

## APPLICATION CHECKLIST

Submitter name:

E-mail Address:

Name of Activity

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### Leadership Tab:

I have entered a course director (this person assumes responsibility for the program content - should be a physician, nurse or pharmacist depending on the target audience).

I have entered all the planners for this activity. Please make sure that a planner is listed for each target audience.

I have listed all the faculty/speakers (for a conference). If this is a regularly scheduled series (RSS), please list the speakers scheduled to date. Please make sure to include a speaker to represent each of the target audience groups.

### Activity Development Tab:

Agenda - I have included the first session/speaker for my RSS. If this is a conference, I have entered the full schedule including breaks/lunches/dinners.

Location - I have included the Venue/Room, City and State. If it is a live webinar or an enduring internet course, I have checked the appropriate boxes.

Practice Gap and Educational Need - I have completed all this information and uploaded evidence to support my gap. For RSS programs, please select a gap for your program as a whole, not for one presentation.

Target Audience, Objective, Designed to Change - I have checked all the credit types for which I am applying, and made sure to include a faculty member for each credit type.

Competencies and Barriers - I have selected all the applicable competencies and included information on what the activity is designed to change (skills/strategy, performance and/or patient outcomes). I have uploaded information on how I plan to measure this 3-4 months after the activity ends.

Educational Format - I have checked all the applicable boxes.

Stakeholders - I have indicated if there are any internal or external stakeholders.

Budget and Commercial Support - I have indicated if we will be receiving any commercial or non-commercial support, requesting exhibitors, collecting tuition. I understand I need to submit a final income and expense report once the activity has concluded (if applicable).

Joint Providership - I have included my information about my hospital/organization.

Supporting  
Documentation Tab:

Announcement/brochure and/or any marketing pieces that mention credit are attached.

Commercial Support Letter of Agreement is attached for any commercial supporter (if applicable).

Conflict of Interest Resolution Form is attached (if applicable) - for any planner, faculty/speaker that indicated a possible conflict in their financial disclosure (please check on the leadership tab, under their name and click on financial disclosure to view).

Gap Documentation - Evidence of what you listed as your gap.

Planning Committee Minutes Form is completed and attached.

Monitoring Form completed for your first session for RSS. For conferences, please upload a Conference Disclosure Form.

Additional Information - budget, income/expense, how you plan to measure the success your activity had on skills/strategy, performance and/or patient outcomes.

Preview, Finalize and Submit!

Important Information:

Please note that applications are due 30 days prior to the start of the activity. If it is not within that deadline, but within 10 business days of the activity, there will be a rush fee of \$500. Applications received less than 10 business days, will not be considered. We suggest you start at least 45 days prior to allow enough time for faculty to complete their financial disclosures.

All forms required can be located at [www.med.uvm.edu/cme/plan-an-activity](http://www.med.uvm.edu/cme/plan-an-activity).

All learners who wish to receive credit must do so in their MyCredits account within 30 days after the activity ends.