

APPLICATION FOR APPROVAL OF GROUP ACTIVITIES FOR CME CREDIT

Fill out form online and then print.

American Academy of Family Physicians
Attn: Commission on Continuing Medical Education
11400 Tomahawk Creek Parkway, Leawood, KS 66211-2672
(800) 274-2237 ext. 6542 FAX: (913) 906-6284 cmeaccredit@aafp.org



American Academy
of Family Physicians

AAFP 102 Revised 12/01 Web Revision 5/02

Date of submission

Date received by AAFP _____

Check one audience type:

State (Mail state application to appropriate Chapter Physician Reviewer. List available online or contact AAFP)

Regional National International (Mail Regional, National, International Activities to AAFP headquarters)

Check one group activity type: Single Multi site/date Training program/fellowship Series (Mail original series applications to Chapter Physician Reviewer. Mail series updates to AAFP headquarters)

Title of activity

Date(s) of activity

Location(s) of activity

(e.g., auditorium, hospital, hotel)

(city)

(state)

CME provider

Contact person

The provider contact will be mailed the credit determination at the provider address unless otherwise indicated.

Provider address

(street)

(city)

(state)

(zip code)

Provider phone

Fax

E-mail

Provider Web site address (to promote activity to participants)

Activity director (if different than contact)

Phone

Indicate commercial supporter(s)

or None

Is the CME provider accredited by ACCME or an authorized state medical society: Yes No (Your response will not affect the AAFP review process.)

INDICATE NUMBER OF AAFP CME CREDIT HOURS REQUESTED

CME activities are eligible for AAFP Prescribed credit when they are designed primarily for physicians with content directly related to patient care, its delivery, or certain non-clinical topics. An AAFP Active or Life member must be directly involved in the planning of these activities. CME activities are eligible for Elective credit when they are of interest to physicians and will improve a physician's professional ability. They need not relate directly to patient care or its delivery, and they do not require AAFP member input. For additional information about credit eligibility requirements, see the *AAFP CME Information Booklet*.

Clinical content is eligible for Prescribed or Elective credit when it is based on evidence (**EB CME**) or on customary and generally accepted medical practice (**CGA CME**). CGA CME is eligible for credit with no new documentation requirements. Clinical content that is neither evidence-based nor based on customary and generally accepted medical practice but not dangerous is eligible for Elective credit only, with or without AAFP member input. The AAFP categories, definitions, and criteria for the clinical content of CME are provided in **Categories, Definitions and Criteria**. Non-clinical topics, such as practice management, teaching skills, ethical and social issues, professional development, and leadership skills, are eligible for Prescribed or Elective credit as delineated in the *AAFP CME Information Booklet*.

EB CME is optional. For each topic submitted for review as EB CME, faculty must follow the procedures outlined and provide the information requested in **Faculty Documentation**. Submit this documentation with the application for CME credit. The faculty must provide key practice recommendations, the approved source used to find supporting evidence for each recommendation, and the specific website (not the homepage of the approved source) or literature citation (for approved print-only sources) of the supporting evidence. The AAFP strongly encourages faculty to provide learners with a description of the strength of evidence reviewed by the approved source. Examples of how to develop EB CME and how to present required documentation are offered in **EB CME Development: Guidelines for Faculty**. If some or all portions of this activity are approved for EB CME content, use the credit statement for group activities provided in **Credit Statements for EB CME**.

- TOTAL credit hours requested Prescribed Elective
- Of these total credit hours requested, Prescribed credit hours Elective credit hours are being submitted for review as evidence-based CME clinical content. (Submit required documentation for each EB CME topic; see **Faculty Documentation**.)

SUPPORTING INFORMATION REQUIRED FOR REVIEW

Provide the following information on additional pages or use **Addendum** on next page (**four copies required**): overview (brief description of purpose, scope, and subject of activity) learning objectives (what participants can expect to learn); hour-for-hour agenda including breaks and adjournment times, speaker name by topic, and identification of EB CME topics, if any; speaker(s) with degree(s) and professional title(s) or speaker sources, cv's not required; principal audience; primary method(s) of teaching; method of activity evaluation and how results will be used.

The activity director must attest that this activity complies with the *ACCME Standards for Commercial Support of CME*. The signature of the activity director must sign verifying that this activity meets every requirement of the *Standards*, a summary of which is provided.

Name of Activity Director

Signature

Date

The activity must have AAFP member input to be eligible for Prescribed credit. This activity was developed by/in cooperation with a family physician who is an Active or Life AAFP member: YES NO If yes, the AAFP member must sign attesting that he or she has been directly involved in the planning of this activity and that it is appropriate continuing medical education for family physicians.

Name of Member

Member ID#

City/State

Signature

Date

PAYMENT MUST ACCOMPANY APPLICATION

Credit card #

or Check #

Amount \$

(payable to AAFP)

MasterCard

Visa

Expiration date

Name on credit card

Payment contact person

Phone

FOR AAFP USE ONLY

For state activities, the AAFP Constituent Chapter Physician Reviewer recommends:

Approval for _____ Total Prescribed credit hours _____ Total Elective credit hours.

Of these total credit hours approved, _____ Prescribed credit hours _____ Elective credit hours conform to AAFP criteria for evidence-based CME clinical content.

Disapproval/no credit

Hour-for-hour CME

CME requirements not met

Comments:

Signature of AAFP Constituent Chapter Physician Reviewer

Date

For all activities, the AAFP Commission on Continuing Medical Education determines:

Approval for _____ Total Prescribed credit hours _____ Total Elective credit hours

Of these total credit hours approved, _____ Prescribed credit hours _____ Elective credit hours conform to AAFP criteria for evidence-based CME clinical content.

Disapproval/no credit

Hour-for-hour CME

CME requirements not met

Comments:

Signature of Commission on Continuing Medical Education Advisor(s)

Date

ADDENDUM TO APPLICATION FOR APPROVAL OF GROUP ACTIVITIES FOR CME CREDIT



Supporting Information Required for Review

AAFP 102 (5/02)

The following information must be submitted with your application. Please use the Addendum or submit in a different format. The text fields below are limited to space provided.

Title:

Date of Activity:

Overview (brief description of purpose, scope, and subject of activity):

Learning Objectives (what participants can expect to learn):

Hour for-hour agenda including breaks and adjournment times, speaker name by topic, and identification of EB CME topics, if any:

Speaker(s) with degree(s) and professional title(s) or speaker sources, cv's not required:

Identify principal audience (professional groups for whom the activity has been designed):

Describe primary method(s) of teaching:

Describe method of activity evaluation and how results will be used: