Greetings!

Thank you for selecting the Southern Alliance for Physician Specialties CME (SAPS CME) as your joint provider. Enclosed within this document, you will find the Application and Planning Document necessary for approval of accredited continuing education activities. Please download the document to your computer, complete the required information, save the finished document, and email it to: juliehunt@theassociationcompany.com.

Approval of the submitted Application and Planning Document signifies alignment with the mission of SAPS CME and grants your organization permission to proceed with planning. However, this does not certify the activity for Accredited Continuing Education. For full approval and compliance with both SAPS CME and ACCME criteria, all necessary documentation, as outlined in the Planning Guide checklist, must be provided. This checklist serves as a procedural guide and is not required to be returned to SAPS CME. Certifications will only be issued upon the provision of ALL documentation as detailed in the checklist

The Southern Alliance for Physician Specialties CME (SAPS CME) is accredited by the Medical Association of Georgia under the ACCME to provide continuing medical education for physicians. SAPS CME aims to deliver education that is vital to healthcare quality and patient safety. The ACCME mandates that all accredited CE activities adhere to its accreditation requirements. In the case of Joint Providership, it is our responsibility to ensure compliance with all criteria. SAPS CME reserves the right to withdraw accreditation for any activity failing to meet these policies and ACCME criteria.

*The following accreditation statement must appear on all CE activity materials (print & electronic) distributed by your organization.

SAPS CME ACCREDITATION STATEMENT:

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Medical Association of Georgia through the joint providership of Southern Alliance for Physician Specialties CME and [**Insert Organization Name**]. The Southern Alliance for Physician Specialties CME is accredited by the Medical Association of Georgia to provide continuing medical education for physicians.

The Southern Alliance for Physician Specialties CME designates this (type/format) activity for a maximum of (**insert #)** AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

By signing below, you agree to complete all necessary documentation required to obtain your CE credits.

CE Credits:

Signed by: Date:

Accepted by: Date:

FOR ASSISTANCE/QUESTIONS:
Dr. Julie Hunt, Senior Director
SAPSCME
Phone: 770 613-0932 ext 102
C 727-409-0520
Juliehunt@theassociationcompany.com
www.sapscme.org

Application/Planning Document

SECTION A: GENERAL INFORMATION

Activity& Contact Information

Title of Activity: Date of Activity:

Location of Activity - Facility Name:

Address: City: State: Zip Code:

Type of Activity: Live Course: ☐ Internet Live Course: ☐ Regularly Scheduled Series: ☐

Enduring Material: ☐ MOC: ☐ Journal Based RSS ☐

Providership:

Name(s) of Joint Provider(s):

Number of ***AMA PRA Category 1 Credits™*** requested for this activity? # Credits:

Activity Director (*The activity director must be a physician or a bona fide expert in the subject matter who Is responsible for planning, conducting and evaluating the CE event)*

Name: **Credentials:** *Organization:*

Address: City: State: Zip:

Phone Number: Email:

Activity Coordinator

Name: **Credentials:** *Organization:*

Address: City: State: Zip Code:

Phone Number: Email:

Planning Committee

Each member of the planning committee, including the Activity Director and Coordinator, must complete a Financial Disclosure Form, prior to the event, which can be accessed here: **http://www.sapscme.org/application.php** Please send the completed form as part of this application.

Name: Institutional Affiliation:

Name: Institutional Affiliation:

Name: Institutional Affiliation:

Name: Institutional Affiliation:

Name: Institutional Affiliation:

Name: Institutional Affiliation:

SECTION B: PLANNING INFORMATION

Target Audience (specialties):

Target Audience of Learners: **Hospitalists:** ☐ **Office based Physicians** ☐ **Nurses:** ☐ **PAs:** ☐
Physicians in Training: ☐ **Students:** ☐ **Other:** ☐

Estimated number of attendees MD/DOs : Other clinicians:

Needs Assessment – Part 1: Gap Analysis Worksheet

INSTRUCTION: The first step to plan a vital and effective Accredited Continuing Education activity is to become clear on the professional practice gaps of learners that will participate in this activity. With a clear understanding of these gaps and their causes and knowledge of the best or optimal practice associated with the gap, the content of your activity will address and resolve those gaps. To aid you in identifying the gaps for this activity, please respond to the questions below (*only those that are applicable*).

What has changed over the past year in the practice of the specialty area associated with this topic and would therefore merit educational interventions focused on those issues?

Have there been areas where quality indicators (e.g., hospital QA reports, CMS data quality reports) suggest a focused improvement is appropriate? If so, provide specific information on those quality gaps.

What breaking research in this topic area will physicians find interesting and medically relevant to the quality of care for their patients? What are the educational strategies that will expedite the translation of the research to practice?

What traditional core performance areas in this topic area are worth reinforcing and updating?

