



# FMA Joint Providership Application

Questions? Call 800.762.0233

Links to videos and examples of terms are included. Look for yellow highlights.

The mission of the Florida Medical Association is *Helping physicians practice medicine*. Our goal is to help you deliver CME that promotes a measurable change in physician competency and performance, with the ultimate goal of improving health outcomes.

Applicant Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Activity Date(s): \_\_\_\_\_ Anticipated Number of CME Credits (hours): \_\_\_\_\_

Activity Location: \_\_\_\_\_

Title Of Activity/Presentation: \_\_\_\_\_

Activity Director:\* \_\_\_\_\_ Email: \_\_\_\_\_

Activity Coordinator: \_\_\_\_\_ Email: \_\_\_\_\_

**\*The Activity Director must be an FMA Member.**

ID the **PROFESSIONAL PRACTICE GAP** (i.e. State the educational opportunity or the difference between current practice and best practice on which this activity was based: (Feel free to attach additional info to support your gap.)

**Click here** to view a short video or **here for the transcript** to help you better understand what we mean by professional practice gap.



Rest your cursor over each yellow star for a concrete example of a gap.

State the Educational need(s) that you determined to be the cause of the professional practice gap(s):

**Knowledge need** (i.e., is there new technology or new information that physicians need to know more about)

and/or

**Competence need** (i.e., are there tools or strategies available that might help learners apply what they should already know)

and/or

**Performance need** (i.e. is there new technology or clinical information that necessitate learners assimilating new skills)

**Click here** to view a short video or **here for the transcript** to help you better address these questions related to the three types of needs.



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State what this CME activity was designed to change in terms of learners' competence or performance:

What activity formats are planned: Lecture Panel discussion Case discussion Q&A **(click all that apply)**

Taking into account the educational objectives for this activity, why is this educational format appropriate for this activity?

[Click here](#) to view a short video or [here for the transcript](#) to help you better understand the process for choosing formats and identifying desirable physician attributes.

Indicate the desirable physician attribute(s) (i.e. competencies) this activity addresses: **(click all that apply)**

- Patient care** – Provide care that is compassionate, appropriate, and effective treatment for health problems.
- Medical knowledge** – Demonstrate knowledge about established and evolving biomedical, clinical, and cognate sciences and apply this knowledge to patient care.
- Practice-based learning and improvement** – Investigate and evaluate patient care practices, appraise and assimilate scientific evidence, and improve practice
- Interpersonal and communication skills** – Demonstrate skills that result in effective information exchange and teaming with patients and their families and with professional colleagues.
- Professionalism** – Demonstrate a commitment to carrying out professional responsibilities, adhering to ethical principles, and being sensitive to diverse patient populations.
- System-based practice** – Demonstrate an awareness of and responsibility to a larger context and system of health care. Be able to call on system resources to provide optimal care.



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## Planners/Faculty Info

For all individuals in control of content for the activity:

- Activity Coordinator must complete the **Planners/Faculty Form (click to download)**. If a list is available electronically (e.g., in Excel), indicate that and email as an attachment.  I'm including an attached Excel spread sheet of speakers.
  - » List each individual in a position to control content, that individual's role in the activity (activity director, planner or faculty) and the name of the **ACCME-defined commercial interest** with which the individual has a relevant financial relationship or if the individual has no relevant financial relationship
  - » Each person on the list **MUST** complete the **FMA Disclosure Form**.
- Communicate disclosure information collected to learners in a tangible way in advance of the activity (e.g., on the flyer, in the final program, or with some other written documentation). FMA must retain a copy of this evidence.
- Planners and faculty listed on this log who identify relevant relationships with commercial interests will trigger the FMA's resolution of conflict of interest (COI) process. **Click here to view a Flowchart** which describes the FMA's process for resolving the potential for conflicts of interest on the part of planners and faculty.

## Sample Planners/Faculty Form

<b>SAMPLE</b> Name of individual	Individual's role in activity	Name of commercial interest	Nature/type of relationship. Choose one of the following that best describes the relationship: Grant/Research support, Consultant, Speakers Bureau, Stockholder, Other financial/material support
e.g., John Smith, M.D	Activity Director	None	n/a
e.g., Jane Doe, RN	Faculty	Pfize	Research grant
If an individual has relationships with more than one commercial interest, list each company separately: e.g., Jane Doe, RN	Faculty	Pfize , Medtronic	If an individual discloses more than one type of relationship with a commercial interest, list them together: Consultant, Speakers Bureau, Stockholder



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## Commercial Supporters Info

Will you be seeking **COMMERCIAL SUPPORT** for this activity?  Yes  No  Not sure yet. (will notify later)

Commercial support is financial or in-kind (e.g. products) contributions given by a **commercial** interest (any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients) which is used to pay all or part of the costs of a CME activity.

This does not include fees paid by vendors for an exhibit booth or companies which pay corporate sponsorships in exchange for ads, booth space or other tangible benefits.

## Sample of Commercial Supporters Form

Name of Commercial Supporter	Amount of monetary commercial support	In-Kind
e.g., XYZ Pharma Co	\$5,000	<input checked="" type="checkbox"/>
e.g., ABC Medical Device Co		<input type="checkbox"/>

[Click here to download the Commercial Supporters Form](#) and return with this application.

**If you are seeking commercial support for this activity, please complete the following attestations:**

- I attest that our organization will notify the FMA of all commercial support for which we apply.
- I attest that our organization will submit a signed **Letter of Agreement** for each financial or in-kind contribution (grant) that we receive from a commercial interest. Either the LOA generated by the supporter's online grant system or I will use the FMA's Letter of Agreement.
- I attest that we will not allow commercial interests to give any funds directly to planners, faculty, attendees, or other individuals involved in the execution of this activity, or to pay any activity expenses directly nor will we use commercial support to pay for the expenses of non-faculty members directly.
- I attest that we will acknowledge commercial supporters in our promotional materials or Final Program **SEPARATELY** from Exhibitors or Corporate Partners or Sponsors of social events.



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How will you determine the effectiveness of your CME activity? [Click here](#) to view a video or [here for the transcript](#) about activity evaluation.

- Post Activity Evaluation Form** – Include questions that address what learners might do differently as a result of attending the activity. See FMA template. FMA must receive a **SUMMARY** of this data (not copies of individual forms).
- Pre- and post-testing utilizing paper tests** – FMA must receive a **SUMMARY** of the aggregate test data (not a copy of each individual test).
- Pre- and post-testing utilizing ARS technology** – FMA must receive a **SUMMARY** of the aggregate test data.
- Assimilation of knowledge and/or clinical strategies via questions incorporated in presentation utilizing audience response technology** – FMA must receive a **SUMMARY** of the aggregate data.

ATTACHMENTS		<input checked="" type="checkbox"/>
Attachment 1	The activity topics/content (for example: agenda, brochure, program book, or announcement) NOTE: All promotional materials and Final Program must be pre-approved by FMA before dissemination. FMA staff is looking for correct accreditation/designation statements, communication of planner and speaker disclosure information, and proper acknowledgment of commercial support (if applicable)	<input type="checkbox"/>
Attachment 2	Copies of each FMA Disclosure Form completed by Planners and Faculty.	<input type="checkbox"/>
Attachment 3	<b>FMA USE ONLY:</b> Evidence that any conflicts of interest for all individuals in control of content were resolved.	<input type="checkbox"/>
Attachment 4	The disclosure information as provided to learners about the relevant financial relationships (or absence of relevant financial relationships) that each individual in a position to control the content of CME disclosed to the provider. (for example: flyer, agenda, brochure, meeting program)	<input type="checkbox"/>
Attachment 5 DUE WITH FOLLOW-UP MATERIALS	The data or information generated from the activity about changes achieved in learners' competence of performance or patient outcomes. (Evaluation Summary Report)	<input type="checkbox"/>

**If the activity is COMMERCIALLY SUPPORTED, please complete/submit the following:**

Attachment 6	Each executed <b>Letter of Agreement for Commercial Support</b> for this activity	<input type="checkbox"/>
Attachment 7	The commercial support disclosure information as provided to learners (for example: flyer, agenda, meeting program)	<input type="checkbox"/>
Attachment 8 DUE WITH FOLLOW-UP MATERIALS	The income and expense statement for this activity that details the receipt and expenditure of all of the commercial support (Budget Report form)	<input type="checkbox"/>

**Ten days after the activity, follow-up materials are due. Please calendar the date now to avoid delays.**

**Follow-up materials include items highlighted above and:**

1. Attendance Credits Worksheet with participants' names, medical license numbers, and the number of credits earned.
2. A set of meeting materials as distributed to participants on site including meeting program, agenda, worksheets, etc.



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## Joint Provider Agreement Attestation

I hereby certify that the information provided in this application is complete and accurate to the best of my knowledge. In the event any information changes or the CME Activity descriptions are no longer accurate, I agree to notify FMA at [fjamross@flmedical.org](mailto:fjamross@flmedical.org). In addition, I agree that our organization will fulfill the expectations and obligations as set forth by the FMA, including the submission of requested compliance documentation and payment of all fees within the time frames specified with the understanding that the failure to do so can result in the assessment of a late fee, termination of services or legal action.

Electronic Signature

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Please type your First and Last Name \_\_\_\_\_ Date \_\_\_\_\_

I understand that by checking this box I am consenting to signing this document electronically and I acknowledge and agree to the terms stipulated in the FMA Joint Providership Application and Agreement Attestation and all documents included therein.