

**OFFICE OF CONTINUING MEDICAL EDUCATION &
PROFESSIONAL DEVELOPMENT**
Application steps:

1. Keep a copy of the completed application form and supporting documents for your records.
Do not send this application form to the Royal College of Physicians and Surgeons of Canada (RCPSC).
2. Email a copy of your completed application form and supporting documents to cme@ucalgary.ca. Ensure you attach the checklist, application, and separate PDFs for each section of the supporting documents.
3. Fax the fee payment form to our confidential fax line at (403) 270-2330 or mail cheque to Office of CME & PD, TRW Building, 3280 Hospital Drive NW, Calgary AB T2M 4Z6. Applications submitted within 30 business days of the learning event will be levied a \$250 late fee. Applications submitted within two weeks or 10 business days of the learning event will not be reviewed. Additional fee payments may apply for complex application reviews.
4. A summary of the application review will be emailed to the physician organization including the outcome of the assessment of the CPD activity.
5. If your event is approved for accreditation, the chair of the Scientific Planning Committee and the contact person will be emailed the number of accredited hours, and the CPD activity accreditation statement that must appear on all accredited CPD activity program materials and certificates of participation.
6. The Office of CME&PD will notify the RCPSC of your accredited event.

Date of application: (dd/mm/yyyy)			
Title of group learning activity (as it will appear on the certificate of attendance):			
Activity start date: (dd/mm/yyyy)		Activity end date: (dd/mm/yyyy)	
Event location (insert city and province):			
Website Link to Registration (or insert 'not applicable')			
Delivery method of group learning activity:	<input type="checkbox"/> Web-based <input type="checkbox"/> Face-to-face <input type="checkbox"/> Both web-based and face-to-face		
How many times will this activity be held in a year?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+		
Anticipated number of participants:			
Do you want this event posted on the Royal College (RCPSC) website?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Select the option that applies to your organization:

Option 1

We are a **physician organization** that is planning this educational event alone or in conjunction with another physician organization.

Option 2

We are a **physician organization that is co-developing this educational event with a non-physician organization**. We (the physician organization) have been prospectively involved in planning this event and accept accountability for its entire program.

***Physician Organization:**

A not-for-profit group of health professionals with a formal governance structure, accountable to and serving, among others, its specialist physician members through:

- Continuing professional development, Provision of health care; and/or, Research

This definition includes (but is not limited to) the following groups:

- Faculties of medicine
- Hospital departments or divisions
- Medical (specialty) societies
- Medical associations
- Medical academies
- Physician research organizations
- Health authorities not linked to government agencies

Types of organizations that 'Are Not' considered Physician Organizations:

- Disease-oriented patient advocacy organizations (e.g. Canadian Diabetes Association)
- Government departments or agencies (e.g. Health Canada, Public health Agency of Canada)
- Industry (e.g. pharmaceutical companies, medical device companies, etc.)
- Medical education or communications (MEC) companies (e.g. CME Inc.)
- For-profit online educators, publishing companies or simulation companies (e.g. Medscape, CAE)
- Small number of physicians working together to develop educational programming

PART A: Administrative Standards

Name(s) of physician organization(s) that developed the group learning activity:

1. Name of physician organization requesting accreditation:	List physician organization in the following order (if applicable):	
	<ul style="list-style-type: none"> ➤ group, section/division, institute/department, faculty, university or ➤ group, section/division, SCN/department, zone, health authority 	
	Website address: <input type="checkbox"/> Check here if not applicable	
2. Name and contact information for Chair of the Scientific Planning Committee:	First Name:	Last Name:
	Address:	
	Email:	Telephone#:
3. Contact information for main point-of-contact for participants:	First Name:	Last Name:
	Email:	Telephone #:
	Address:	

<p>4. Name and contact information for organizations co-developing the activity</p> <p><i>(If there are more than two co-developing physician organizations, please list on separate document)</i></p> <p><i>Do not include sponsors as co-developers.</i></p>	<p>Names of Co-developing Organizations. List in the following order:</p> <ul style="list-style-type: none"> ➤ group, section/division, institute/department, faculty, university or ➤ group, section/division, SCN/department, zone, health authority 	
	<p>a) Name of first Co-developing Organization:</p>	
	<p>Is the co-developing organization a physician organization? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
	<p>Email:</p>	<p>Telephone #:</p>
	<p>Website address: <input type="checkbox"/> Check here if not applicable</p>	
	<p>b) Name of second Co-developing Organization:</p>	
	<p>Is the co-developing organization a physician organization? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
	<p>Email:</p>	<p>Telephone #:</p>
<p>Website address: <input type="checkbox"/> Check here if not applicable</p>		
<p>5. The physician organization agrees to maintain attendance records for 5 years.</p>		<p><input type="checkbox"/> Yes</p>
<p>6. Was the content developed by the Scientific Planning Committee?</p>		<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If no, who developed the content?</p>		
<p>7. Name and credentials of Scientific Planning Committee members</p>	<p>How does the individual represent target audience?</p>	<p>Is the individual a member of the developing or co-developing physician organization?</p>
<p><i>Example: David Smith, MD, FRCPC</i></p>	<p><i>Example: Endocrinologist</i></p>	<p><i>Developing, Co-developing or n/a</i></p>

