



Greetings!

Thank you for choosing the Southern Alliance for Physician Specialties CME (SAPS CME) as your joint provider. Within this document you will find the **Application and Planning Document** that needs to be completed before the educational activity can be approved for accredited continuing education. Simply download the document to your computer, enter your information and save it once it is complete. Email to: juliehunt@theassociationcompany.com.

When the submitted **Application and Planning Document** has been approved, this indicates that the activity falls within the mission of SAPS CME, and your organization has been approved to proceed with the planning. This does not, however, mean that the activity has been certified for Accredited Continuing Education. To be approved and comply with both SAPS CME and ACCME criteria, one must provide the necessary documentation, as outlined in the [SAPS CME Checklist](#). This checklist serves as a guide and does not have to be returned to SAPS CME.

The checklist was created to guide joint providers through the process of required documentation for accreditation. **Certifications cannot, and will not, be distributed until ALL the documentation on the CHECKLIST is provided.** All necessary documentation and resources are located on the SAPS CME website <http://www.sapscme.org/>.

The Southern Alliance for Physician Specialties CME (SAPS CME) is accredited by the Medical Association of Georgia, under the ACCME, to provide accredited continuing education for physicians. SAPS CME seeks to provide healthcare professionals with education that is essential to the quality and patient safety of the patients for whom they provide care.

The ACCME expects all accredited CE activities to follow the accreditation requirements. In cases of Joint Providership, it is our responsibility to make sure all the criteria are met. SAPS CME reserves the right to revoke accreditation for any activity that is not in compliance with its policies and ACCME criteria.

**The following accreditation statement must appear on all ACE activity materials (print & electronic) distributed by your organization.*

SAPS CME ACCREDITATION STATEMENT:

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Medical Association of Georgia through the joint providership of Southern Alliance for Physician Specialties CME and [Insert Organization Name]. The Southern Alliance for Physician Specialties CME is accredited by the Medical Association of Georgia to provide accredited continuing education for physicians.

The Southern Alliance for Physician Specialties CME designates this live activity for a maximum of (insert #) *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

By signing below, you agree to complete all necessary documentation required to obtain your CE credits.

CE Credits:

Signed by:

Date:

Accepted by:

Date:

Application/Planning Document

SECTION A: GENERAL INFORMATION

Activity & Contact Information

Title of Activity:

Date of Activity:

Location of Activity - Facility Name:

Address:

City:

State:

Zip Code:

Type of Activity:

*Description of activities can be found at [ACCME Activity Types](#)

Course	Regularly Scheduled Series	Internet Live Course	Journal Based
Enduring Material	Internet Activity (Enduring Material)	MOC	

Providership:

Name(s) of Joint Provider(s):

Credits:

How many **AMA PRA Category 1 Credits™** are requested for this activity?

Activity Director (The activity director must be a physician or a bona fide expert in the subject matter who is responsible for planning, conducting and evaluating the CE event)

Name:

Organization:

Address:

City:

State:

Zip Code:

Phone Number:

Fax Number:

Email:

Activity Coordinator

Name:

Organization:

Address:

City:

State:

Zip Code:

Phone Number:

Fax Number:

Email:

Planning Committee

Each member of the planning committee, including the Activity Director and Coordinator, must complete a Financial Disclosure Form, prior to the event, which can be accessed here: <http://www.sapscme.org/application.php>. Please send the completed form as part of this application.

Name:

Institutional Affiliation:

Name:

Institutional Affiliation:

Name:

Institutional Affiliation:

Name:

Institutional Affiliation:

Name:

Institutional Affiliation:

Name:

Institutional Affiliation:

SECTION B: PLANNING INFORMATION

Target Audience

What specialties will attend this activity?:

Target Audience of Learners Hospitalists Office-based/private practice Nurses PAs
for this activity: Physicians in training Pharmacists Students Other
(Check all that apply)

Estimated number of attendees MD/DOs: Other clinicians:

Needs Assessment – Part 1: Gap Analysis Worksheet

INSTRUCTION: The first step to plan a vital and effective Accredited Continuing Education activity is to become clear on the professional practice gaps of learners that will participate in this activity. With a clear understanding of these gaps and their causes and knowledge of the best or optimal practice associated with the gap, the content of your activity will address and resolve those gaps. To aid you in identifying the gaps for this activity, please respond to the questions below (*only those that are applicable*).

