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**AAFP Live Activity CME Credit Application - Worksheet**

CME Credit Systems and Compliance Department **∙**  11400 Tomahawk Creek Parkway, Leawood, KS 66211-2672 **∙**

800.274.2237 ∙ Fax: 913.906.6284 **∙** [cmecredit@aafp.org](mailto:cmecredit@aafp.org)

**Please do not mail in a printed copy of the worksheet.**

This worksheet contains all the information required from CME providers seeking AAFP credit for educational activities. It is intended to be a tool that allows CME providers to compile all required information before starting the AAFP’s online application.

**Optional:** CME providers who prefer to submit a completed copy of this worksheet in lieu of the online application: email or fax the worksheet and supporting details with payment to the AAFP. The AAFP will create a CME activity application for review based on the information provided in the worksheet. Please allow 30 business days (6 weeks) for the review process.

**An additional $**195 data entry fee\* **will be added to the total review fee on applications submitted to AAFP by fax or email.**

**To create and submit an online application go to** [**www.aafp.org/cmecredit**](http://www.aafp.org/cmecredit)

Date of submission:  ** Please RUSH the review of this application (additional fee).**

Name of CME provider (Organization responsible for all aspects of the CME activity): 

The activity director attests that this CME activity fully complies with the and the American Medical Association (AMA) Council on Ethical and Judicial Affairs (CEJA) *Gifts to Physicians from Industry Opinion 8.061*.

Provider address  (Street, City, State, and Zip Code)

Provider phone  Ext.  Fax 

**Step 1 of 9: Activity Type:**

Activity Type

A single activity offered only once, in one location, and not part of a series.

 Advanced Life Support in Obstetrics

 Provider course

 Instructor course

 Refresher course

 Basic Life Support in Obstetrics

A training program

One activity delivered at multiple locations or on multiple dates over a year.

Number of times offered: (Estimate if unknown.)

Regularly Scheduled Series that occur at one location or institution over one year.

Number of courses in the series:  (Estimate if unknown.)

Activity Title 

**** REMS Activity: Was this activity developed in alignment with the FDA Blueprint on LA/ER Opioid REMS? For more information on the FDA Blueprint, please visit: [www.fda.gov/downloads/drugs/drugsafety/informationdrugclass/ucm277916.pdf](http://www.fda.gov/downloads/drugs/drugsafety/informationdrugclass/ucm277916.pdf)

Anticipated Activity Date(s): Begin date:  End date: 

Total credits requested: Prescribed:  Elective: 

AAFP Website:  Please display this activity on AAFP.org

 Do not display this activity on AAFP.org

**Step 2 of 9: Provider Contact Information**

CME provider accreditation:  The provider is accredited by ACCME or an authorized state medical society.

 The provider is not accredited by ACCME or an authorized state medical society.

This activity will be designated for: **** American Osteopathic Association (AOA) Category 1-A credit

**** American Medical Association (AMA) PRA Category 1 credit

Please check mark attesting to the following:

****  The activity director attests that this CME activity fully complies with the and the American Medical Association (AMA) Council on Ethical and Judicial Affairs (CEJA) *Gifts to Physicians from Industry Opinion 8.061*.

Director’s Name:  Director’s Phone:  Director’s Email: 

**** This activity was developed by or in cooperation with an AAFP Active or Life member. **(Required for AAFP Prescribed credit)**

The physician identified below may be contacted to verity their role with this CME activity and to attest that it is appropriate CME for family physicians.

Member Contact Information:

Name:  ID Number: 

City: State: 

Email: 

Please check one or more of the following to describe the doctor’s involvement in the activity planning:

**** Served on the planning committee

**** Director of CME for hospital

**** Reviewed activity for content relevant for family practice and if necessary, had an opportunity to change content.

List all commercial supporter(s): None ****



**Step 3 of 9: Activity Level Details**

The following information is required: **(Note: Please submit a copy of the brochure with the application, if available**).

Methods used to determine the **need** for this CME activity (Check all that apply)?

**** Survey results of potential learners ****  Evaluations from previous CME activities **** Needed health outcomes

**** Identified new skills ****  Literature review ****  Quality Improvement (QI) data **** Federal/State government mandate

**** Other: 

What is your activity designed to change (Check all that apply)?

**** Knowledge: Participants should be able to recall information learned in the CME activity.

****  Competence: Participants should be able to show in an educational setting how to do what the CME activity intended them to be able to do (example: Procedures courses).

**** Performance: Participants should integrate what the CME activity intended them to be able to do into their practices (Provider must have mechanism of capturing this data from learners following the CME activity).

**** Patient outcomes: The health status of patients should improve due to changes in the practice behavior of participants (Provider must have mechanism of capturing patient-level data from learners following the CME activity).

