



**By submitting this completed education plan to the MMA, the applying organization agrees to abide by the [MMA's Joint Providership Guidelines](#).**

## Activity Information

Activity Title: \_\_\_\_\_

Estimated hours of instruction: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

Activity Type: [click for a drop down list](#)

Are you a non profit?

## Primary Contact

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

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Applying Organization: \_\_\_\_\_

Mailing/Billing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Activity Location: \_\_\_\_\_ Company Website: \_\_\_\_\_

## Outside Organizations

Are you collaborating with other organizations to plan/conduct this activity?  No  Yes

Name:

## Activity Summary

What problem or knowledge issues is to be addressed? (practice-based problem or gap)

What is the reason(s) for this gap AND how are your learners involved?

What change(s) in strategy, performance, or patient care would you like this education to help learners accomplish?

**Learning Objectives** *(List 3 or more objectives that address the identified need)*

The intended changes learners intend to make to strategies, performance, or patient care are:

- 1.
- 2.
- 3.

**Basics**

Describe why this event format is appropriate for the desired results:

Target Audience:

Activity Date(s):            to :

**Ineligible Support**

Will this activity receive Ineligible Support?       No       Yes       Applying

**Promotional Materials**

Which of the following promotional materials are planned for this activity (check all that apply)?

- Digital Materials (i.e electronic PDF)       Email       Social Media
- Printer Material (i.e. postcard)       Website       Other:

**Note:** It is mandatory that the MMA logo and CME requirements be placed on all promotional materials. This includes websites, save, the dates, and other collateral pieces.

**\*All promotional pieces must be reviewed and approved by the MMA prior to final production and distribution.**

## Faculty

- Include a list of all Program Planning Committee Members
- Are members of interprofessional teams involved in the planning of this activity?  No  Yes
- Are patient/public representatives involved in the planning of this activity?  No  Yes
- Include a list of all Faculty/Speakers/Authors
- Are members of interprofessional teams involved in the presenting of this activity?  No  Yes
- Are patient/public representatives involved in the presenting of this activity?  No  Yes

## Needs Assessment & Practice Gaps

Which educational format(s) will be used?  
(check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Panel discussion       | <input type="checkbox"/> Case based discussion  |
| <input type="checkbox"/> Lecture                | <input type="checkbox"/> Simulation             |
| <input type="checkbox"/> Small group discussion | <input type="checkbox"/> Skills based training  |
| <input type="checkbox"/> Question & answer      | <input type="checkbox"/> Round table discussion |
| <input type="checkbox"/> Hands-on workshop      | <input type="checkbox"/> Role playing           |
| <input type="checkbox"/> Live Polling           | <input type="checkbox"/> Other _____            |

The objectives of this activity are  
**designed to change:** (check all that apply)

- |   |
|---|
| <input type="checkbox"/> Competence                     |
| <input type="checkbox"/> Performance                    |
| <input type="checkbox"/> Patient Outcomes               |
| <input type="checkbox"/> Patients and Their Communities |

Which of the following outcomes will be  
**measured?** (check all that apply)?

- Learner Competence
- Learner Performance
- Patient Health
- Community/Population Health
- Learner Knowledge

How will this be measured:

- Objective measurement (e.g., observed, tested)
- Subjective measurement (e.g., self-reported)

Which of the following **criteria** will be addressed by this activity (check all that apply)?

- |  |  |
|--|--|
| <input type="checkbox"/> Engages Teams                         | <input type="checkbox"/> Creates Individualized Learning Plans |
| <input type="checkbox"/> Engages Patients/Public               | <input type="checkbox"/> Utilizes Support Strategies           |
| <input type="checkbox"/> Engages Students                      | <input type="checkbox"/> Improves Performance                  |
| <input type="checkbox"/> Advances Data Use                     | <input type="checkbox"/> Improves Healthcare Quality           |
| <input type="checkbox"/> Addresses Population Health           | <input type="checkbox"/> Improves Patient/Community Health     |
| <input type="checkbox"/> Collaborates Effectively              | <input type="checkbox"/> Other: <input type="text"/>           |
| <input type="checkbox"/> Optimizes Communication               |  |
| <input type="checkbox"/> Optimizes Technical/Procedural Skills |  |

**Evaluation** *(If needed, we are able to provide you with a sample evaluation)*

What type of evaluation method are you planning on using for the activity (check all that apply)?

- Quiz simulation
- Case Discussion
- Audience Response System
- Pre- and/or Post-tests
- Other:

\* Evaluation questions and an evaluation summary will be required as part of your summary report

**Required Attachments** *(Omissions may delay application approval)*

- Planner/Faculty disclosure(s)
- Draft promotional materials (if available)
- Evaluation questions
- Planner/Faculty disclosure checklist
- Preliminary agenda with times

**Interested In Offering Maintenance of Certification (MOC)?**

If you wish to obtain Maintenance of Certification (MOC) credit for your activity, please select your board below. A separate email will be sent containing MOC paperwork and next steps. Board/diplomate IDs and date of birth (date/month) will need to be collected electronically in order to grant MOC credit for an activity.

- American Board of Anesthesiology (ABA)
- American Board of Internal Medicine (ABIM)
- American Board of Surgery (ABS)
- American Board of Otolaryngology-Head and Neck Surgery (ABOHNS)
- American Board of Ophthalmology (ABO)
- American Board of Pediatrics (ABP)
- American Board of Pathology (ABPath)

**For Enduring Activities Only**

Launch Date: [Click here to enter a date.](#) Expiration Date: [Click here to enter a date.](#)  
*(No more than 3 years from launch date)*

How will learners access the course?

How will learner completion be verified?

\* As part of your summary report we'll be asking for:

- Provide screen shots, the source videos, or PDFs of the activity
- Provide a screenshot of the CME product

**Signature** (electronic or handwritten signatures accepted)

Organization: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Review the three statements to the right.**

If you can check any of these boxes, you do not need to identify, mitigate, and disclose relevant financial relationships.

If you are unable to check any boxes, please contact your CE program administrator to implement processes for ensuring the integrity and independence of this education.

The education will... (check all that apply)

- only address a non-clinical topic (e.g., leadership or communication skills training).
- be for a learner group that is in control of the content (e.g., spontaneous case conversation among peers).
- be a self-directed educational activity where the learner will control their educational goals and report on changes that resulted (e.g., learning from teaching, remediation, or a personal development plan).