



**How to Fill Out the RSS Application  
Case Conference/M&M Conference**

## **Before you get started:**

- Do NOT use Internet Explorer. CloudCME works best in Chrome.
- No paper disclosures. Everyone must fill out the online disclosure form.
- Our accreditation statements have changed, so please do not use any old forms.
- If you would like to offer ANCC credit at your RSS, you must have a nurse (RN or higher) on your planning committee.
- Save and Come Back – make sure all of the RED areas on the page are filled in before you Save and leave the page. If all RED areas not all filled in, the page will not save your content.

**Remember, we are here to help. If you get stuck, call us!**

**(501) 661-7962**



Enter the activity Start and End Dates

*The End Date can not be BEFORE the Start Date.*

Start Date

Start and end date should be the same.

07/01/2018

End Date

07/01/2018

Enter the activity Start and End Times (if applicable)

*The End Time can not be BEFORE the Start Time.*

Start Time

07:00 AM

End Time

08:00 AM

Type of RSS Activity

- Case Conference
- M & M Conference
- Journal Club
- Grand Rounds

Choose ONE of the RSS Activity types

Please specify how often your RSS will meet:

- One session each week
- Two sessions each week
- One session each month
- Two sessions each month
- Quarterly (4 sessions each year)
- Semi-Annually (2 sessions each year)
- Annually (1 session each year)
- None of the above

Frequency, if not listed above:

What day of the week will the continuing education (CE) activity be conducted?

- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

*UAMS Office of Continuing Education is nationally accredited to provide nursing (ANCC), pharmacy (ACPE) and physician (AMA PRA Category 1) credits. UAMS is encouraging course directors to incorporate planning by the health care team for the health care team to produce interprofessional education. Please indicate below the credit awards in which you are interested. There may be additional documentation and fees required. **You do not have to seek additional credits in order to plan and deliver an interprofessional activity.** We will contact you to discuss the opportunity to meet the continuing education needs of the health care team.*

Type of Credit Requested

- AMA PRA Category 1 Credits™
- Non-Physician Attendance
- ACPE - Accreditation Council for Pharmacy Education
- ANCC - American Nurses Credentialing Center

If you would like to offer ANCC credit at your RSS, you will need a nurse on your planning committee. They must be an RN or higher.

## Target Audience

**Interprofessional collaborative practice is key to safe, high quality, patient-centered care. Please consider how you can plan this as an interprofessional activity. Who will be your learners? Select all that apply:**

Geographic Location:

- Internal only
- Local/Regional
- National
- International

Provider Type:

- Physicians
- Pharmacists
- Pharmacy Techs
- Psychologists
- Phys. Assistants
- Nurses
- Nurse Practitioners
- Social Work
- Other not listed:

If other:

Specialty:

- All specialties
- Anesthesiology
- Dermatology
- Emergency Med
- Family Medicine
- Geriatrics
- Internal Med.
- Neurology
- OB/GYN
- Ophthalmology
- Orthopaedics
- Other (specify)
- Otolaryngology
- Pathology
- Pediatrics
-

Psychiatry

Radiation Oncology

Radiology

Surgery

If other specialty, please specify:

*A physical signature is not required. However, the electronic submission of this application for review indicates you have obtained the necessary authorization to produce this educational activity.*

# Needs Assessment & Practice Gap

## Needs Assessment Data and Sources

**Needs Assessment Data and Sources (select two at minimum) C2** Effective CE activities are planned to address areas of professional practice or behavior(s) that need improvement. In order to identify the problems or issues that are causing gaps in the targeted participants' knowledge, competence or performance, it is important to review available data in order to make evidence-based decisions about the needed content.

