

# Accreditation Application Checklist

Course Name: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

City 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"/> Application Form      | <input type="checkbox"/> Budget                             | <input type="checkbox"/> Summary of Needs Assessment Results  |
| <input type="checkbox"/> Fee Payment Form      | <input type="checkbox"/> Evaluation                         | <input type="checkbox"/> Sponsorship and/or exhibitor prospectus/document developed to solicit activity (if applicable) |
| <input type="checkbox"/> Program / Schedule    | <input type="checkbox"/> COI Form sample                    | <input type="checkbox"/> Sponsorship written agreement (if applicable)  |
| <input type="checkbox"/> Promotional Materials | <input type="checkbox"/> Certificate of Attendance Template | <input type="checkbox"/> Feedback template pre/post Assessment (for MOC Section 3 only)                                 |

For CME & PD Office use		
<b>Administrative Assistant:</b>		
<b>Submission:</b>	Date Application Received:	<input type="checkbox"/> Email receipt sent
<b>Application:</b>	<input type="checkbox"/> Complete	
<b>Fee Payment Form:</b>	<input type="checkbox"/> Received \$_____ Payment Type: _____ <input type="checkbox"/> Non - U of C <input type="checkbox"/> U of C <input type="checkbox"/> late fee	<input type="checkbox"/> Financial Administrator
<b>Reviewer Name:</b>		
Date:	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	
	<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	
<b>Administrative Assistant:</b>		
<b>Notification:</b>	<input type="checkbox"/> Planning Committee Chair <input type="checkbox"/> RCPSC	Date:

## Further explanation of the mandatory documents:

<b>Application Form</b>	Application Form	Application for accreditation of a CPD activity. Attach separate documents if more room is needed. Signature is required on the last page.
<b>Attachment 1</b>	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 be either the physician organization or co-developing physician organization. There is a \$250 late fee for applications submitted 2 – 6 weeks of the date of the event. Applications submitted within 10 business days of the program will be rejected. All credit card payments must be faxed to our secure fax number at 403-270-2330. <b>Emailed credit card payments will not be accepted due to security reasons.</b>
<b>Attachment 2</b>	Program / Schedule	The preliminary program/schedule should include activity, schedule, speakers, and learning objectives for the overall activity and individual sessions.
<b>Attachment 3</b>	Promotional Materials	Any materials to promote or advertise the activity (i.e. brochure, web site link, invitations, email announcements). 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: <a href="http://www.royalcollege.ca/rcsite/cpd/accreditation/toolkit/faqs-on-accreditation-e">http://www.royalcollege.ca/rcsite/cpd/accreditation/toolkit/faqs-on-accreditation-e</a>
<b>Attachment 4</b>	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.
<b>Attachment 5</b>	Evaluation	The evaluation form(s) template developed for this activity. Examples are available on our website under step 5: <a href="https://cumming.ucalgary.ca/cme/accreditation/guidelines">https://cumming.ucalgary.ca/cme/accreditation/guidelines</a>
<b>Attachment 6</b>	COI Form Sample	Sample form of disclosure of conflicts of interests. A template is available on the our website under step 6: <a href="https://cumming.ucalgary.ca/cme/accreditation/guidelines">https://cumming.ucalgary.ca/cme/accreditation/guidelines</a>
<b>Attachment 7</b>	Certificate of Attendance Template	The template certificate of attendance that will be provided to participants. A Certificate of Attendance template is available on the RCPSC website at <a href="http://www.royalcollege.ca/rcsite/documents/continuing-professional-development/certificate-of-attendance-b.docx">http://www.royalcollege.ca/rcsite/documents/continuing-professional-development/certificate-of-attendance-b.docx</a>
<b>Attachment 8</b>	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)
<b>Attachment 9</b>	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 (if applicable).
<b>Attachment 10</b>	Sponsorship and/or Exhibitor Prospectus/Document	The sponsorship and/or exhibitor prospectus developed to solicit sponsorship/exhibitors for the activity (if applicable).
<b>Attachment 11</b>	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)