What has changed over the past year in the practice of the specialty area associated with this topic and would therefore, merit educational interventions focused on those issues?

Have there been areas where quality indicators (e.g., hospital QA reports, CMS data quality reports) suggest a focused improvement is appropriate? If so, provide specific information on those quality gaps.

What breaking research in this topic area will physicians find interesting and medically relevant to the quality of care for their patients? What are the educational strategies that will expedite the translation of the research to practice?

What traditional core performance areas in this topic area are worth reinforcing and updating?

What knowledge/competence/performance gaps have you identified from Maintenance of Certification requirements associated with this topic area that would merit inclusion in this activity?

Needs Assessment – Part 2: Identification of Professional Practice Gaps, their Causes, Source of Gaps, and Determination of Intended Results.

INSTRUCTION: Based on the worksheet on the previous page, which has facilitated the issues that underlie performance gaps, please clarify the specific needs identified from those practice gaps, your interpretation of the root cause of the gap, the source of the data on which the gap and need was based on (e.g., from an article in peer reviewed literature (cite the journal, edition/date), needs assessment questionnaire from your discussion with your colleagues, your perspective as an expert, a clinical guideline from an authoritative source, etc.), and the intended result from this activity related to the gap.

Identified Gap/Need #1:

What caused this gap? (*check all that apply*)

Lack of Knowledge
Inability to apply knowledge to practice
Not being applied in practice

Source(s) of data of gaps:

EXAMPLE: New England Journal of Medicine, vol. 24. January 20, 2021; of Based on a survey of ACE Hospital's OBGYN faculty (January 2011)

Your intended result(s) in this activity (*check all that apply*):

Improvement in competence
Improvement in performance
Improvement in patient outcome

DEFINITIONS: "Competence" means learner can apply knowledge learned to practice strategies. "Performance" means learners have implemented the teaching point in the practice environment. "Patient Outcome" can be demonstrated by learner observed outcome of his or her patients.

Associated learning objective:

Identified Gap/Need #2:

What caused this gap? (*check all that apply*)

Lack of Knowledge
Inability to apply knowledge to practice
Not being applied in practice

Source(s) of data of gaps:

EXAMPLE: New England Journal of Medicine, vol. 24. January 20, 2011; of Based on a survey of ACE Hospital's OBGYN faculty (January 2011)

Your intended result(s) in this activity (*check all that apply*):

Improvement in competence
Improvement in performance
Improvement in patient outcome

DEFINITIONS: "Competence" means learner can apply knowledge learned to practice strategies. "Performance" means learners have implemented the teaching point in the practice environment. "Patient Outcome" can be demonstrated by learner observed outcome of his or her patients.

Associated learning objective:

Identified Gap/Need #3:

What caused this gap? (*Check all that apply*)

Lack of Knowledge
Inability to apply knowledge to practice
Not being applied in practice

Source(s) of data of gaps:

EXAMPLE: New England Journal of Medicine, vol. 24. January 20, 2011; of Based on a survey of ACE Hospital's OBGYN faculty (January 2011)

Your intended result(s) in this activity (*check all that apply*):

Improvement in competence
Improvement in performance
Improvement in patient outcome

DEFINITIONS: "Competence" means learner can apply knowledge learned to practice strategies. "Performance" means learners have implemented the teaching point in the practice environment. "Patient Outcome" can be demonstrated by learner observed outcome of his or her patients.

Associated learning objective:

Educational Design and Formats that Facilitate Change and Match the Setting, Objectives, and Intended Results of the Activity.

INSTRUCTION: Adult learners are more responsive to interactive learning environments. They also have better learning results when they see how the knowledge taught applies to a practice strategy. Therefore, designing an activity that is interactive is encouraged, use tools that reinforce learning points, provide opportunities for learners to internalize the changes they intend to make in their work environment, and to generally choose formats that are appropriate to your intended results for the activity.

Indicate the methods for engaging learners in their education that will be utilized in this activity and the rationale for the selection:

Case Study

Didactic

Demonstration

**Group
Discussion**

**Panel
Discussion**

Patient Simulation

Question/Answer

Hands on Procedural Skills Workshop

Other (Describe)

Would you like to mark this activity for reference for commendation criteria?