What knowledge/competence/performance gaps have you identified from Maintenance of Certification requirements associated with this topic area that would merit inclusion in this activity?

Needs Assessment – Part 2: Identification of Professional Practice Gaps, their Causes, Source of Gaps, and Determination of Intended Results.

INSTRUCTION: Based on the worksheet on the previous page, which has facilitated the issues that underlie performance gaps, please clarify the specific needs identified from those practice gaps, your interpretation of the root cause of the gap, the source of the data on which the gap and need was based on (e.g., from an article in peer reviewed literature (cite the journal, edition/date), needs assessment questionnaire from your discussion with your colleagues, your perspective as an expert, a clinical guideline from an authoritative source, etc.), and the intended result from this activity related to the gap.

Identified
Gap/Need #1

What caused this gap? (check all that apply)

- Lack of knowledge ☐
- Inability to apply knowledge to practice ☐
- Not being applied in practice ☐

Source(s) of data:

EXAMPLE: New England Journal of Medicine, vol 24. January 20, 2021;based on a survey of ACE Hospital's OBGYN faculty

DEFINITIONS: "Competence" means learner can apply knowledge learned to practice strategies. "Performance means learners have implemented the teaching points in the practice environment. "Patient Outcome can be demonstrated by learner observed outcome of his or her patients.

Your intended results in this activity check all that apply:

- Improvement in competence ☐
- Improvement in performance ☐
- Improvement in patient outcome ☐

Identified
Gap/Need #2

What caused this gap? (check all that apply)

- Lack of knowledge ☐
- Inability to apply knowledge to practice ☐
- Not being applied in practice ☐

Source(s) of data:

Your intended results In this activity (check All that apply:

- Improvement in competence ☐
- Improvement in performance ☐
- Improvement in patient outcome ☐

What caused this gap? (check all that apply)

- Lack of knowledge ☐
- Inability to apply knowledge to practice ☐
- Not being applied in practice ☐

Identified
Gap/Need #3

Source(s) of data:

Your intended results In this activity (check All that apply:

- Improvement in competence ☐
- Improvement in performance ☐
- Improvement in patient outcome ☐

DEFINITIONS: "Competence" means learner can apply knowledge learned to practice strategies. "Performance means learners have implemented the teaching points in the practice environment. "Patient Outcome can be demonstrated by learner observed outcome of his or her patients.

Educational Design and Formats that Facilitate Change and Match the Setting, Objectives, and Intended Results of the Activity.

Indicate the methods for engaging learners in their education that will be utilized in this activity.

- Case Study ☐
- Didactic ☐
- Demonstration ☐
- Group Discussion ☐
- Panel Discussion ☐
- Patient Simulation ☐
- Question/Answer ☐
- Hands on Procedural Skills Workshop ☐

Desirable Physician Attributes

INSTRUCTION: *Desirable Physician Attributes* are national competency goals established by several national authorities. Because CME is a contributor to the public interest, CME providers are tasked with identifying which of the 15 competencies listed below will be addressed in the CME activity. Therefore, check the boxes below that will be included in your activity (and remember that if this file is reviewed by the ACCME, it is expected that course materials will confirm the boxes that are checked).

- Provide patient-centered care ☐
- Work in interdisciplinary teams ☐
- Employ evidence-based care ☐
- Apply quality improvement ☐
- Utilize informatics ☐
- Compassionate patient care ☐
- Medical Knowledge ☐
- Practice-based learning & improvement ☐
- Professionalism ☐
- Interpersonal & communication skills ☐
- System-based practice ☐
- Evidence of professional standing ☐
- Cognitive expertise ☐
- Commitment to lifelong learning ☐
- Evidence of evaluation/performance in practice ☐

Identification of Proposed Planners, Faculty, Discussants and Review; Management of Financial Disclosure and Resolution of Conflicts of Interest.

INSTRUCTION: List the names and qualifications of each category of person that can affect the content of this activity. Include members of your planning committee that will affect content under the 'planner' category. It is required to **(1) c**ommunicate to faculty the needs underlying the content**; (2)** provide each instructor, planner and reviewer with a **Financial Disclosure Form (FDF)** that must be returned immediately; and (3) select an independent reviewer to review instructor materials as a method to resolve a **relevant financial relationship** (**RFR**) and validate content in accordance with ACCME's Content Validity Statements**.**

Planners & Faculty:

Name and Degree:			
Financial Disclosure Sent:	RFR Identified:	YES NO	
If RFR, how was it resolved?	Content Reviewed	Presentation Limited:	Irresolvable & disqualified:
Name and Degree:			
Financial Disclosure Sent:	RFR Identified:	YES NO	
If RFR, how was it resolved?	Content Reviewed	Presentation Limited:	Irresolvable & disqualified:
Name and Degree:			
Financial Disclosure Sent:	RFR Identified:	YES NO	
If RFR, how was it resolved?	Content Reviewed	Presentation Limited:	Irresolvable & disqualified:
Name and Degree:			
Financial Disclosure Sent:	RFR Identified:	YES NO	
If RFR, how was it resolved?	Content Reviewed	Presentation Limited:	Irresolvable & disqualified:
Name and Degree:			
Financial Disclosure Sent:	RFR Identified:	YES NO	
If RFR, how was it resolved?	Content Reviewed	Presentation Limited:	Irresolvable & disqualified:
Name and Degree:			
Financial Disclosure Sent:	RFR Identified:	YES NO	
If RFR, how was it resolved?	Content Reviewed	Presentation Limited:	Irresolvable & disqualified:
Name and Degree:			
Financial Disclosure Sent:	RFR Identified:	YES NO	
If RFR, how was it resolved?	Content Reviewed	Presentation Limited:	Irresolvable & disqualified:
Name and Degree:			
Financial Disclosure Sent:	RFR Identified:	YES NO	
If RFR, how was it resolved?	Content Reviewed	Presentation Limited:	Irresolvable & disqualified:
Name and Degree:			
Financial Disclosure Sent:	RFR Identified:	YES NO	
If RFR, how was it resolved?	Content Reviewed	Presentation Limited:	Irresolvable & disqualified:
Name and Degree:			
Financial Disclosure Sent:	RFR Identified:	YES NO	
If RFR, how was it resolved?	Content Reviewed	Presentation Limited:	Irresolvable & disqualified:
Name and Degree:			
Financial Disclosure Sent:	RFR Identified:	YES NO	
If RFR, how was it resolved?	Content Reviewed	Presentation Limited:	Irresolvable & disqualified:
Name and Degree:			
Financial Disclosure Sent:	RFR Identified:	YES NO	
If RFR, how was it resolved?	Content Reviewed	Presentation Limited:	Irresolvable & disqualified:

Name and Degree:			
Financial Disclosure Sent:	RFR Identified:	YES NO	
If RFR, how was it resolved?	Content Reviewed	Presentation Limited:	Irresolvable & disqualified:
Name and Degree:			
Financial Disclosure Sent:	RFR Identified:	YES NO	
If RFR, how was it resolved?	Content Reviewed	Presentation Limited:	Irresolvable & disqualified:
Name and Degree:			
Financial Disclosure Sent:	RFR Identified:	YES NO	
If RFR, how was it resolved?	Content Reviewed	Presentation Limited:	Irresolvable & disqualified:
Name and Degree:			
Financial Disclosure Sent:	RFR Identified:	YES NO	
If RFR, how was it resolved?	Content Reviewed	Presentation Limited:	Irresolvable & disqualified:
Name and Degree:			
Financial Disclosure Sent:	RFR Identified:	YES NO	
If RFR, how was it resolved?	Content Reviewed	Presentation Limited:	Irresolvable & disqualified:
Name and Degree:			
Financial Disclosure Sent:	RFR Identified:	YES NO	
If RFR, how was it resolved?	Content Reviewed	Presentation Limited:	Irresolvable & disqualified:
Name and Degree:			
Financial Disclosure Sent:	RFR Identified:	YES NO	
If RFR, how was it resolved?	Content Reviewed	Presentation Limited:	Irresolvable & disqualified:
Name and Degree:			
Financial Disclosure Sent:	RFR Identified:	YES NO	
If RFR, how was it resolved?	Content Reviewed	Presentation Limited:	Irresolvable & disqualified:
Name and Degree:			
Financial Disclosure Sent:	RFR Identified:	YES NO	
If RFR, how was it resolved?	Content Reviewed	Presentation Limited:	Irresolvable & disqualified:
Name and Degree:			
Financial Disclosure Sent:	RFR Identified:	YES NO	
If RFR, how was it resolved?	Content Reviewed	Presentation Limited:	Irresolvable & disqualified:
Name and Degree:			
Financial Disclosure Sent:	RFR Identified:	YES NO	
If RFR, how was it resolved?	Content Reviewed	Presentation Limited:	Irresolvable & disqualified:

Acknowledgements and Approvals

1. **Activity Director** ☐
   By checking this box, I attest that this activity will adhere to all ACCME Standards for Integrity and Independence in Accredited Continuing Education Date Signed:

   Entering my name signifies my agreement:

2. **Activity Coordinator** ☐
   By checking this box, I attest that this activity will adhere to all ACCME Standards for Integrity and Independence in Accredited Continuing Education Date Signed:

   Entering my name signifies my agreement:

3. **SAPS CME**

   This activity is approved ☐ Date approved:

   This activity is conditionally approved upon the following changes being made.

   Changes Required: