

Dear Colleague:

We would be most pleased to work with you and your organization to provide professional continuing medical education credit for your planned educational offering. Programs intended for physicians must contribute to the advancement, integrity, extension and enhancement of professional skills and scientific knowledge in the practice of medicine. To this end, we have developed the attached process in order for us to effectively work together to approve and implement your program.

With your submittal of required documents, please advise us the following:

- Is this a one-time event or will the program be repeated over time?
- If the program will be repeated, over what time frame and how often?
- Will you require a registration fee and if so, how much?
- Approximately how many physicians are expected to attend the program?
- Are there any joint sponsors or affiliates? If so, please identify.
- Briefly describe your organization status (for-profit, non-profit, other) and the nature of your products and/or services including type of customers/clients served.

If you have any questions, please contact me at cgermain@continuingeducationpartner.com and directly at (773) 930-3200.

We are pleased to collaborate on this important educational effort.

Sincerely,



Cynthia L. Germain, MBA, LNHA, CPP
Executive Director

Process Activities and Requirements Providing Approval of Continuing Medical Education

Activity: Provide the answers to the questions in the attached cover letter. This should be submitted on the organization's letterhead.



Activity: Provide agenda and content, including references to materials in support of each planned presentation.

Sample: A draft brochure, promotional, or other document providing summary of content. Be sure that the brochure or document has a complete agenda listing presenter(s), presentation(s) and break times. Powerpoints and/or handouts are required for final approval. References (books, journal articles, statistical sources, etc.) should be provided on a separate document by planned topic and/or as part of each presenter's handout.



Activity: List your learning objectives for your program. For each hour of programming, please provide 2-3 distinct objectives.

Sample:

This program will offer the most current information on.... Issues such as...will be examined with emphasis on....

Upon completion of this program, the participant will be able to:

- Explain to the client how....
- Identify the techniques that...
- Demonstrate the process of...
- Recognize the role of...
- Describe the criterion that constitutes...



Activity: List and provide documents for each presenter.

Sample: A CV, resume or bio is required which effectively shows the expertise of the presenter in the content area. If one is not available, we can provide you with a bio data sheet to be completed by or for the presenter. **NOTE: Qualified presenters are MDs, DOs or advanced degree practitioners.** *All presenters must disclose any financial interest or other relationship (i.e. grants, speaker's bureau, research support, consultant, full-time/part-time employment, honoraria, royalty, stock) which that individual has or had within the previous calendar year with the manufacturer of any commercial product(s) that may be discussed in the educational presentation. The disclosure does not imply that such financial interest or relationships are inherently improper or that such would prevent the individual from participating in the program.* Please contact us with questions regarding this requirement and for corresponding disclosure form.



Activity: Identify the gap in performance, competence or patient outcomes that will be addressed by the program and describe the expected change in the area(s) of focus. These are not learning objectives but rather the overall goals of the program as may be put into practice.

Sample:
The professional practice gap that this program intends to address is.... The expected changes that intend to narrow this gap as a result of this program are....

Please include statistical data and/or referenced materials when identifying the practice gap. Example:

The 2015 Alzheimer’s Disease Facts and Figures Report, published by the Alzheimer’s Association, reports that despite widespread recognition of the benefits of clear and accurate disclosure, less than half (45 percent) of seniors who are diagnosed with Alzheimer’s disease and their caregivers report being told about their diagnosis by a physician or health care provider. This program will address the competencies needed to effectively communicate dementia diagnoses to patients and their caregivers.

Use bullet points as appropriate for succinct descriptions of expected changes. Example:

- The knowledge base of effective communication techniques will increase with....
- Overall interactions with patients with Alzheimer’s will...
- Caregivers will report a higher level of satisfaction in patient care...

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Activity: Once approved, we will provide you with information that should be included in your brochure or other dissemination materials.

Sample:
Continuing medical education hours is provided by the Continuing Education Institute of Illinois as an Illinois Licensed Continuing Medical Education Sponsor, License #xxxxx.

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Activity: Record of ALL participants and program documents.

Required Documents:

1. Record of Attendees – An **excel sheet** with the following contact information, at a minimum*, **IS REQUIRED FOR ALL PARTICIPANTS:**

| <u>Last Name</u> | <u>First Name</u> | <u>Address</u> | <u>City</u> | <u>ST</u> | <u>Zip Code</u> | <u>Email</u> | <u>Profession</u> | <u>Organization</u> | <u>CMEs Y/N</u> |
|------------------|-------------------|----------------|-------------|-----------|-----------------|--------------|-------------------|---------------------|-----------------|
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*Additional information may be required to be collected depending on the type of event.

2. Sign in Sheet - We will provide you with a sample sign-in document appropriate for your program. **ALL PARTICIPANTS**, regardless of whether he/she is requesting CMEs, must complete this form. We can pre-fill this form if registrant information is provided in advance.
3. Registration Form – This form is not required for all programs. If your program is determined to need these forms, we will provide you with a sample that must be completed by all persons requesting CMEs. We can pre-fill this form if registrant information is provided in advance.

4. Evaluation Forms for all Presenters and the Program – We can provide you with sample forms or review/approve your organization's forms.
5. One copy of final brochure and all program materials and handouts, if not previously provided.

Time Frame: The excel sheet must be emailed to cgermain@continuingeducationpartner.com within five (5) business days of the completion of program. If registrant information is provided pre-program, certificates can be issued to disseminate at the program. A final excel sheet is required post-program indicating any changes, additions or deletions. If you would like to have certificates available at your event, this spreadsheet should be emailed at least three (3) business days in advance. All other documents listed above must be received within ten (10) business days after the offering. *If required documents are not provided timely, CME certificates may not be issued.*



Activity: Certificates are provided. Certificates to be printed and disseminated at the event can be supplied if registrant information is provided in advance. This option is dependent upon the facilitation of the program and information provided, at the discretion of CEII.

Time Frame: Certificates are issued electronically to you or to another organization as directed by you. You are responsible disseminating the certificates to the program participants, unless otherwise arranged with CEII in advance.



Activity: Payment for CMEs requested.

Time Frame: Unless approved in advance, payment must be received within ten (10) business days of the end of the event. Checks should be made payable to the Continuing Education Institute of Illinois and mailed to:

8770 West Bryn Mawr Avenue
Suite 1300
Chicago, IL 60631

If you wish to make payment by credit card, please call us at (773) 930-3200.

Fees and supports:

Review fee is required for all programs and are dependent on the number of program contact hours:

Less than four (4) hours - \$300/program

Four (4) through eight (8) hours - \$800/program

More than eight (8) hours – determined with consultation

Each offering requires a CME certificate fee - \$25/physician

Assistance with compliant submittal and/or additional review - \$75/hour

If an approved program is to be repeated over time, the submitting organization must provide updated materials annually – determined with consultation.

We can assist with promotion, program dissemination, registration and facilitation. Please contact us for more information.

CHECKLIST: Documents needed for CMEs

Program: _____

Location: _____

Date: _____

Program Approval:

- Answers to preliminary questions (see CEI letter)**
- Agenda/Brochure**
- Presenters' CVs/Resumes/Bios and any disclosures**
- Presentation powerpoints or handouts**
- References supporting presentation content**
- Learning objectives**
- Gap analysis/Goals of Program**

Certificate Issuance:

- Excel sheet with ALL participants (CMEs Y or N)**
- Sign-in sheet (ALL participants)**
- Registration forms (if required)**
- Program and presenter evaluations**
- Payment for CMEs**
- Other:** _____