**Please indicate the data sources that brought the need for this activity to your attention. Select all that apply and provide supportive documentation for all sources identified below (required). If you cannot provide documentation, do not check that source. Please identify which practice gap, from the next page, that the data source documentation supports.**

**What methods were used to determine the educational need for this activity (please check all that apply)?**

- New methods of diagnosis or treatment (Knowledge and Competence)
- Availability of new medication(s) or indications(s) (Knowledge and Competence)
- Development of new technology (Knowledge and Competence)
- Input from experts regarding advances in medical knowledge (Knowledge and Competence)
- Legislative, regulatory or organizational changes effecting patient care (Knowledge, Competence and Performance)
- Quality assurance / audit data (Competence & Performance)
- Professional society requirements (Competence & Performance)
- External requirements such as: Joint Commission, NCQA or HEDIS (Competence and Performance)
- Continuing review of changes in quality of care as revealed by medical audit or other patient care reviews (Competence and Performance)
- Literature review (Knowledge and Competence)
- National regional survey of physicians (Knowledge, Competence and Performance)
- Referral patterns (Competence and Performance)
- Survey of participants at past activities (Knowledge and Competence)
- OTHER METHODS - please identify below:

OTHER METHODS please identify:

## Practice Gap

**Identification of Professional Practice Gaps, Educational Needs, Learning Objectives, and Desired Results**

- **Competence** is defined as the ability to apply knowledge, skills, and judgment in practice (knowing how to do something).
- **Performance** is defined as what one actually does, in practice.

- **Patient Outcomes** are defined as the changes measured pre- and post- educational intervention.

**State the professional practice gap(s) of your learners on which the activity was based. (What is the problem?) (What are they not doing?)**

There is a need to: **Write in all that apply. You may also add your own practice gaps.**

- Discuss Patient cases and their management to enhance medical knowledge to improve patient care
- Explore problems with patient care
- Demonstrate real-world problem solving and medical management of complex and diverse inpatient and outpatient scenarios to develop new strategies for patient care
- Discuss quality assurance/patient safety issues related to practice
- Develop strategies to prevent reoccurring complications to insure performance improvements

Overall goal(s) for the educational activity: **You can use this example or add your own overall goal(s)**

Promote discussion of patient cases and explore problems and solutions with patient care.

## Needs Assessment

**This activity is designed to change the following attributes (please check all that apply):**

- Knowledge: increase the learners knowledge base
- Competence: is knowing what to do; using one's knowledge to develop diagnosis or treatment strategies; and being able to implement one's knowledge into practice
- Performance: is putting that strategy into one's practice, being able to implement the knowledge and competencies acquired to affect patient care **Do not choose Performance or Patient Outcomes unless you have a plan to measure those outcomes.**
- Patient Outcomes: is implementing the strategies to affect the patient's outcomes

**State what the activity is designed to change in terms of the learner's knowledge, competence, performance and/or patient outcomes. Describe what will be addressed to close the professional practice gap.**

If the practice gaps were to be closed, the ideal outcome would be: **Write in all that apply**

- New Knowledge
- Acquisition of strategies to incorporate new research into practice
- Acquisition of new protocols, policies, and procedures
- Critically appraise medical literature
- Change in diagnostic approach
- More appropriate referral to specialties
- Improve patient outcomes

**Please cite the evidence identified from your needs assessment listed above. Identify the educational need(s) that were determined to be the cause of the professional practice gap in the target audiences' knowledge, competence or performance:**

By presenting evidence based knowledge in conjunction with clinical scenarios, practitioners can apply new insights into clinical practice.

## Content

Content should be designed to change the competence, performance or patient outcomes that underlie the cause of the practice gaps. **Describe how the content will address the identified practice gaps.**

**Teaching Methodology: Which educational methodology will be used to achieve your desired result (check all that**



**apply)?:**

- Lectures with Questions & Answers
- Case Based Discussions
- Panel Discussions
- Case Presentations Workshop
- Small Group Discussion
- Hands-on Workshop
- Audience Response System
- Symposium
- Pre-test/Post-Test
- Simulation: provides the participants the opportunity to apply the newly acquired knowledge and demonstrate the skills required for performing and identified procedure.
- Skill-based training: designed to enhance job-specific behaviors that have a direct impact on performance.
- Other or Additional methods used (i.e., peer teaching)

If other method used, please list here:

**Explain why this teaching methodology was selected to address the professional practice gap.**

Case based discussion and small group discussions are the best way to present and share knowledge.

**Needs Statement: Why do your learner’s need this educational activity? Within this statement, use the data sources you identified to make the argument that this educational activity is needed for your target audience.**

Practitioners have varying degrees of expertise and abilities in evaluating and discussing clinical based scenarios. By presenting evidence based knowledge in these scenarios, it can be applied to clinical practice of the interprofessional team.

## Agenda

*An agenda must accompany this application before it will be reviewed for approval of a credit award. The agenda must be complete with a start and end time for each presentation, breaks, lunch, etc.*



**Upload Agenda (Word, Excel or PDF)** **Upload RSS Announcement here**

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# Learning Objectives, Educational Design & Outcomes

## Objectives

Objectives should be precise and measurable. When writing objectives, link identified needs with desired results in terms of changing competence, practice performance and patient outcomes. Frequently used verbs for writing objectives include the following: describe, define, differentiate, discuss, recognize, identify, explain and interpret.

After attending this activity, the participant will demonstrate the ability to—To enter your objectives, type an objective into the table below. At least one Objective is required, indicated by the red field. To add additional objectives click the plus  icon. To remove objectives click the minus  icon.

Feel free to add your own objectives here.  
They must be measurable.

Number	Objective
1	Apply the lessons learned from the review of patient morbidity and mortality
2	Evaluate when things go wrong to improve standards of care
3	Perform a succinct overview of patient's condition and/or complications
4	Analyze the literature that addresses their patient's condition and/or complications
5	Recognize treatment errors and how to avoid those errors in their practice

NOTE: These objectives will be stated in the promotional brochure and activity's syllabus.

## Educational Design

Describe the method of instruction appropriate for the topic and intended audience's learning style

- Live Activity/Lecture
- Internet CME (Online)
- Home Study
- Audio Teleconference
- Video Cassette/DVD
- Patient Practicum
- Audio Lecture
- CD-ROM
- Monograph

Will there be an associated Enduring Material with this live activity?

- Yes
  - No
- If you do have an Enduring Material, do not select YES here. You will fill out a separate application for Enduring Materials. Contact our office if you have questions.

## Enduring Material

Please explain the enduring material:

### Special Enduring Material Requirements

For enduring materials, submit disclosure documentation for all activity directors, planners, faculty, and authors. Complete the following action items:

Enduring activities may be accredited for a one, two, or three year cycle determined by the actual release date.

Anticipated Release Date

Anticipated Expiration Date

Length of Time to Complete Educational Activity:

If you would rather upload educational methods, evaluation and/or post test use the Upload Supporting Documents option below otherwise complete the field below:

Educational Methods (type of activity):

Copyright Statement (suggested):

Evaluation:

Post Test (post tests will include a Physician Attestation Statement like "I certify that I have completed the educational activity and post test."):

Upload Supporting Documents:

## Competencies

Identify the Core Competencies is activity was designed to address (check all that apply):

### ACGME/ABMS

- Patient Care or Procedural Skills
- Medical Knowledge
- Practice-Based Learning and Improvement
- Interpersonal & Communication Skills
-

- Professionalisms
- System-Based Practice

My answers are just examples. Please select the competencies that are appropriate for your course.

### Institute of Medicine

- Provide Patient-Centered Care
- Work in Interdisciplinary Teams
- Employ Evidence-Based Practice
- Apply Quality Improvement
- Utilize Informatics

### Interprofessional Education Collaboration

- Values / Ethics for Interprofessional Practice
- Roles / Responsibilities
- Interprofessional Communication
- Teams & Teamwork

Only select these competencies if your course is planned BY and planned FOR two or more disciplines.

Other Competencies

## Outcomes

How do you intend to measure if competence, performance and/or patient outcomes have occurred?

### Competence

- Evaluation/SelfAssessment
- Audience Response System
- Customized pre/post test
- Embedded evaluation in online activity
- Physician or patient surveys and evaluations
- Other (please specify)

If Other, please specify

### Performance

If you do not plan to measure Performance, do not check anything here.

