



EvergreenHealth Category 1 CME Credit Application Requirements

The EvergreenHealth Continuing Medical Education Program is accredited by the Washington State Medical Association to provide Category 1 CME credit. As an accredited provider, EvergreenHealth is required to follow a rigorous planning and implementation process for all activities that it accredits.

Process:

- Complete the **EvergreenHealth Request for CME Certification For Your Educational Activity Form (attached)** and submit it to the CME Specialist (Peggy Hamernik – 899-1853)
- The CME Specialist will contact requestor and schedule the first planning meeting
- The Evergreen CME Committee Chairman will review the request to determine whether the activity could be considered for Category 1 CME credit or Category 2 credit. The requestor will be contacted about the decision to consider the activity for Category 1 CME Credit **within two weeks of the initial planning meeting with the CME Specialist and submission of the completed Request for CME Certification Form.**

Timelines:

Length of Your Planned Activity

Minimum Advance Submission Time for CME Credit

| | |
|-------------------------------|---|
| 1-3 hour activities | Minimum of 3 months in advance of the activity |
| 4 hour activities (half day) | Minimum of 7- 9 months in advance of the activity |
| Full day activities or longer | Minimum of 10 months in advance of the activity |

Once the Activity has been agreed to by the CME Committee:

- CME Specialist contacts requestor/chairman to set up a 30 minute meeting to discuss CME application requirements and to establish planning timelines. This will be most beneficial to the planning team to understand the CME application requirements. **Please invite the CME Specialist to all planning meetings for the educational activity to help with the planning process.**
- A member of the activity planning committee will complete the requested portions of the CME application and submit with the relevant supporting documentation **within two calendar weeks of receipt of the application**, unless a future date has been discussed. Please include an agenda and proposed budget, including the cost center that will be responsible for expenses incurred for the educational activity.
- **Planning Committee Member Compensation:** In lieu of the time spent working on these educational events, each member of the planning committee will be offered free tuition for the event they are planning (in the event that tuition is charged). No other payment shall be given to the director of the activity, planning committee members, teachers, authors, joint sponsors, or any others involved in the activity. Should members of planning committees incur approved expenses related to the activity that they are coordinating, these expenses will be reimbursed from the activity budget.
- Planning Committee representative identifies committee resources or staff to assist with the following:
 - 1) disclosure of relevant financial relationships for the planning committee members
 - 2) speaker letters, agreements, and disclosure of relevant financial interests
 - 3) conference budget
 - 4) registration fees and logistics
 - 5) evaluations
 - 6) certificates of attendance
 - 7) day of conference management
 - 8) sign in sheets
 - 9) exhibitors and educational grants
 - 10) audio visual needs



EvergreenHealth Request for CME Certification For Educational Activities

If you are developing an educational activity with the intent of obtaining Category 1 CME credit, please complete and submit this form to Peggy Hamernik, CME Specialist (location GREEN 3-208) at the beginning of your planning process. A member of the CME Committee will review your request and respond within two weeks.

Email the completed form to phamernik@evergreenhealth.com or fax to 425.899.2443. (Please followup with a phone call to Peggy Hamernik at 899-1853 to make sure that your request has been received). **A member of the EvergreenHealth CME Committee will review the initial request form and notify you if your activity meets the requirements for Category 1 credit consideration. An complete application must be completed before your activity receives final approval.**

Application Timelines:

| Length of Activity | Timeline to Plan Activity |
|--------------------|--|
| One to three hours | A minimum of three months in advance |
| Half day | A minimum of seven to nine months in advance |
| Full day or longer | No less than ten months in advance |

All recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in CME support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.

Date request submitted: _____

Requestor name: _____

Planning Committee Chairman and credentials:

E-mail Address: _____

Telephone: _____ FAX: _____

Planning Committee Members: (please be sure to include a representative of your target audience)

Approximate date of activity: _____

Topic: _____

Target audience (list all physician specialties that would benefit from this education)

Do you anticipate seeking commercial/pharmaceutical display support through exhibitor fees?

Yes ____ No ____

Please provide a narrative about why there is a need for this educational activity:

How will this activity change or improve physician competency, performance and/or patient outcomes?

How were the educational needs or performance gaps identified? (**Check all that apply.** If the CME request is approved, supporting documentation will be required with the application submission.)

| Needs Assessment Data and Sources <i>Please indicate how the need for this activity was brought to your attention. Select all that apply and provide supportive documentation for all boxes checked. If you cannot provide documentation, DO NOT check that source.</i> | |
|--|---|
| | Continuing review of changes in quality of care as revealed by medical audit or other patient care reviews. <i>Potential sources of documentation: audit reports, chart reviews</i> |
| | Ongoing census of diagnoses made by physicians on staff. <i>Potential sources of documentation: summary of notes, minutes of meetings</i> |
| | Advice from authorities of the field or relevant medical societies. <i>Potential sources of documentation: list of expert names/medical societies AND summary of recommendation(s)</i> |
| | Formal or informal requests or surveys of the target audience, faculty or staff. <i>Potential sources of documentation: summary of requests or surveys. Note, must show information related to areas of education need/topics of interest (not logistical summaries – i.e., food, venue, etc)</i> |
| | Discussion in departmental meetings. <i>Potential sources of documentation: summary of meeting minutes showing information discussed was related to areas of education need/topics of interest (not logistical summaries – i.e., food, venue, etc)</i> |
| | Data from peer-reviewed journals, government sources, consensus reports. <i>Potential sources of documentation: abstracts/full journal articles, government produced documents describing educational need and physician practice gaps</i> |
| | Review of board examinations and/or re-certification requirements. <i>Potential sources of documentation: board review/update requirements</i> |
| | New technology, methods of diagnosis/treatment. <i>Potential sources of documentation: description of new procedure, technology, treatment, etc</i> |
| | Legislative, regulatory or organizational changes affecting patient care. <i>Potential sources of documentation: copy of the measure/change</i> |
| | Joint Commission Patient Safety Goal/Competency. <i>Potential sources of documentation: copy of the safety goal and/or competency</i> |
| | Other, please specify: |