

Maine Osteopathic Association Continuing Medical Education

REQUEST FOR JOINT SPONSORSHIP & CME ACCREDITATION

Date Application Submitted _____ Date Application Received (for office use) _____

Conference / Program Title: _____

Conference / Program Date: _____ Location: _____

Sponsoring Organization: _____

MOA Affiliation / Relationship, if any: _____

Contact Name: _____ Phone: _____

Contact email: _____

AOA CME Requested ___ 1-A ___ 1-B ___ 2-A ___ 2-B (see enclosed CME definitions)

of hours anticipated: _____ Anticipated Attendance _____

Program Type: ___ Formal live activity (lecture, symposium, seminar, workshop)
___ Standardized life support program
___ Other (specify): _____

Target Audience: ___ MD/DO ___ RN ___ APRN/NP ___ PA ___ Other (specify): _____

Educational formats to be used (check all that apply):

_____ Small group discussion/panel	_____ Chart review / Recall	_____ Case presentations
_____ Q&A	_____ Hands-on practice	_____ Videotape
_____ Lecture	_____ Pre- and Post-tests	_____ Other: _____

Anticipated Registration Fee \$ _____ (if multiple fees, list all) _____

Will the course or event receive commercial support? ___ Yes ___ No

If yes, list name(s) of commercial support organizations (use another sheet if necessary)

Please briefly explain what factors contributed to determining a **need** for the program's topic(s):

What objective measures were used to establish need? (if any)

What are the program's **Learning Objectives**: (*must be measurable learning objectives. Ex: participant will **learn** the symptoms and preferred treatment methods for <topic>*)

Required documentation to accompany this application:

1. Draft or preliminary agenda, including
 - Topics or presentation titles
 - CV and Faculty Disclosures for each presenter (necessary to determine CME category)
 - Start and finish times for all talks, breaks, lunches, etc.
2. Draft copies of promotional materials, including web content.

Note: all final promotional materials must contain the accepted accreditation language provided by MOA application approval. *Under no circumstances may a brochure or flyer state "CME anticipated" or "CME applied for." The only exception to this is a Save the Date card, which may state that CME will be offered.*

The application will not be considered, nor will CME credit be determined or awarded, until the CME department receives all of the required documentation.

Sample Forms attached:

1. Sign-in Sheet/roster
2. Evaluation tool
3. Faculty/planning disclosure form
4. CME Credit/CEU Reporting Form
5. Letter of Agreement for commercial support

Forward completed form, along with required documentation and a non-refundable application fee to:

Dianne Jackson, Event Coordinator
Maine Osteopathic Association
693 Western Avenue, #1
Phone: 207-623-1101
FAX: 207-623-4228
Email: djackson@maindedo.org