- Adherence to guidelines
- Case-based studies
- Chart audits
- Customized follow--up survey/interview/focus group about actual change in practice at specified intervals
- Physician or patient feedback, surveys and evaluations
- Reminders and feedback
- Other (please specify)

If Other, please specify

**Patient Outcomes**

- Change in health status measure
- Change in quality/cost of care
- Measure mortality and morbidity rates
- Patient feedback and surveys
- Other (please specify)

If you do not plan to measure  
Performance, do not check anything here.

If Other, please specify

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# Planning Process & Mission

## Planning Process

Who identified the speakers and topics? **(select all that apply)**

- Program Director
- CE Associate
- Planning Committee
- Other (provide names):

If other:

What criteria were used in the selection of speakers **(select all that apply)**?

- Subject Matter expert
- Excellent teaching skills/effective communicator
- Experienced in CE
- Other, please specify:

If other:

Were any employees of a pharmaceutical company and/or medical device manufacturer involved with the identification of speakers and/or topics?

- No
- Yes, please explain:

If Yes above, please explain:

**Alignment with UAMS CE Mission Statement C3** Continuing education activities should be designed to change competence, performance, or patient outcomes as described in the mission statement.

The mission of the UAMS Continuing Education (CE) Program is to assist health care professionals in their pursuit of life-long learning for providing high quality health care. This is accomplished by offering educational opportunities that support improvement in their competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

How does this activity align with the mission of UAMS CE? **Check all that apply**

- Designed to assist health care professionals in their pursuit of life-long learning in order to provide high quality health care.
- Designed to improve competence in one or more of the six core competency areas.
- Planned to promote patient-centered care through interprofessional education.
-

Promotes the practice of evidence-based medicine.

Other (please explain):

If other:

**Identified Barriers (select 1 at minimum)C18, C19 What potential barriers do you anticipate attendees may have incorporating new knowledge, competency, and/or performance objectives into practice? **Select all that apply.****

Lack of time to assess or counsel patients

Lack of consensus on professional guidelines

Lack of administrative support/resources

Cost

Insurance/reimbursement issues

No perceived barriers

Patient compliance issues

Other, specify:

If other:

**Please describe how you will attempt to address these identified barriers in the educational activity. Example: If the identified barrier is cost, you might attempt to address the barrier by stating, "The agenda will allow for the discussion of cost effectiveness and new billing practices.**

**What learning strategies will you include, or provide for the learners, in order to enhance your learners' change in behavior as an adjunct to this activity?**

Patient education materials

Reminders such as pocket reminder cards; emails or newsletters reminding/reinforcing strategies, etc.

Supplemental take-home materials: posters, guidelines, handouts, etc.

No strategies will be used

Other:

If other:

**Are there others within your organization working on this issue?**

No

Yes, Identify who below:

Identify who:

**If yes, could they be included in the development and/or execution of this activity?**

No

Yes, in what ways? (specify below)

If yes, in what ways?

Are there external stakeholders working on this issue?

No

Yes, Identify who below:

Identify who:

If yes, could they be included in the development and/or execution of this activity?

No

Yes, in what ways? (specify below)

If yes, in what ways?

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# Disclosures, Planners & Faculty

## Disclosures

### DISCLOSURE OF FINANCIAL RELATIONSHIPS

It is the policy of the University of Arkansas for Medical Sciences (UAMS) College of Medicine to ensure balance, independence, objectivity, and scientific rigor in all sponsored or jointly sponsored educational activities.

All individuals who are in a position to control the content of the educational activity (course/activity directors, planning committee members, staff, teachers, or authors of CE) must disclose all relevant financial relationships they have with any commercial interest(s) as well as the nature of the relationship. Financial relationships of the individual's spouse or partner must also be disclosed, if the nature of the relationship could influence the objectivity of the individual in a position to control the content of the CE. The ACCME describes relevant financial relationships as those in any amount occurring within the past 12 months that create a conflict of interest. *Individuals who refuse to disclose will be disqualified from participation in the development, management, presentation, or evaluation of the CE activity.*

