**AGENDA REQUIREMENTS AND TEMPLATE**

The Agenda/Program/Invite for the activity must include the following:

1. **ACCREDITATION STATEMENT(S)** - you must use exact wording shown below:

**Mainpro+**

This one-credit-per-hour Group Learning program meets the certification criteria of the College of Family Physicians of Canada and has been certified by Continuing Professional Development, Schulich School of Medicine & Dentistry, Western University for up to XX Mainpro+ credits. Each participant should claim only those hours of credit that he/she actually spent participating in the educational program.

**MOC Section 1**

This event is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada, and approved by Continuing Professional Development, Schulich School of Medicine & Dentistry, Western University. You may claim a maximum of XX hours (credits are automatically calculated).

**MOC Section 3 - Simulation**

This activity is an Accredited Simulation Activity (Section 3) as defined by the Maintenance of Certification Program of The Royal College of Physicians & Surgeons of Canada, and approved by Continuing Professional Development, Schulich School of Medicine & Dentistry, Western University. You may claim a maximum of XX hours (credits are automatically calculated).

**MOC Section 3 – Self Assessment**

This activity is an Accredited Self Assessment Program (Section 3) as defined by the Maintenance of Certification Program of The Royal College of Physicians & Surgeons of Canada, and approved by Continuing Professional Development, Schulich School of Medicine & Dentistry, Western University. You may claim a maximum of XX hours (credits are automatically calculated).

1. **LEARNING OBJECTIVES** - both overall and session-specific learning objectives must be included. Refer to the Learning Objective Guide for assistance with writing acceptable learning objectives.
2. **LOGOS & BRANDING** - which reflect the acceptable physician organization developing, or co-developing, the program. Programs developed, or co-developed, by a clinical department or educational unit of the Schulich School of Medicine & Dentistry, Western University must comply with the school’s branding [guidelines.](https://www.schulich.uwo.ca/communications/branding/guidelines/index.html)
3. **AGENDA TIMELINE** – the timeline must include all presentation/session times, discussion periods, opening and closing remarks, and break periods. Time at the end of the program for participants to complete the evaluation can also be noted. Presentation titles and all speaker/facilitator/moderator names must also be included.
4. **INTERACTIVITY** - 25% of the program must be dedicated to participant interaction and evident on the agenda. This can be achieved through question and answer periods, small group discussion, etc. If it is not evident on the program, please include the following statement: 25% of this program is dedicated to participant interaction.
5. **FINANCIAL SUPPORT OR NON-FINANCIAL SUPPORT STATEMENT** – acknowledgement statements can be found on the agenda template below. Sponsor names and/or logos cannot appear near any CME activity information (e.g. agenda, learning objectives, accreditation statements). If including logos, ensure they are no bigger than the title font size and are listed alphabetically on a separate page.

|  |
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| Remove logos if not a Schulich/Western event.If co-developed, choose the Schulich/Western logo set that matches the orientation of that organization’s logo. |



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**Activity Name**

Date

Time

Location

**Overall Learning Objectives:**

By the end of this program, participants will be able to:

1. Objective 1
2. Objective 2
3. Objective 3

|  |  |
| --- | --- |
| **8:00 - 8:05**  | **Opening Remarks & Speaker Name** |
| **8:05 - 8:45**  | **Presentation Title & Speaker Name** *By the end of this session, participants will be able to:**1. Objective 1**2. Objective 2**3.Objective 3* |
| **8:45 - 9:00**  | **Question & Answer Period**  |
| **9:00 - 9:45**  | **Presentation Title & Speaker Name** *By the end of this session, participants will be able to:**1. Objective 1**2. Objective 2**3.Objective 3* |
| **9:45 - 10:00**  | **Question & Answer Period**  |
| **10:00 - 10:15**  | **Break**  |
| **10:15 - 11:00**  | **Presentation Title & Speaker Name** *By the end of this session, participants will be able to:**1. Objective 1**2. Objective 2**3.Objective 3* |
| **11:00 - 11:20** | **Small Group Discussion & Moderator Name** |
| **11:20 - 11:25**  | **Completion of Evaluations**  |
| **11:25 - 11:30** | **Closing Remarks & Speaker Name** |

25% of this program is dedicated to participant interaction.

**CFPC (Mainpro+ Certification)**

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**For RCPSC (MOC Section 1)**

This event is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada, and approved by Continuing Professional Development, Schulich School of Medicine & Dentistry, Western University. You may claim a maximum of XX hours (credits are automatically calculated).

**Non-Financial Sponsorship Statement**

This program has received no financial support.

***or***

**Financial Support Statement – Must not appear near any CME activity information**

This program has received an educational grant or in-kind support from: (list organization name(s).