

CME Planning Document

Name of Activity:

Activity Date:

Topic (if available):

Sponsoring Department(s):

Physician Planner(s):

Department Coordinator:

Planning Committee Members:

Frequency: Weekly Monthly Quarterly One-time Other: _____Location: GSH BNH Off-site: _____Duration: 1 hour 2 hours 2+ hours: _____ (attach agenda)

Target Audience (check all that apply):

 Primary Care Physicians Sub-specialty Physicians Researchers Residents/Fellows Nurses Other (Please List): < 50 51-100 101-200 > 200

Please answer the following questions related to planning this conference.

1. What practice problem are you seeking to address?

2. Why does this problem exist?

3. What evidence confirms this is a problem for this target audience?

4. What are the objectives for this education activity?

5. What educational formats will be utilized in this activity?

6. What barriers are there to physician changing practice related to this issue? How can that barrier be addressed?

7. What measures will be used to identify if you have been successful in addressing the problem(s)?

8. Are there potential partnership opportunities? Yes No
If so, please explain.

9. Will any supplemental educational materials be provided to participants (i.e. pocket cards, email reminders, etc)?

10. Will there be any expenses (i.e. food, honoraria, travel, etc) associated with this activity? Yes No
If so, what is the source of funding for the expenses?