

Request for CME Certification

IMPORTANT: Eight (8) months prior to the activity date:

1. Complete this request form and email it to the MUSC Office of CME at cmeoffice@musc.edu.
2. Contact the Office of CME to request a CME Planning Meeting at 843-876-1925 or email cmeoffice@musc.edu.

**Requests for CME Certification received <6 months (180 days) prior to the activity date will be subject to a \$500 late fee.

Activity Director (physician-in-charge): _____

Activity Director's Phone: _____ Email: _____

Activity Title (or working title): _____

Activity Date(s): _____ Activity Location: _____

- 1. Type of Activity:** live symposia/seminar/conference live web cast live video conference live simulation /lab
 practice-based PI project Enduring Material (e.g. direct-to-CD/DVD education) _____ (describe)

2. Who will have the primary responsibility for planning this CME activity?

A. MUSC department or academic unit, please specify: _____

Or:

B. An organization external to MUSC, please specify: _____

3. Is there a planning committee responsible for determining the content for this event? Yes No

4. Target Audience – who will benefit from the content of your activity? Please list below.

Specialties (e.g. Cardiology, Surgery)	Provider Type(s) (e.g. MD, NP, PA)	Geographic Area (e.g. SC, NC)

5. Instructional Methods – Please select all methods you intend to use in your activity.

- Lecture Moderated Roundtable Case studies Simulations Teleconference Q & A Internet Lab
 Panel discussion Self-directed Skilled demonstration Audience Response System Other _____

6. Will your activity address patient safety issues? (If yes, describe)

7. What best practices or new clinical guidelines will your activity address?

8. How do you know that your target audience is not already using these best practices or new guidelines?

Bring to the CME Planning Meeting:

- A. CME Planning Questionnaire (see page 2)
- B. Sources that document #6, 7, 8 above, identifying a need among your target audience for this education (i.e. results of a need assessment survey, outcome surveys, new clinical guidelines, recent public health reports, hospital quality data, patient safety statistics, evidence-based literature, EMR database analysis, etc.)
- C. List of planning committee members (if applicable) and their contact information.
- D. Activity director must attend the CME planning meeting.

For OCME Use:

Date Received: _____
 Approved for OCME meeting? Y N
 Date of OCME Meeting: _____
 Assigned OCME Coordinator: _____