Marketing Description (Max. 500 characters). Adding a marketing description will allow AAFP members and other www.aafp.org visitors the opportunity to learn more about the value of registering and/or participating in the CME that you offer. The first 160 characters of the marketing description will appear in the search listing. **Note: This description can be edited after your application is approved.**



**Note: Marketing Description will only display if you answered yes to display this activity on AAFP.org in Step 1 of the application.**

Statement of purpose: Provide a short description of the activity for our application reviewers.



Learning objectives: These objectives will be used to categorize this CME activity for website visitors looking for CME by topic.



Faculty/Author(s): List the faculty or authors of the activity, including titles and degrees. Do not provide a CV.



Principal audience: List the professional groups for whom the activity has been designed.



Describe the activity evaluation method and how the evaluation results will be used. (A sample copy of the evaluation form must be included.)



**Step 4 of 9: Session Level Details**

**Location** of activity (attach separate page for multiple locations):

Facility name 

Street 

City/State  Zip Code 

For a **single or multi-date/location activity only**, list or attach an hour-for-hour **agenda** (include start time, end time, title and speakers’ name for each topic). For multi-date/location activities, please also include the location and date of each session.



For a **series activity only (ex: hospital grand rounds)**, please list or attach each session title, date, beginning/end time, speaker, number of requested credits, and learning objectives.



What are the **core competencies** this activity is designed to address (Check all that apply)?

**** Interpersonal and communications skills **** Medical knowledge **** Patient care **** Practice-based learning and improvement

**** Professionalism **** Systems-based practice

**Step 5 of 9: Method and Means**

Primary **teaching methods** (Check all that apply):

**** Lecture **** Panel discussion **** Question and answer **** Hands-on workshop

**** Round table discussion **** Case presentation **** Other:

**Step 6 of 9: Contact Information for Use on AAFP.org**

Activities approved for AAFP credit are displayed on [www.aafp.org](http://www.aafp.org). By filling out this step, you agree that this activity – including the URL, contact information, and marketing description you entered on a previous step – will be viewable by AAFP members and other CME learners on [www.aafp.org](http://www.aafp.org). If you do not wish to display your activity on the AAFP website, please go to Step 1 of 9 and edit your response to the AAFP website question.

**Required:** Either a website URL or Contact name plus Contact Phone/Contact Email.

Activity Website: Please enter a website where CME learners can find out more about your activity. This might not be your organization’s home page. **Note: You will have an opportunity to return and update this information online after your application is approved.**

URL: 

Contact information: Learners will use this information to purchase or register for your activity. This contact information will be displayed to AAFP members and other CME learners on [www.aafp.org](http://www.aafp.org). **Note: You will have an opportunity to return and update this information online after your application is approved.**

Contact Name: Contact Phone: 

Contact Email:Contact Fax:

**Step 7 of 9: Review and Update Information for Use on AAFP.org**

This step does not apply to those filling out the worksheet.

**Step 8 of 9: Attestation and Comments**

** I attest that all of the information provided in this worksheet is accurate to the best of my knowledge.**

** Please check this box to indicate you have read and agree to the AAFP CME Credit System terms and conditions** [**(www.aafp.org/cme/creditsys/about/apply/audits.html**](file:///C:\Users\Anon002\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.IE5\AppData\Local\Temp\(http:\www.aafp.org\cme\creditsys\about\apply\audits.html)**) in the event this application is selected for an audit.**

**Name:** 

**Title:** 

Comments: Additional instructions or concerns regarding your CME worksheet and/or the AAFP CME credit system process:



**To input and submit an online application go to** [**www.aafp.org/cmecredit**](http://www.aafp.org/cmecredit)

**APPLICATION REVIEW FEES:**

| **Description** | **Review Fee** |
| --- | --- |
| Single Live activity up to 8.00 credits | $295 |
| Single Live activity over 8.00 credits | $395 |
| All other Live activities (includes annual series, multi-site/date, mini-residencies) | $595 |
| Data entry fee \* | $195 |
| Rush review (3-5 business day review determination) | $595 |
| Same Day Rush review | $1,995 |

**If this worksheet will be submitted by fax or email; the AAFP will create a CME activity application for review based on the information provided in the worksheet. An additional $**195 data entry fee\* **will apply.**

**Step 9 of 9: Payment Information**

Make checks payable to AAFP. Payment **must** be received before the credit review process can begin.

**NOTE: For your protection, the AAFP advises against providing credit card information by fax or email.**

Credit card/Check # 

Type of credit card  Exp. date  Amount $ 

Name on card 

If you would like a receipt, please provide an email address: 

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Send one copy of the worksheet, supporting details and fee to AAFP. It may be faxed to 913.906.6284 or emailed to [cmecredit@aafp.org](mailto:cmecredit@aafp.org).

**Please allow 30 business days (6 weeks) for the review process. The review process will begin when payment is received in full.**