PART B: Educational Standards

1. Who is the intended primary target audience of the activity? *(check all that apply)*

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|--|---|
| <input type="checkbox"/> Acute Care Point of Care Ultrasonography (POCS)
<input type="checkbox"/> Addiction Medicine
<input type="checkbox"/> Adolescent and Young Adult Oncology
<input type="checkbox"/> Adolescent Medicine
<input type="checkbox"/> Adult Cardiac Electrophysiology
<input type="checkbox"/> Adult Echocardiography
<input type="checkbox"/> Adult Hepatology
<input type="checkbox"/> Adult Interventional Cardiology
<input type="checkbox"/> Adult Thrombosis Medicine
<input type="checkbox"/> Advanced Heart Failure & Cardiac Transplantation
<input type="checkbox"/> Aerospace Medicine
<input type="checkbox"/> Anatomical Pathology (AP)
<input type="checkbox"/> Anesthesiology (ANES)
<input type="checkbox"/> Brachytherapy
<input type="checkbox"/> Cardiac Surgery
<input type="checkbox"/> Cardiology (adult or pediatrics)
<input type="checkbox"/> Child and Adolescent Psychiatry
<input type="checkbox"/> Child Maltreatment Pediatrics
<input type="checkbox"/> Clinical Immunology & Allergy (adult or pediatrics)
<input type="checkbox"/> Clinical Pharmacology & Toxicology
<input type="checkbox"/> Clinician Educator
<input type="checkbox"/> Clinician Investigator Program
<input type="checkbox"/> Colorectal Surgery
<input type="checkbox"/> Critical Care Medicine (adult or pediatrics)
<input type="checkbox"/> Cytopathology
<input type="checkbox"/> Dermatology
<input type="checkbox"/> Developmental Pediatrics
<input type="checkbox"/> Diagnostic Radiology
<input type="checkbox"/> Emergency Medicine
<input type="checkbox"/> Endocrinology & Metabolism (adult or pediatrics)
<input type="checkbox"/> Forensic Pathology
<input type="checkbox"/> Forensic Psychiatry
<input type="checkbox"/> Gastroenterology (adult or pediatrics)
<input type="checkbox"/> General Internal Medicine
<input type="checkbox"/> General Pathology
<input type="checkbox"/> General Surgery
<input type="checkbox"/> General Surgical Oncology
<input type="checkbox"/> Geriatric Medicine
<input type="checkbox"/> Geriatric Psychiatry
<input type="checkbox"/> Gynecologic Oncology
<input type="checkbox"/> Gynecologic Reproductive Endocrinology & Infertility
<input type="checkbox"/> Hematological Pathology
<input type="checkbox"/> Hematology
<input type="checkbox"/> Hematopoietic Stem Cell Transplantation
<input type="checkbox"/> Hyperbaric Medicine | <input type="checkbox"/> Infectious Diseases (adult or pediatrics)
<input type="checkbox"/> Internal Medicine
<input type="checkbox"/> Interventional Radiology
<input type="checkbox"/> Maternal Fetal Medicine
<input type="checkbox"/> Medical Biochemistry
<input type="checkbox"/> Medical Genetics and Genomics
<input type="checkbox"/> Medical Microbiology
<input type="checkbox"/> Medical Oncology
<input type="checkbox"/> Neonatal Perinatal Medicine
<input type="checkbox"/> Nephrology (adult or pediatrics)
<input type="checkbox"/> Neurology (adult or pediatrics)
<input type="checkbox"/> Neuropathology
<input type="checkbox"/> Neuroradiology
<input type="checkbox"/> Neurosurgery
<input type="checkbox"/> Nuclear Medicine
<input type="checkbox"/> Obstetrics & Gynecology
<input type="checkbox"/> Occupational Medicine
<input type="checkbox"/> Ophthalmology
<input type="checkbox"/> Orthopedic Surgery
<input type="checkbox"/> Otolaryngology - Head and Neck Surgery
<input type="checkbox"/> Pain Medicine
<input type="checkbox"/> Palliative Medicine
<input type="checkbox"/> Pediatric Emergency Medicine
<input type="checkbox"/> Pediatric Hematology/Oncology
<input type="checkbox"/> Pediatric Radiology
<input type="checkbox"/> Pediatric Surgery
<input type="checkbox"/> Pediatric Urology
<input type="checkbox"/> Pediatrics
<input type="checkbox"/> Physical Medicine & Rehabilitation
<input type="checkbox"/> Plastic Surgery
<input type="checkbox"/> Psychiatry
<input type="checkbox"/> Prehospital and Transplant Medicine
<input type="checkbox"/> Public Health and Preventive Medicine
<input type="checkbox"/> Radiation Oncology
<input type="checkbox"/> Respiriology (adult or pediatrics)
<input type="checkbox"/> Rheumatology (adult or pediatrics)
<input type="checkbox"/> Sleep disorder medicine
<input type="checkbox"/> Solid Organ Transplantation
<input type="checkbox"/> Sport and Exercise Medicine
<input type="checkbox"/> Surgical Foundations
<input type="checkbox"/> Thoracic Surgery
<input type="checkbox"/> Transfusion Medicine
<input type="checkbox"/> Trauma General Surgery
<input type="checkbox"/> Urology
<input type="checkbox"/> Vascular Surgery |
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