- The “Disclosure and Attestation Statement” (disclosure form) is the mechanism used by the Office of Continuing Medical Education (OCE) to gather information about relevant financial relationships with commercial interests.
- *Failure to return a disclosure form is equal to refusing to disclose.*
- Conflicts of Interest (COI) must be resolved **BEFORE the activity occurs**, preferably during the early planning stages.
- It is the responsibility of the Course Director to make certain that 1) all of the disclosure forms are collected, 2) reviewed for relevant financial relationships with commercial interests, 3) all conflicts of interest resolved, 4) disclosure forms sent to the OCE, and 5) disclosure information is provided for the participants prior to the content delivery.
- Disclosure forms and documentation of how relevant financial relationships were explored and how any conflicts of interest were resolved must be submitted to the OCE well before the activity begins.
- Disclosure must be made to participants of all relevant financial relationships, and/or the lack of relevant financial relationships, in a written form, prior to the start of the activity. **The text for the disclosure to participants must be approved by the OCE prior to the activity.**

I have read the UAMS OCE Policy for Disclosure of Financial Relationships and Resolution of Conflicts of Interest in order to understand the policies and procedures for disclosure of financial relationships and I understand my responsibilities for collecting disclosure information, resolving all conflicts of interest and reporting the disclosed information to the participants.

Yes

No

If no, please explain why:

## Disclosure Plans

How were planners and faculty informed about the need to ensure balance, independence, objectivity and scientific rigor and the need to disclose all financial relationships with commercial interests?

Letter or email (preferred, template available)

Verbal (must provide transcript of what was communicated)

Documentation attached (Required)

[Upload Speaker Letter Template here](#)

[Upload supporting files for the above:](#)

How will the participants be provided disclosure of financial relationships, or lack thereof, information gathered from the above planners, faculty, speakers, etc.? The text for disclosure to the participants must be approved by the OCE prior to the CE activity.

Handouts

Slides

Sign

Other

Select the method that you plan to use.

If Other, please specify:

**Verbal disclosure is discouraged** and the OCE must approve using verbal disclosure as the sole method of disclosing financial relationships to participants. When approved by the OCE, the text that will be read verbatim to the participants must be submitted and approved prior to the CE activity by the OCE staff. *(Verbal disclosure requires providing a written transcript of what was communicated to the participants and a signed attestation by a participant of the CE activity. This transcript must accompany the closing report.)*

Verbal By:

Speaker

Moderator

**All individuals** who are in a position to control the content of the educational activity (course/activity directors, planning committee members, staff, teachers, or authors) must disclose all relevant financial relationships they have with any commercial interest(s). Employees of commercial interests cannot control the content of an accredited CE/CE activity and therefore cannot be course/activity directors, planning committee members, staff, teachers, or authors (per Standard 1 of the Standards for Commercial Support).

**Interprofessional education (IPE)** is a **UAMS priority for education at all levels**, including CE. Activities should be planned **BY** the health care team **FOR** the health care team. Therefore, please be thoughtful about who plans this activity. At least two healthcare professions should be represented. Ideally, each member of the health care team that is indicated as the target audience should be represented on the planning committee. If you are unsure about how to plan your activity as IPE, please feel free to contact either the OCE or the [Office of Interprofessional Education](#) to discuss how you can plan your CE activity to include IPE.

**PLEASE NOTE: The course director, medical director, administrative coordinator (if applicable\*) and all planning committee members will be required to complete the disclosure form before this application will be reviewed. IF you are also seeking nursing and/or pharmacy credit, please contact the OCE before gathering disclosures. There is a joint disclosure form that must be used that meets the criteria for all three types of credit.**

**You have two options for including your planners/faculty with your application, you can either:**

**1) Use the upload control below to upload a spreadsheet containing the list of your planners and faculty (this will allow you to provide your planners/faculty list without disclosure emails being sent)**

**OR**

**Before adding your planners and faculty (speakers) to the form below, make sure they have already filled out the online financial disclosure. You can check in REPORTS, FACULTY DISCLOSURES.**

**2) You can add your planners & faculty to their respective tables below (under the headings for each). Adding planners or faculty to the tables will check to see if their disclosure is on file and, if not, send an email notification to them. Additionally, applications can not be submitted for review until all planners/faculty have a disclosure on file.**

**1) Upload Planners/Faculty** **Do not use option #1**

Upload Planners and Faculty (acceptable file types: Word, Excel, PDF):

**2) Add Planners/Faculty Using the Tables Below**

**Planners**

**Instructions:** The fields in red are required. Enter an email, and if the user has a disclosure on file the name and degree will be entered for you. To ensure delivery of the disclosure form, please enter the email address correctly. The Disclosure form will automatically be emailed to all people listed below.

To add more entries, click the plus **+** icon to the left of the table row. To remove a member, click the minus **-** icon to the left of the table row for that member.

Email Address	Full Name	Credentials	Role	Phone	Disclosure

**Faculty**

**In CloudCME, Faculty=Speakers. It does not mean UAMS Faculty.**

**Instructions:** Enter an email address for your faculty member and, if the user has a disclosure on file, the name and degree will be entered for you. To ensure delivery of the disclosure form, please enter the email address correctly. The Disclosure form will automatically be emailed to all people listed below.

To add more entries, click the plus **+** icon to the left of the table row. To remove a member, click the minus **-** icon to the left of the table row for that member.

Email Address	Full Name	Credentials	Role	Phone	Disclosure

**PLEASE NOTE:** Those individuals who are only providing administrative support do not need to be listed on the planning committee, nor do they need to provide disclosure of financial relationships. Only individuals who are involved in the content

planning, such as selection of speakers or in developing content, must be listed on the planning committee and must complete a disclosure form.

## Departmental/Organizational Approval

Indicate who provided approval for this activity:

Title

Date

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# Commercial Support and Budget

## Commercial Support

Is this activity receiving commercial support?

- Yes  
 No **If yes, please contact our office.**

If Yes, please list below all grants for which you have applied or for which you plan to apply. Indicate the grant status. A properly executed letter of agreement (LOA) and a copy of the check must be sent to the OCE for each grant that is funded BEFORE the educational activity.

To add additional Commercial Supporters click the plus  icon at the beginning of the preceding row. To remove a Commercial Supporter click the minus  icon on that row.

Name of Commercial Supporter	Contact Person's Full Name	Contact Person's E-Mail	Funding or In-Kind Donation

Grant Requests funded?

- Yes  No  Pending

Signed LOA(s) attached?

- Yes  No

Copy of check attached?

- Yes  No

Upload Signed LOA and Copy of Checks

**Will there be exhibits?**

- Yes, a complete list of exhibitors will be expected with the closing report  
 No, move to next section BUDGET

### Attestation of Having Read the Commercial Support Policies and Procedures

If you answered yes to grants or exhibits above you must attest to the following: I have read both the Standards for Commercial Support and the UAMS Policy on Commercial Support in order to understand the policies and procedures for receiving commercial support and my role and responsibilities.

**I have read the Standards and Policies**

- Yes  
 No

## Acknowledgement of Commercial Support

How will the audience be provided acknowledgement of receipt of commercial support? Commercial support must be acknowledged to the participants prior to the content presentation. The text for the acknowledgement to the participants must be approved by the OCE prior to the CE activity.

### Written Acknowledgement (preferred)

- Brochure
- Syllabus/Handouts
- Slides
- Sign
- Other

### Verbal Acknowledgment by:

- Speaker
- Moderator

Verbal acknowledgement must be approved in advance by the OCE. Verbal requires a transcript of what was communicated and attestation signed.

## Budget

**You must submit a preliminary budget with the application. A final budget that line items ALL expenses will be required post-activity with the closing report.** You will need to submit documentation for payment of all speaker expenses.

Please note: Commercial supporters cannot pay any conference expenses. Commercial entities can only provide educational grants. You must demonstrate through the budget and the accompanying documentation that the conference organizers paid all expenses directly.

### How will the activity expenses be paid? (check all that apply)

- Internal department funds
- Participant registration fees
- Commercial Support
- State or Federal Grant
- Other, identify:

If Other:

**A preliminary budget is attached (required)**

**Upload Preliminary Budget here. Use our budget template.**

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# Marketing & Administrative Details

## Promotional Materials

### Promotional Materials

Please note: All promotional materials must be approved by the OCE prior to distribution to potential participants. There are required elements and statements that must be used in all promotional materials. If you fail to get prior approval for the materials and elements are missing or are incorrect, you will be required to make the necessary corrections and redistribute the materials to potential participants (even if this requires reprinting.) ***The OCE staff will provide you with the appropriate statements based on the type of credit for which you are applying.***

See: Brochure/Promotional Material Requirements and Statements Guide

**How will notification of this educational activity be distributed to the participants prior to the activity?**

- Brochure
- Email Select all that apply
- Website
- Journal
- Flyer
- Other, identify:
- A proof of the promotional material is attached.
- A proof of the promotional material will be sent later.

### Promotional Material Proof

## Administrative Fees

***CE Administrative Fees - Please include payment with the planning document. The OCE staff can provide you with this information.***

### Method of Payment

- Check (Mail to address below)
- Inter Department Transfer (IDT)
- Payment is not included Non UAMS - please wait until you receive an invoice before submitting your payment.

If payment not included, please explain

Mail checks to:

Address 1

Address 2

Address 3

**UAMS Departments...**Please see your business manager or person who can initiate IDTs in SAP. You must start the process in SAP in your department. Please indicate the exact activity title (i.e. Diabetes Update Conference) in the SAP text fields (Do not type 'CE ACTIVITY' etc., it is important to use the actual title of the CE activity) to assure proper posting.

**OCE SAP Account numbers:**

This account number is for Live Formal Conferences ONLY:

Credit to: 112-600001-1010843

Debit to: xxx-631600-xxxxxxx

**After you have initiated the IDT** please provide the following information:

IDT Document Number:

From Department of:

Include a copy of the SAP transaction to assist the OCE in locating it in SAP for release.

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After you have completed the Marketing and Admin Details Tab, click on "Return to Applications List" and then click on the "Submit for Review" button to the right of your course. See example below.

CME Application

Instructions: Complete the various sections of the application and scroll to the bottom of each form and click Save. Note that you will need the email addresses of any planners/faculty you identify in the application. The forms can be edited as needed until all required information is entered. When finished, click the 'Submit For Review' button to send it for peer review and possible approval. Review times vary and you will be contacted via email.

New Application

Admin User Lookup   Hide Approved  Hide Submitted

ACTIVITY ID	ACTIVITY NAME	AUTHOR	LAST REVISED	DISCLOSURE STATUS
23708	RSS Journal Club Application Example	Courtney Bryant, AA	3/28/2018 2:25:22 PM	No faculty or planners have been specified for this application. <span>Activity Submitted</span> <span>Copy</span> <span>Delete</span>
23964	RSS Grand Rounds/Lecture Series Application Example	Courtney Bryant, AA	3/28/2018 2:22:25 PM	No faculty or planners have been specified for this application. <span>Submit For Review</span> <span>Copy</span> <span>Delete</span>

After you have submitted your application, the button will gray out and will say "Activity Submitted." You will get a pop up that informs you that you have submitted the application and that you will receive an email.



## How to Look up Faculty Disclosures

1. Sign in to CloudCME.
2. Scroll down to the bottom of the page and click on the blue Administration link.
3. From the CloudCME dashboard, click on REPORTS.
4. Then click on FACULTY DISCLOSURES
5. Search Last Name, First Name
6. Select the name

A disclosure will either pop up at the bottom of the page OR you'll get a pop up that says, "No disclosure on file for this user."

If your faculty member does not have a disclosure in CloudCME, you will need to contact that person and direct them to the Online Disclosure Form.

If your faculty member's name does not show up, that means that they do not have an account in CloudCME. They will need to set up an account and then fill out the Online Disclosure Form. UAMS On-Campus Employees can go straight to Sign In and Sign In with their UAMS ID.

Please send the document titled "Your CloudCME Account" to anyone who needs to set up an account or fill out the Online Disclosure Form.