



How to Fill Out the RSS Application

Journal Club

Before you get started:

- REMEMBER: We have given you the answers to most of the questions.
- 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, we strongly suggest that you 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



This document is BOOKMARKED for your convenience.

Basic Information

Specify the following for your activity

Activity Name:

RSS Journal Club Application Example **Put title of YOUR RSS here**

UAMS is Joint Accredited. Please select Joint Accredited and at least one (1) other Accreditation type below.

Select all that apply:

Select Joint Accredited and at least one other type of accreditation you would like your RSS to have

- ACCME (Physicians)
- ANCC (Nurses)
- ACPE (Pharmacists and/or Pharmacy Technicians)
- AAPA (Physician Assistants)
- Joint Accredited

Activity Type:

Directly Provided - Regularly Scheduled Series (or Jointly Provided - Regularly Scheduled Series)

Activity Format:

- Live Activity**
- Enduring Material
- Journal-based CME activity
- Test-item writing activity
- Manuscript review activity
- PI CME activity
- Internet point-of-care activity
- Category 1
- Learning from teaching
- Other

If other format, please specify:

Organization

your organization here (ex: UAMS)

Department:

your department here (ex: Surgery)

Synopsis (short description shown on listing pages - 300 character max):

Activity Description (shown on detailed course page and marketing materials):

add description of your RSS here

Type of Credit Requested: Select the type of credit YOU are requesting for YOUR RSS

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

Enter the number of credits or contact hours that you are requesting to be awarded to the activity (enter 0 if none):

1.5

Location and Dates/Times of Activity

Please complete the fields below based on where your meeting/activity will be held.

Location (building/facility/hotel/conference room/online) select *Online* for *Enduring Materials*:

Enter the location where your RSS meets. If at UAMS, always start with UAMS, Building, Room (ex: UAMS Shorey, Rm 202)

If other location, please specify:

City:	State:	Country:
Little Rock	AR	UNITED STATES

Activity Start and End Dates **Start date and end date should be THE SAME.** Ex: my course meets on Mondays, so the start and end date will be 7/1/19 and 7/1/19

Start Date:	End Date:
07/01/2019	07/01/2019

Activity Start and End Times

Start Time:	End Time:
06:00 PM	07:30 PM

Time Zone:

(GMT -6:00) Central Time (US & Canada), Mexico City

Specialties of Target Audience

Identify the learners' specialties (check all that apply):

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Academic/Research | <input type="checkbox"/> Administration | <input type="checkbox"/> All Specialties |
| <input type="checkbox"/> Anesthesiology | <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Bariatrics |
| <input type="checkbox"/> Behavior Health | <input type="checkbox"/> Bioinformatics | <input type="checkbox"/> Bone Marrow Transplantation |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Cardiothoracic Surgery | <input type="checkbox"/> Chemical Abuse |
| <input type="checkbox"/> Child/Adolescent Psychiatry | <input type="checkbox"/> Chronic Disease Prevention | <input type="checkbox"/> Clinical Pathology |
| <input type="checkbox"/> Clinical Psychology | <input type="checkbox"/> Clinical Research | <input type="checkbox"/> Community Health |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Critical Care Medicine | <input type="checkbox"/> Critical Care/Pulmonary |
| <input type="checkbox"/> Dentistry | <input type="checkbox"/> Dermatology | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Diabetes Education | <input type="checkbox"/> Dialysis | <input type="checkbox"/> Dietitics & Nutrition |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Emergency Preparedness | <input type="checkbox"/> Endocrinology |
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Epidemiology | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Ethics | <input type="checkbox"/> Exercise Medicine | <input type="checkbox"/> Family Practice |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> General Practice | <input type="checkbox"/> Genetic Counseling |
| <input type="checkbox"/> Genetics | <input type="checkbox"/> Geriatric Medicine | <input type="checkbox"/> Geriatric Psychiatry |
| <input type="checkbox"/> Gynecology | <input type="checkbox"/> Health Literacy | <input type="checkbox"/> Hematology Oncology |
| <input type="checkbox"/> Hepatology | <input type="checkbox"/> Home Infusion | <input type="checkbox"/> Hospice |
| <input type="checkbox"/> Hospitalist | <input type="checkbox"/> Immunology | <input type="checkbox"/> Infectious Disease |
| <input type="checkbox"/> Infertility | <input type="checkbox"/> Intensive Care | <input type="checkbox"/> Internal Medicine |
| <input type="checkbox"/> Interventional Cardiology | <input type="checkbox"/> Interventional Radiology | <input type="checkbox"/> Kinetics |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Mammography | <input type="checkbox"/> Maternal & Fetal Medicine |
| <input type="checkbox"/> Medical Oncology | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Microbiology |
| <input type="checkbox"/> MIRT | <input type="checkbox"/> Myeloma | <input type="checkbox"/> Neonatal-Perinatal Medicine |
| <input type="checkbox"/> Nephrology | <input type="checkbox"/> Neurology | <input type="checkbox"/> Neuropsychology |
| <input type="checkbox"/> Neuroradiology | <input type="checkbox"/> Neuroscience | <input type="checkbox"/> Neurosurgery |
| <input type="checkbox"/> Nuclear Medicine | <input type="checkbox"/> Nurse Anesthetist | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Nutrition and Dietetics | <input type="checkbox"/> Ob/Gyn | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Occupational Health & Safety | <input type="checkbox"/> Occupational Medicine | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Oncology | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Optometry |

- Oral Surgery
- Orthopaedic Surgery
- Other
- Pain Management
- Pathology
- Pediatric Cardiology
- Pediatric Nephrology
- Pediatrics
- Pharmacy Practice
- Physiology
- Podiatry
- Psychology
- Pulmonary/Critical Care
- Rehabilitation Medicine
- Rheumatology
- Sports Medicine
- Surgical Oncology
- Tobacco Prevention
- Urology
- Women's Health
- Organ Donation
- Orthopaedics
- Otolaryngology
- Palliative Care
- Patient Education
- Pediatric Emergency Medicine
- Pediatric Ophthalmology
- Pharmacology
- Phys Med & Rehab
- Plastic Surgery
- Preventive Medicine
- Public Health
- Radiation Oncology
- Research
- Social Work
- Substance Abuse
- Theology/Ministry
- Transplant
- Vascular Surgery
- Orthodontics
- Osteopathy
- Otolaryngology/Head & Neck Sur
- Pastoral Services
- Pediatric Anesthesiology
- Pediatric GI
- Pediatric Surgery
- Pharmacology/Toxicology
- Physical Therapy
- Plumonary
- Psychiatry
- Pulmonary
- Radiology
- Respiratory Care
- Speech Pathology
- Surgery
- Thoracic Surgery
- Trauma
- Veterinarian Medicine

List other specialties here:

DISCLOSURE OF FINANCIAL RELATIONSHIPS

It is the policy of the University of Arkansas for Medical Sciences (UAMS), Office of Continuing Education (OCE) to ensure balance, independence, objectivity, and scientific rigor in all directly or jointly provided 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.

Definition of Conflict of Interest: A conflict of interest (COI) is considered to exist when an individual has a financial relationship with a commercial interest and the opportunity to influence the CE content relevant to products or services of that commercial interest.

Definition of Financial Relationships with Commercial Interest(s): Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities for which remuneration is received or expected. ACCME considers relationships of the person involved in the CE activity to include financial relationships of a spouse or partner.

- The Disclosure of Relevant Financial Relationships for Continuing Professional Education (found on CloudCME) is the mechanism used by the Office of Continuing Education (OCE) to gather information about relevant financial relationships with commercial interests.
- Conflicts of Interest (COI) must be resolved BEFORE the activity occurs, preferably during the planning stages, in consultation with the Office of Continuing Education.
- It is the responsibility of the Course Director/CE Associate to make certain that all of the disclosures are completed and submitted via CloudCME and disclosure information is provided for the participants prior to the content delivery.
- Disclosure must be made to participants of all relevant financial relationships, and/or the lack of relevant financial relationships, in 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 supporting files for the above (accepted file type: Excel, PowerPoint, Word, PDF, JPEG):

[Speaker Letter Template.doc](#) Upload speaker letter template here (provided)

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 Your RSS announcement flyer will be your audience disclosure method
- Slides
- Sign
- Other

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

Options for Adding Planners/Faculty

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 DO NOT choose Option 1. Enter your planners and speakers in Option 2 below.

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

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 a valid email address, if the user has a disclosure on file the name and degree will be automatically populated for you. If the user does not have a disclosure, the Disclosure form will automatically be emailed to them as long as a valid email address is provided for them below.

To add more planners, click the green plus (+) icon.

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.

VERY IMPORTANT: Do not start adding planners or speakers to this area until you know that they have completed the online financial disclosure. Please call us if you have any questions.

▼ Qualified Planner

Email First and Last Name

Title Degree

Department or Affiliation Role in Planning Content

The disclosure field below is for use by the system and is not editable, please do not attempt to enter information into the field.

Disclosure Information

▼ Qualified Planner

Email First and Last Name

Title	Degree
	BBA

Department or Affiliation	Role in Planning Content
	Activity/Course Director

Disclosure Information

Nothing to disclose

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

- Yes
- No If yes, please contact Karen Fleming before submitting your application.

Faculty/Presenters/Authors

Faculty/Presenters/Authors must have documented qualifications that demonstrate their education and/or experience in the content area they are presenting. Expertise in subject matter can be evaluated based on education, professional achievements and credentials, work experience, honors, awards, professional publications, etc. The qualifications must address how the individual is knowledgeable about the topic and how expertise has been gained.

To add additional Faculty, click the green plus (+) icon to the left of the table row.

NOTE: Faculty who do not have a disclosure on file will receive an automatic e-mail requesting their disclosure form once you click "Save and Continue" below as long as a valid email address is provided for them below.

Email	Full Name	Degree	
bryantcourtneye@uams.edu	Courtney Bryant	AA	Disclosure
flemingkarend@uams.edu	Karen Fleming	BBA	Disclosure

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 your RSS Announcement here

[RSS-ANNOUNCEMENT_DIRECT_3.29.19.doc](#)

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.

Gap and Needs

Gap Analysis

We have provided you with the answers to the questions below. Please copy them into your application.

State the professional practice gap(s) of your learners on which the activity was based (100 words max)

The members of the healthcare team have often had varying exposure to finding, analyzing, and interpreting medical literature. The inability to find, read, and critique medical literature about new research delays the transfer of new knowledge and methods into practice.

Word Count: 34

State the educational need(s) that you determined to be the cause of the professional practice gap(s)

Knowledge Need Skill/Strategy Need (Competence) Performance Need

Add more detail based on the Knowledge need (50 words max):

The healthcare team needs to learn the importance of acquiring the skills to find, analyze, and interpret medical literature.

Word Count: 16

Add more detail based on the Skill/Strategy need (50 words max):

Healthcare providers need to develop skills in critical appraisal for reading, analyzing, and interpreting scientific papers and peer to peer learning.

Word Count: 20

Add more detail based on the Performance need (50 words max):

Word Count:

State what this CE activity was designed to change in terms of learners' skills/strategy or performance of the healthcare team or patient outcomes (50 words max):

The healthcare team will be able to analyze and critique peer-reviewed research literature and improve interpretation and communication skills when reviewing scientific and medical research in a group setting.

Word Count: 21

Explain how this activity matches the healthcare team's current or potential scope of professional activities (25 words max):

All members of the healthcare team are responsible for remaining current in the latest medical literature and research.

Word Count: 18

Explain why this educational format is appropriate for the setting, objectives and desired results of this activity (25 words max):

Small group discussions are the best way to present and share knowledge.

Word Count: 16

Will you be providing non-educational intervention(s) with this activity?

- Yes
- No

If yes, please specify:

Upload Documentation if available (Accepted file types: Word, Excel, PowerPoint, PDF)

Needs Assessment

Select what methods were used to determine the educational need for this activity and provide supportive documentation below.

- Evidence-based, peer-reviewed literature
- Outcomes data that supports team-based education
- Quality care data
- Issues identified by colleagues
- Problematic/uncommon cases
- Ongoing consensus of diagnosis made by physician on staff
- Advice from authorities of the field or societies
- Formal or informal survey results of target audience, faculty or staff
- Discussions in departmental meetings
- Government sources or consensus reports
- Board examinations and/or re-certifications requirements
- New technology, methods or diagnosis/treatment
- Legislative, regulatory, or organizational changes impacting patient care
- Joint Commission Patient Safety Goal/Competency

We have done the needs assessment for you and have the documentation to prove the need for this course.

In your application, please select the methods we have checked here.

If other needs assessment, please specify:

Upload Needs Assessment Documentation (Accepted file types: Word, Excel, PowerPoint, PDF)

We will upload the documentation for you

Barriers

- No Barriers

Provider Barriers

- Clinical Knowledge/Skill/Expertise
- Recall/Confidence/Clinical Inertia
- Peer Influence
- Motivation
- Cultural Competence
- Fear/Legal Concerns

Team Barriers

- Roles and Responsibilities
- Shared Values and Trust
- Communication
- Team Structure
- Competence
- Consensus

Patient Barriers

- Patient Characteristics
- Patient Adherence

System/Organization Barriers

- Work Overload
- Practice Process
- Referral Process
- Cost/Funding
- Insurance Reimbursement
- Culture of Safety

Other Barriers

- Lack of Opportunity
- Not Enough Time

Please explain how the identified barriers will be addressed?

Objectives, Learning Outcomes and Competencies

Objectives/Learning Outcomes

What do you expect your participants to be able to do as a result of participating in this activity? *List up to 20 objectives/learning outcomes appropriate to your activity.*

To enter your objectives/learning outcomes, type an objective/learning outcome into the table below. At least one Objective/Learning Outcome is required. To add additional objectives/learning outcomes click the plus icon. To remove objectives click the minus icon.

At least three objectives should be provided.

At the conclusion of this activity, participants will be able to:

Joint Accredited Objectives

Feel free to add your own learning objectives to the ones we've provided

Number	Objective
1	Analyze and critique a peer-reviewed research literature.
2	Determine as a team if the methods and conclusions are evidence-based and valid.
3	Improve interpretation and communication skills when reviewing and discussing scientific and medical research in a group setting.

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

Outcomes

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

Knowledge/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 in Practice:

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/Population Health

Do not check anything here

- Change in health status measure
- Change in quality/cost of care
- Measure mortality and morbidity rates
-

Patient feedback and surveys

Other (please specify)

If Other, please specify

Competencies

A CME activity must be developed in the context of desirable physician attributes. Indicate which of the Accreditation Council for Graduate Medical Education (ACGME), and/or American Board of Medical Specialties (ABMS), Institute of Medicine (IOM), and Interprofessional Education Collaborative (IEC) core competencies will be addressed by this CME activity. (Please only select the core competencies that most **closely** reflect the educational agenda of your activity).

ACGME/ABMS

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

Institute of Medicine

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

Interprofessional Education Collaborative

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

Commercial Support

All commercial supporters must comply with the **ACCME Standards for Commercial Support of CME Activities**.

If you have commercial support for your RSS, please contact Karen Fleming before submitting your application.

Is this activity receiving commercial support?

- Yes No

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.

A Commercial Support Agreement will be sent to the contact person's email listed below. Please ensure the contact person's name and e-mail are correct.

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

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.

Upload complete list of exhibitors

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)

[Projected Budget and Income Expense Template.xls](#)

[Upload budget template here \(provided\)](#)

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.***

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

- Brochure
- Email
- 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

[RSS-ANNOUNCEMENT_DIRECT_3.29.19.doc](#)

Upload RSS Announcement here

Administrative Fees

CE Administrative Fees will be assessed after the initial application review. Please, do not send payment with your application. You will be invoiced if payment is required.

Signatures

Attestation:

As the CE Associate or Course Director, I/we attest to the accuracy and completeness of this application, and I/we accept responsibility for the planning, implementation, and evaluation of this CE Activity. I/we agree to submit a complete and accurate final Closing Report on this activity to the Office of Continuing Education within 30 days of the event's completion.

Signature of CE Associate or Course Director:

 Karen Fleming, BBA

Date:

04-11-2019

Basic Activity Information
Planners and Faculty
Gap and Needs
Objectives and Learning Outcomes
Commercial Support
Marketing and Admin Details
Signatures
Files - upload/download
Comments
Return To Applications List

After you have completed the application, you will need to Return to Applications List and then Submit for Review. **If you do not Submit for Review, we will not get your application.**

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

 Export XLS

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.	Activity Submitted Copy Delete
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.	Submit For Review Copy Delete

If you do not see the Submit for Review button to the right of your application, that means that there are planners/speakers who have not submitted their financial disclosure method. If you have any issues getting the Submit for Review button to show up, please call our office.

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

PAY ATTENTION TO THE DATE OF SIGNATURE. Disclosures are only good for one year from the date of signature.

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.

If anyone needs help setting up a CloudCME account or filling out the online disclosure form, please tell them to call our office at (501) 661-7962. We're here to help!

Send your Planners and Speakers these instructions:

How to fill out the Online Disclosure Form

UAMS Employees:

- Go to: <https://uams.cloud-cme.com/aph.aspx>
- Sign In with your UAMS ID
- You may be prompted to fill out the missing information in your profile. After you enter the information, scroll to the bottom of the page and click Submit/Save.
- Click on the Online Disclosure Form link under the picture of UAMS
- Fill out the form
- Sign/Date
- Submit

NON UAMS Employees:

- Go to: <https://uams.cloud-cme.com/aph.aspx>
- If you do not have a profile, go to Sign Up Now and complete a profile
- If you do have a profile, sign up with your email and password
- Click on the Online Disclosure Form link under the picture of UAMS
- Fill out the form
- Sign/Date
- Submit