# *PRELIMINARY COURSE PROPOSAL FORM for CME PLANNING COMMITTEE REVIEW*

Application date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO PROSPECTIVE COURSE DIRECTORS:**

This is a preliminary application to determine if your proposed educational activity merits further development for accreditation consideration. Before proceeding to organize your activity for accreditation by NYEE CME, all prospective Course Directors must provide all of the information requested below so the CME Planning Committee can review your application to determine if the proposed educational activity should be given the green light for further development. The CME Planning Committee will judge your application on the following criteria: whether the proposed activity content is scientifically sound; whether the content might be better suited to be included as part of another activity already on the docket; whether the activity content conflicts or competes with other proposed activities; and whether the activity fits into the overall CME calendar for the year.

You will be notified by the CME Director of the Committee’s decision on whether or not the proposed activity is approved for further planning. Note: Organizing and implementing all the elements necessary for a successful accredited educational activity takes between 12-18+ months, so plan accordingly. If your course is approved, a Milestone Timeline will be provided to you to help in your planning process.

Forms should be completed online (handwritten forms will not be accepted) and submitted via email to kcorbin@nyee.edu.

**Your Name: Phone:**

**Cell Phone: E-mail:**

**Your Department:**

**Proposed Course Title**:

**Course Format** (check all that apply)**: Live**;  **Online/Web-based**; **Enduring Material;**  **Monograph;**

**Journal based;**   **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Proposed Date(s): Proposed Duration** (e.g. 9am – 5pm)**:**

**Target Audience:**

**Course Description -** Provide a brief synopsis of what will be taught. If you have specific lecture topics in mind you may include them here.

**What are the competence and/or performance and/or patient outcomes gaps\* this educational activity will address?**

\*The GAP is the difference between current practice (where we are) and best practice (where we should be).

**Current practice:**

**Best practice:**

**Competence and/or Performance and/or Patient Outcome Gap\*:**

**By what means did you identify this/these educational gap(s)?** **Please check all that apply and provide an explanation of or references for the findings, observations or other sources that led you to the conclusions noted above.\*\*[[1]](#endnote-1)**

|  |  |  |  |
| --- | --- | --- | --- |
| ***NEEDS ASSESSMENT SOURCES for IDENTIFYING EDUCATIONAL GAPS\**** | | | |
| **EXPERT** | **OBSERVED** | **PARTICIPANT** | **ENVIRONMENTAL** |
| Planning committee | Evaluation summary | ABMS Criteria | Press |
| Dept Chair | Focus panel/interviews | Clinical observances | DTC advertisement |
| Faculty/Conf Call | Needs survey | Morbidity/mortality | Competitive trend |
| Expert Panel/Conf Call | Physician requests | Epidemiological data | Other observed trend |
| Peer-reviewed literature | Institution request | **OUTCOMES** | **GUIDELINES** |
| Research findings | Physician group request | Pre-test data | National (NIH, NIMH) |
| Required by medical school authority | | Post-test data | ABMS/AAFP |
| Required by government/regulatory body | | QI data | Database analysis |

**\*\*Your explanation or references should be appended to this form.**

**Learning Objectives**

What knowledge or skills (minimum of two) should the physician learner be able to apply to his/her practice as a result of your proposed course? *Learning Objectives should aim to change the learner’s COMPETENCE (strategies), PERFORMANCE (what he/she actually does in practice) or PATIENT OUTCOMES (the impact of the physician’s improved practice on the patient or on healthcare), and they should be simple, measurable, actionable and relate to the specific needs being addressed in your proposed educational activity.*

Type your proposed learning objectives in the spaces below.

**Upon completion of this activity the learner should have improved his/her ability to:**

SAMPLE LEARNING OBJECTIVES: List steps for taking a complete patient history.

Discuss options for glaucoma treatment in patients with OSD.

**Proposed Faculty**

Please list proposed faculty for your course and their hospital affiliations. (If your course is approved for further development, the faculty may change depending on availability and any changes in course objectives.)

## Course Venue

## NYEE 3rd Fl. Conference Room Hotel Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Projected Budget**

**How much do you anticipate this course will cost to run? A projected budget form is attached to help you consider costs that may arise during the planning of your course.**

## How do you intend to pay for this course? Check all that apply. For Grants and Exhibits please indicate companies you plan to approach.

## Grant requests

## Exhibit fees

## Registration fees

## Departmental funds

## *NOTE: The ICME does not provide funding for courses. That is the Course Director and/or sponsoring department’s responsibility.*

## Course Qualification Questions:

How many people do you realistically think will attend or participate in this course \_ \_

Why do you believe this program will be well attended and/or utilized successfully?

## Educational Activities Committee Decision:

## Approved for Accredited course development and consideration

## Approved for non-accredited course development

**Not approved**

**Other**

Sponsoring Department Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print & sign

**PROJECTED BUDGET**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **YOU MAY ADD LINES IF NECESSARY** |  |  |  |  |
| **INCOME:** *List anticipated source and amount of income or other funds (leave "0" if not applicable.* | | | | |  |  |
|  | **A.** | **Institutional (incl department funds or profit from previous year)** |  |  |  |  |
|  | **B.** | **Commercial (Corporate) Grant Support:** |  |  |  |  |
|  | **C.** | **Exhibit Fees** |  |  |  |  |
|  | **D.** | **Registration Fees** |  |  |  |  |
|  | **E.** | **Foundation or government grant support** |  |  |  |  |
|  | **F.** | **Other (please list)** |  |  |  |  |
|  |  | **TOTAL INCOME** |  |  |  | $ - |
| **EXPENSES** | | |  |  |  |  |
| **I. Brochures/supplements/promotional mailings** | | |  |  |  |  |
|  | **A.** | **Production Costs** |  |  |  |  |
|  | **B.** | **Printing & composition** |  |  |  |  |
|  | **C.** | **Labels** |  |  |  |  |
|  | **D.** | **Label Affixing** |  |  |  |  |
|  | **E.** | **Postage** |  |  |  |  |
|  | **F.** | **E-blast mail lists** |  |  |  |  |
|  | **G.** | **Signage** |  |  |  |  |
| **II.Faculty** | |  |  |  |  |  |
|  | **A.** | **Travel Expenses (R/T economy airfare, ground transportation)** |  |  |  |  |
|  | **B.** | **R/T ground transportation** |  |  |  |  |
|  | **C.** | **Hotel accommodations - X guests for X nights @ $? /night** |  |  |  |  |
|  | **D.** | **Meals** |  |  |  |  |
|  | **E.** | **Honoraria** |  |  |  |  |
|  | **F.** | **Other - please list (Awards, plaques, shipment of materials to venue, etc.)** |  |  |  |  |
| **III.Site/Hotel Charges** | | |  |  |  |  |
|  | **A.** | **Room Charges** |  |  |  |  |
|  | **B.** | **Food - Cocktail Reception & Dinner – x guests @ $X/person** |  |  |  |  |
|  | **C.** | **Gratuities** |  |  |  |  |
|  | **D.** | **Audiovisual Equipment & Support** |  |  |  |  |
|  | **E.** | **Site Support Staff** |  |  |  |  |
| **IV.NYEE Expenses (if activity held at NYEE)** | | |  |  |  |  |
|  | **A.** | **Audiovisual Equipment & Support** |  |  |  |  |
|  | **B.** | **Food Service (breakfast, lunch, coffee breaks)** |  |  |  |  |
|  | **C.** | **Temporary Help** |  |  |  |  |
|  | **D.** | **Badges, folders, meeting supplies** |  |  |  |  |
|  |  |  |  |  |  |  |
| **V. CME Conference Planning & Accreditation Fees** (subject to change without notice) | | |  |  |  |  |
|  | **A.** | **ICME Meeting Planning Fees: On-site at NYEE: $2000/day; Off-site: to be negotiated based on location and scope of activity** |  |  |  |  |
|  | **B.** | **Accreditation Fees: Minimum charge $2,000 or $475/credit** |  |  |  |  |
|  | **C.** | **Staff travel expense to & from venue** |  |  |  |  |
|  | **D.** | **Outcomes summaries** |  |  |  |  |
|  |  |  |  |  |  |  |
| **VI. Advertising/Marketing** | | |  |  |  |  |
|  | **Journal Name/Price x # of months ad is run** | |  |  |  |  |
|  | **A.** |  |  |  |  |  |
|  | **B.** |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **VII.Miscellaneous Expenses (please list)** | | |  |  |  |  |
|  | **A.** | **Workbooks/folders/nametags** |  |  |  |  |
|  | **B.** | **Raffle Prizes? Etc.** |  | $ |  |  |
|  |  |  |  |  |  |  |
|  |  | **TOTAL EXPENSES:** |  | |  |  |
| *E-mail completed Budget with documentation to Kim Corbin at kcorbin@nyee.edu* | | | |  |  |  |

1. [↑](#endnote-ref-1)