

Accreditation Application Checklist

Course Name: _____

Date(s) of Event: _____

Contact person(s): _____

E-mail: _____

Application Date: _____

Please choose the RCPSC MOC ACTIVITY type that is being applied for:

- Section 1: Group Learning Activities
- Section 3: Self-assessment Programs
- Section 3: Simulation Activities

Include the following mandatory supporting documents:

- | | | |
|--|---|---|
| <input type="checkbox"/> Current Application Form | <input type="checkbox"/> Promotional Materials | <input type="checkbox"/> Sponsorship and/or exhibitor prospectus (developed to solicit activity) |
| <input type="checkbox"/> Physician Organization checklist | <input type="checkbox"/> Program /Schedule | <input type="checkbox"/> Sponsorship <u>written agreement</u> |
| <input type="checkbox"/> Summary of Needs Assessment results and attachments | <input type="checkbox"/> Certificate of Attendance Template | <input type="checkbox"/> Educational Content: slide decks, modules (for MOC Section 3 only) |
| <input type="checkbox"/> Learning Objectives <u>Overall</u> and <u>Sessional</u> | <input type="checkbox"/> Budget | <input type="checkbox"/> Educational Content: slide decks, modules (for MOC Section 3 only) |
| <input type="checkbox"/> COI Form sample | <input type="checkbox"/> Speaker Letter | <input type="checkbox"/> Feedback template pre/post Assessment(for MOC Section 3 only) |
| | <input type="checkbox"/> Evaluation Form | |
| | <input type="checkbox"/> Fee Payment Form | |

For CME & PD Office use		
Submission:	Date Received:	<input type="checkbox"/> Email receipt
Application:	Start Date:	<input type="checkbox"/> Late Fee?
Fee Payment Form:	Amount \$ _____ <input type="checkbox"/> extra fees <input type="checkbox"/> Non - U of C <input type="checkbox"/> U of C <input type="checkbox"/> late fee <input type="checkbox"/> sponsor	<input type="checkbox"/> Finance Received (paid) Payment Type: _____
Date:	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Cancelled	
	<input type="checkbox"/> MOC Section _____ Total hours: _____ (rounded to .25, i.e., .25, .50, .75, 1.0)	
	Day 1: _____ hrs Day 2: _____ hrs Day 3: _____ hrs Day 4: _____ hrs	
Notification:	<input type="checkbox"/> Planning Committee Chair <input type="checkbox"/> RCPSC	Date: _____
Completed:	<input type="checkbox"/> Accreditation Coordinator <input type="checkbox"/> E.C.	Date: _____

Further explanation of the mandatory documents:

Application Form	Application Form	Application for accreditation of a CPD activity. Attach separate documents if more room is needed. Signature is required on the last page.
Attachment 1	Fee Payment Form	Two categories of payment: University of Calgary Application or Non-University of Calgary Application. To qualify for the U of C rate: the U of C must either be the physician organization or co-developing physician organization (non-profit). Applications submitted within six weeks (30 business days) of the learning event will be levied a \$250 late fee. MOC 1 applications submitted within three weeks and MOC 3 applications submitted within four weeks of the learning event will not be reviewed. All credit card payments must be faxed to our secure fax number at 403-270-2330. Emailed credit card payments will not be accepted due to security reasons.
Attachment 2	Program / Schedule	The preliminary program/schedule should include activity, schedule, speakers, and learning objectives for the overall activity and individual sessions.
Attachment 3	Promotional Materials	Any materials to promote or advertise the activity (i.e., brochure, web site link, invitations, email announcements). Include overall learning objectives in promotional materials. Sponsorship acknowledgements should be located on a page separate from the educational content (for example, on the back page of the program and not on the page facing when in booklet format.) See the FAQs regarding sponsorship: https://www.royalcollege.ca/ca/en/cpd/accreditation-continuing-professional-development-cpd-activities/cpd-activity-toolkit/faqs-on-accreditation.html
Attachment 4	Budget	The budget for this activity that details the receipt and expenditure of all sources of revenue for this activity, including an indication of whether funds were received in an educational grant or in-kind support. Also, complete page 2 listing Industry sponsorship, grants, and in-kind support, and choose “Funder Type” from the drop-down list.
Attachment 5	Evaluation	The evaluation form(s) template developed for this activity. Examples are available on our website: https://cumming.ucalgary.ca/cme/accreditation
Attachment 6	COI Form Sample	Sample form of disclosure of conflicts of interests. A template is available on our website: https://cumming.ucalgary.ca/cme/accreditation
Attachment 7	Certificate of Attendance Template	The template certificate of attendance that will be provided to participants. A template is available on our website: https://cumming.ucalgary.ca/cme/accreditation
Attachment 8	Summary of Needs Assessment Results	The summarized needs assessment results (e.g., list of references, survey results, new clinical practice guidelines used in the needs assessment)
Attachment 9	Sponsorship Written Agreement	If sponsorship has been received for this activity, attach the written agreement that is signed by the CPD provider organization and the sponsor.
Attachment 10	Sponsorship and/or Exhibitor Prospectus/Document	The sponsorship and/or exhibitor prospectus developed to solicit sponsorship/exhibitors for the activity.
Attachment 11	Feedback Template pre/post assessment	A copy of the answer sheet or assessment tool that allows participants to demonstrate knowledge, skills, clinical judgment, or attitudes (for MOC Section 3 application only)
Attachment 12	Educational Content (MOC 3 only)	Include slide decks, or modules (for MOC Section 3 only)