be carried out in strict compliance with the ACCME Essential Areas and Elements, Policies and Standards for Commercial Support.
6. If the joint provider does not fully comply with the above items, ASPS will withdraw its Joint Providership and designation of credit for the educational activity.

A **nonrefundable application fee of \$500** has been instituted for all non-accredited organizations seeking joint providership of an activity with ASPS and agreeing to strictly comply with all ACCME and *AMA PRA Category 1 Credit™* requirements. Payment of this fee is to accompany the application and does not guarantee accreditation of the planned activity, but we will work intensely with your planning committee to achieve this goal.

\$500 upon application, plus:

- 100 attendees and fewer: \$5,000 (Total of \$5,500)
- 101-200 attendees: \$7,000 (Total of \$7,500)
- 201 attendees and more: \$10,000 (Total of \$10,500)

Fees will be assessed upon receipt of final registration report.

Society Chair/President of Joint Provider

Date

ASPS Vice President of Education

Date

Staff Liaison of Joint Provider

Date

ASPS Education Administrator

Date

Joint Provider Timeline (Dates proved are minimum requirements: Joint Providers should develop individual production timelines and should meet or precede these deadlines.)

DATE	MILESTONE
	ASPS emails Joint Provider (JP) with application attached.
10 months out	Completed application is due and ASPS provides contract including gap analysis and needs assessment. JP provides a full list of board members, staff (to include job titles or brief job descriptions), and meeting program committee. JP to provide meeting budget. If applicable: JP to provide draft of Exhibitor Prospectus and/or Support Brochure (commonly known as “Sponsorship” Brochure).
9 months out	JP provides an initial list of faculty and authors which disclosure must be collected for, for input into ASPS’ Disclosure Collection System. ASPS distributes and collects financial disclosure/conflict of interest information through ASPS’ Disclosure Collection System of all board members, planning committee members, and all staff that have input into the educational program (Executive Director/CEO, administrative support, etc.).
6 months out	JP provides all speakers, moderators, panelists, instructors, and anyone who is considered “presenting” content that is being accredited for CME to ASPS for input into ASPS’ Disclosure Collection System. All completed disclosures are due no later than 4 weeks prior to the start of the program.
12 weeks out	JP provides draft text for Preliminary Program/Registration Brochure to include all invited faculty, program planners, names of companies providing advertising revenue and/or commercial support. ASPS staff and CME Committee will have a minimum of 4 business days to review and will need to approve a final draft before printed or posted electronically. At this time, ASPS will calculate number of CME credits and invoice JP.
9 weeks out	JP provides final version of Preliminary Program/Registration Brochure
8 weeks out	JP provides draft text for Final Program to include all confirmed faculty, program planners, names of companies providing advertising revenue and/or commercial support. ASPS staff and CME Committee will have a minimum of 10 business days to review and will need to approve a final draft before printed or posted electronically. All completed disclosures are due and resolution is begun. JP provides draft of Evaluation Form.
3 weeks out	ASPS provides Credit Claim Form. ASPS provides Physician and non-physician letters of attendance provided.
2 weeks out	Resolution of conflicts of interest must be completed and evidence of same provided. ASPS provides handout of disclosures and resolutions.
4 weeks post-meeting	Final attendance numbers due from JP: include “no-shows” separately. JP provides final attendee list with ASPS ID and CME Credits claimed in ASPS Template. JP provides Final Program and onsite handouts.
10 weeks post-meeting	Immediate post-meeting evaluation summary due from JP.
3 months post-meeting	Final financial reconciliation due from JP. JP to distribute follow up evaluation.
5 months post-meeting	Follow up evaluation summary due from JP.

Failure to abide by the timeline above or make alternate arrangements with ASPS in advance of due dates will result in dissolution of agreement.