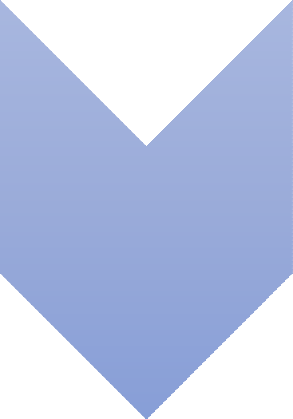
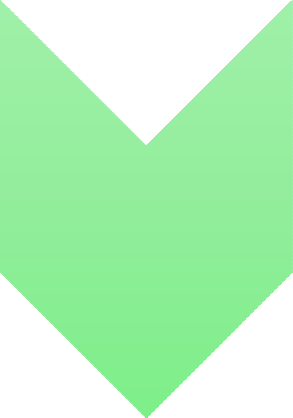
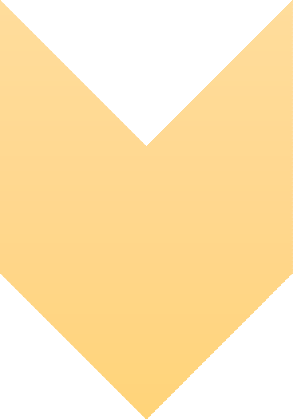
**AHS Continuing Medical Education (CME) Initial Request Flow Chart**

*The ACCME has very clear, defined guidelines for how to offer CME credit. There is a process to follow for CME approval beginning with the completion of the attached CME Needs Worksheet. Please use this form to determine if there is a quantifiable need and to think of possibilities of how to evaluate the effectiveness of the CME activity.*



* **CME Initial Request Worksheet** completed (next page)
  + Ideas should come from patient need(s) noticed within your practice or the community (local or at-large)
  + Surveys and other resources may be cited as identifying CME need

# **Idea** for CME

*Ex: In my practice, I am noticing that a high volume of my patients are addicted to opiates and a CME on drug addiction would help me to better identify and treat these patients.*

1. **Communicate Needs**   
   to the CME Committee

* **Activity Planning Form** completed
  + Communicate needs/ideas to the CME Department with as many details as possible! Please include:
  + Topic, Speaker, Time Frame available
  + Objective(s) of the session (Why CME: present situation, gap, and ideal situation identified?)
  + The desired outcome/ purpose of the CME or how will the session help your practice/ the community

# **Work With** the CME Committee to execute the CME activity

* **Provide Information:** complete required documents to ensure the CME activity is ACCME compliant
* Anyone who may influence CME course content must complete a disclosure form(s) to identify potential   
  conflicts of interest and commercial support
* Presentation/ Education Materials *(whenever possible: submit three weeks in advance)*
  + No bias or commercial interest (logos, representation of outside interests prohibited)
* Marketing the event requires specific language referring to CME Credit and needs prior approval before use

*If you have questions or have CME idea/ need, please contact Sheila Stearos, CME Coordinator at* [*sstearos@adena.org or call (740)*](mailto:deziree.mcallister@aidshealth.org) *779-8568*



U **AHS CME Initial Request Worksheet**

|  |  |
| --- | --- |
| **Topic or Idea:** |  |
| I would like to have this Topic because...  (What is happening in your practice or what is the need you see for having this activity? Any statistical reporting available showing a gap in *knowledge*, *competence*, or *performance*?) |  |
| Are you currently working with an outside vendor, speaker, or organization that also may be able to offer and coordinate the CME credit without Adena's CME Committee involvement? **YES  NO** | |
| What questions or issues do you have regarding this topic that you are hoping to answer for the learners? |  |
| How would you, your patient care team, other possible AHS departments, and/or your patients benefit from this CME?  (Would it change the way you and/ or staff would treat or interact with patients?) |  |
| For effective change, how often do you see the need to offer the CME activity? | **Weekly:  Monthly:  Quarterly:  Other? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Speaker suggestion (including contact information please): |  |

***----------------------------------------------------CME DEPARTMENT USE ONLY--------------------------------------------------***

Received Date: Accepted: Y / N

Scheduled for Date: Speaker Accepted: Y / N

CME Signature:

V2 10-16-18