[About Commendation](#)

PROMOTES TEAM-BASED EDUCATION

Engages Teams

Engages Patients/Public

Engages Students

ADDRESSES PUBLIC HEALTH PRIORITIES

Advances Data Use

Addresses Population Health

Collaborates Effectively

ENHANCES SKILLS

Optimizes Communication Skills

Optimizes Technical/Procedural Skills

Creates Individualized Learning Plans

ACHIEVES OUTCOMES

Improves Performance

Improves Healthcare Quality

Improves Patient/Community Health

Identification of Proposed Planners, Faculty, Discussants and Reviewer; Management of Financial Disclosure and Resolution of Conflicts of Interest.

INSTRUCTION: List the names and qualifications of each category of person that can affect the content of this activity. Include members of your planning committee that will affect content under the 'planner' category. It is required to **(1)** communicate to faculty the needs underlying the content; **(2)** provide each instructor, planner and reviewer with a [Financial Disclosure Form \(FDF\)](#) that must be returned immediately; and **(3)** select an independent reviewer to review instructor materials as a method to resolve a relevant financial relationship (RFR) and validate content in accordance with ACCME's Content Validity Statements.

(Refer to link: [Application documents](#) for all necessary documents).

Planners/Faculty

Name and Degree:				
If RFR how was it resolved?	FDF Sent Content Reviewed	RFR Identified Presentation Limited to avoid conflict	Yes	No Irresolvable & disqualified
Name and Degree:				
If RFR, how was it resolved?	Financial Disclosure Sent Content Reviewed	RFR Identified: Presentation Limited to avoid conflict	Yes	No Irresolvable & disqualified
Name and Degree:				
If RFR, how was it resolved?	Financial Disclosure Sent Content Reviewed	RFR Identified: Presentation Limited to avoid conflict	Yes	No Irresolvable & disqualified
Name and Degree:				
If RFR, how was it resolved?	Financial Disclosure Sent Content Reviewed	RFR Identified: Presentation Limited to avoid conflict	Yes	No Irresolvable & disqualified
Name and Degree:				
If RFR, how was it resolved?	Financial Disclosure Sent Content Reviewed	RFR Identified: Presentation Limited to avoid conflict	Yes	No Irresolvable & disqualified
Name and Degree:				
If RFR, how was it resolved?	Financial Disclosure Sent Content Reviewed	RFR Identified: Presentation Limited to avoid conflict	Yes	No Irresolvable & disqualified
Name and Degree:				
If RFR, how was it resolved?	Financial Disclosure Sent Content Reviewed	RFR Identified: Presentation Limited to avoid conflict	Yes	No Irresolvable & disqualified
Name and Degree:				
If COI, how was it resolved?	Financial Disclosure Sent Content Reviewed	RFR Identified: Presentation Limited to avoid conflict	Yes	No Irresolvable & disqualified
Name and Degree:				
If RFR, how was it resolved?	Financial Disclosure Sent Content Reviewed	RFR Identified: Presentation Limited to avoid conflict	Yes	No Irresolvable & disqualified
Name and Degree:				
If RFR, how was it resolved?	Financial Disclosure Sent Content Reviewed	RFR Identified: Presentation Limited to avoid conflict	Yes	No Irresolvable & disqualified
Name and Degree:				
If RFR, how was it resolved?	Financial Disclosure Sent Content Reviewed	RFR Identified: Presentation Limited to avoid conflict	Yes	No Irresolvable & disqualified
Name and Degree:				
If RFR, how was it resolved?	Financial Disclosure Sent Content Reviewed	RFR Identified: Presentation Limited to avoid conflict	Yes	No Irresolvable & disqualified

***Please complete additional pages, as needed, to include ALL Planners and Faculty**

Acknowledgements and Approvals

1. Activity Director

By checking this box, I attest that this activity will adhere to all ACCME Standards for Integrity and Independence in Accredited Continuing Education Date Signed:

Entering my name signifies my agreement:

2. Activity Coordinator

By checking this box, I attest that this activity will adhere to all ACCME Standards for Integrity and Independence in Accredited Continuing Education Date Signed:

Entering my name signifies my agreement:

3. SAPS CME

This activity is approved Date approved:

This activity is conditionally approved upon the following changes being made,

Changes Required: