



Continuing Professional Development
 Suite 227 – 100 Collip Circle, London ON N6G 4X8
 Telephone: 519. 850.2904; Facsimile: 519.661.3295
 Email: cpd@schulich.uwo.ca

MAINPRO-M1 ACCREDITATION APPLICATION FORM

1. Date of Application _____ 2. Date(s) of program _____
3. Title of program _____
4. Location _____
(i.e. Auditorium/Hospital) (City) (Province) (Postal Code)
5. Responsible department _____
6. Address _____
(Street) (City) (Province) (Postal Code)
7. Program director/chair _____ 8. Telephone _____
9. Email _____ 10. Fax _____
11. Contact person for registrants _____ 12. Telephone _____
13. Number of MAINPRO-M1 Credits requested (based on one credit per hour of learning activity excluding breaks and lunches)
 _____ M1 Credits.

This section must be completed by the CFPC member who is involved from the beginning of the program planning.

As a family physician and member of the College of Family Physicians of Canada, I hereby certify that I had substantial input into the planning and development of this program. My involvement has been as follows:

14. Name (s) _____ 15. Telephone _____
16. Signature (s) _____ 17. Email _____
18. CFPC# _____

PROGRAM APPLICANT - PLEASE NOTE

- Ž Complete both pages of the application and submit with attachments to address above.
- Ž An accreditation decision will be guaranteed only if the complete application materials are received a *minimum* of 4 weeks prior to the program date. **We cannot accredit a program that has already taken place.**

- Ž Program brochures cannot state “CFPC credits applied for” or similar wording. Once you have received this application back with notification that accreditation has been granted, course materials may indicate accreditation by using the following EXACT wording:
- Ž ***This program meets the accreditation criteria of the College of Family Physicians of Canada and has been accredited for up to _____ MAINPRO-M1 credits.***
- Ž Failure to comply with any of the accreditation criteria or process requirements of Western’s CPD Office or the CFPC will result in the denial or withdrawal of the accreditation of the program that has been accredited. The CFPC or Western’s CPD office have the right to audit any program that has been approved for study credits.
- Ž This application form is comprised of 4 pages.
- Ž A supplementary signed “CME AGREEMENT” must accompany this application.

Check List

MAINPRO-M1 ACCREDITATION CRITERIA Please answer the following questions and attach supporting documentation		Criteria Met	Criteria Not Met
1.	At least one member of the College of Family Physicians of Canada has had substantial input into the program.		
2.	The educational content is relevant to family medicine. <i>(Please attach a copy of the program description or draft brochure)</i>		
3.	Learning objectives have been defined according to the learning needs of the participants and will have been provided to them prior to the program. <i>(Please attach copy of learning objectives)</i>		
4.	Organizers have provided specific instructions to the speakers regarding the format and learning objectives to assure participants can interact with each other and the speaker, and there is time for question and answer. <i>(Please send a copy of the proposed course schedule indicating discussion periods)</i>		
5.	The format and environment will be appropriate for learning. <i>(Describe the venue - location, rooms, environment)</i>		
6.	Participants will have an opportunity to evaluate the program. <i>(Please attach copy of evaluation form)</i>		
7.	The planning, content, and conduct of the program follow acceptable ethical standards. Any outside funding has been clearly identified. <i>(Fully describe any outside funding sources)</i>		

For CPD Office Use

“ Accredited for _____ MAINPRO-M1 Credits	“ Not accredited for the following reason(s):
<hr/>	
<hr/>	
<hr/>	
<hr/>	
CPD Office Assessor _____ Date _____	

For further information, please contact the CPD Office at email: cpd@schulich.uwo.ca or consult the CFPC website at www.cfpc.ca.

**Continuing Professional Development
Schulich School of Medicine & Dentistry, UWO
COURSE PROPOSAL FORM**

(To Accompany Application for MAINPRO-M1 Study Credits)

Purpose of form: To provide a framework that will help you think through key aspects of your program and provide useful information to the CPD Office to assist in reviewing your application for CFPC study credits. Providing this information is also a requirement of the CFPC application process for study credits for CPD/CME programs. Please feel free to communicate with us at any time if you have questions or require assistance for completion of this form.

1. TELL US ABOUT THE PROGRAM:

A) BRIEF DESCRIPTION OF PROPOSED PROGRAM (Use keyword e.g., two-day conference, cardiology, new investigative techniques, etc.)

B) KEYWORDS: Please provide a few keywords by which potential registrants may search for your course on our website (e.g. cardiology, heart disease, geriatrics, etc.).

C) What format is your program in? (Check one or more)

- Conference PBL Traditional Lecture Based CME
 Small Group discussion Workshop
 Other _____

2. WHO IS YOUR TARGET AUDIENCE? (Urban/rural practice, etc.)

3. WHAT METHODS DID YOU USE TO IDENTIFY LEARNING NEEDS?

Please check all that apply:

SUBJECTIVE DATA
(Perceived needs)

OBJECTIVE DATA
(Unperceived or misperceived needs)

- | | |
|---|---|
| <input type="checkbox"/> Personal requests | <input type="checkbox"/> Practice data |
| <input type="checkbox"/> Personal observation | <input type="checkbox"/> Literature survey/reviews |
| <input type="checkbox"/> Questionnaires/survey | <input type="checkbox"/> Clinical practice guidelines |
| <input type="checkbox"/> Focus groups | <input type="checkbox"/> Referral/consultation |
| <input type="checkbox"/> Comments on evaluation forms | <input type="checkbox"/> Experience |
| <input type="checkbox"/> Other, please specify: | |

4. WHO IS ON YOUR PLANNING COMMITTEE?

To ensure program relevance and value, a planning committee should be representative of its intended larger audience. For instance, if the program is for family physicians and pharmacists, members of each of these professions should be represented on the committee. N.B. If family physicians are part of the target audience, the family physician on the planning committee must be a) a member of the College of Family Physicians of Canada in order for the course to receive MAINPRO-M1 credit and b) a member of the Advisory Committee on Continuing Medical Education (ACCME) or a member practicing medicine in the community. Please indicate members of the CFPC below, if applicable. Please note that being a member of the planning committee requires significant involvement in decisions related to the program.

List the members of your Planning Committee:

University-affiliated (academic)

Representatives of Target Audience
(often community-based)

<u>Name</u>	<u>Specialty</u>	<u>Name</u>	<u>Specialty</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. HOW WILL YOUR PROGRAM BE EVALUATED?

a) How will you obtain feedback from participants on the design of your program?

b) Will there be a Pre/Post Test? Yes No (Please attach a copy if this applies.)

6. WERE THE OBJECTIVES SET PRIOR TO THE ACTIVITY?

Yes No

7. COMPLIANCE WITH GUIDELINES GOVERNING CME AND INDUSTRY

WILL YOUR COURSE BE SPONSORED BY INDUSTRY? Yes No

Please attach your course budget indicating all sources of projected revenue and expenses (A template is available on request from the CPD/CME office).

PLEASE CONFIRM BY CHECKING THE FOLLOWING BOXES:

- CMA GUIDELINES FOLLOWED (For further information, please contact the CPD/CME Office)
- UNIVERSITY GUIDELINES FOLLOWED (For further information, please contact the CPD/CME Office)

Adapted from University of Toronto forms