

# 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](mailto:cmeoffice@musc.edu).
2. Contact the Office of CME to request a CME Planning Meeting at 843-876-1925 or email [cmeoffice@musc.edu](mailto: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)

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**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
- 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: \_\_\_\_\_