

To Be Completed by FSMB					
Date Received:		Date Reviewed:		Category 1 credits:	



2026 JOINT PROVIDERSHIP ACTIVITY PLANNING WORKSHEET

Instructions: Please complete this worksheet in full for consideration of Joint Providership of a CME activity with the FSMB. Each question is linked to the appropriate ACCME Criteria designated with a (C) and shown in light blue font. A separate worksheet is required for each activity to be accredited.

I. ACTIVITY INFORMATION

Proposed Activity Title:	
Activity Format/Type (Live activity, enduring material, Journal-based CME, etc.)	
Date(s):	
Venue / City, State	/
Estimated Attendance:	
Sponsoring Board:	

Course Director:	
Phone:	
Fax:	
Email:	
Course Director Admin. Assistant:	
Contact Information:	

Co-Course Director: (if applicable)	
Phone:	
Fax:	
Email:	
Co-Course Director Admin. Assistant:	
Contact Information:	

Activity Description and Outcomes (4-5 sentences that describe what the learner should be able to achieve after participating in the activity.)

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II. EDUCATIONAL CONTENT PLANNERS and PLANNING PROCESS [C7](#)

In addition to the activity course director and co-course director (if applicable), list the names, degrees, titles affiliations and email addresses of all individuals engaged in the design and delivery of the content for this activity. Also, please ensure that each individual listed has completed the required conflict of interest disclosure form prior to his/her involvement in the activity planning process.

Name	Title	Affiliation/Board	Email Address

1. Who identified the speakers and topics or content for the activity: ☐ Course Director ☐ Activity Co-Course Director
☐ CME Associate ☐ Planning Committee ☐ Editorial Board
☐ Other (provide names): _____
2. What criteria were used in the selection of speakers or content (select all that apply)? ☐ Subject matter expert
☐ Excellent teaching skills/effective communicator ☐ Experience in CME ☐ Speaker Evaluations
☐ Other: _____
3. 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:

III. EDUCATIONAL NEEDS AND GAP ANALYSIS

A professional practice gap is defined as the difference between ACTUAL (what is) and IDEAL (what should be) and ideal performance and/or patient outcomes. Please list the professional practice gap of the target audience to be addressed (the difference between what learners do now vs. what you would like them to do)? Ask yourself, “What is the problem in practice?” [C2](#)
[C3](#) [C5](#)

Professional Practice Gaps ^{C2} What is the problem? What does the learner need to do? Please include at least 1 source/reference for each item.	Resulting Topic(s)/Presentation(s) What will be presented to address what the learner needs to do?	Desired Results/Outcomes from Presentation(s) ^{C5} What is the learner expected to achieve after receiving the information provided?	Desired Results/Outcomes ^{C5}
EXAMPLE: Many states continue to struggle with prescription drug abuse. State medical boards can coordinate their efforts with various federal agencies, including the DEA, SAMHSA, FDA, and NGA, to effectively address this epidemic. Reference: Request from the State Medical Board of Ohio	Prescription Drug Abuse To educate and provide an opportunity for participants to discuss avenues where DEA and state medical boards could work more effectively to bring about change with the prescription drug abuse	Improve the ways prescription drugs are prescribed to ensure patients have access to safe, effective treatment while reducing the number of people who misuse, abuse, or overdose from these powerful drugs.	☒ Positive changes in physician Competence ☐ Improved Performance in clinical practice ☐ Improvement in Patient Outcomes
EXAMPLE: The American Heart Association guidelines state that high levels of hyperlipidemia in patients with diabetic comorbidity is the cause of increased morbidity in those patients. Reference:	Diagnosis and Management of Hyperlipidemia with Diabetic Comorbidity	Identify diabetic patients; screen for hyperlipidemia; place on appropriate lipid lowering medication(s); improve patient outcomes	☒ Positive changes in physician Competence ☒ Improved Performance in clinical practice ☐ Improvement in Patient Outcomes
Reference:			☐ Positive changes in physician Competence ☐ Improved Performance in clinical practice ☐ Improvement in Patient Outcomes
Reference:			☐ Positive changes in physician Competence ☐ Improved Performance in clinical practice ☐ Improvement in Patient Outcomes
Reference:			☐ Positive changes in physician Competence ☐ Improved Performance in clinical practice ☐ Improvement in Patient Outcomes
Reference:			☐ Positive changes in physician Competence ☐ Improved Performance in clinical practice ☐ Improvement in Patient Outcomes

IV. **EDUCATIONAL OBJECTIVES**

Based on the desired results of the activity, what are the overall objectives of the activity? Objectives can support the attainment of the desired results listed in [Section V - Barriers](#). [C5](#)

Learning Objectives

Based on the need/professional practice gap identified, what are the learning objectives of this activity? These objectives should be measureable and describe the new knowledge, increased competence and /or improved performance you wish to address in this activity. Please use [List of Verbs](#) to formulate.

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

	Objective	Core Competencies/Physician Attributes								
		Patient Care	Medical Knowledge	Practice-Based Learning	Communication	Professionalism	System-Based Practice	Inter-Disciplinary Teams	Quality Improvement	Informatics
1.		☐	☐	☐	☐	☐	☐	☐	☐	☐
2.		☐	☐	☐	☐	☐	☐	☐	☐	☐
3.		☐	☐	☐	☐	☐	☐	☐	☐	☐
4.		☐	☐	☐	☐	☐	☐	☐	☐	☐
5.		☐	☐	☐	☐	☐	☐	☐	☐	☐

Please be sure to check the ACGME/ABMS or IOM competencies (the physician attributes) that are addressed in the content of this activity. [\(C6\)](#) Check all that apply. The competencies are described as the following:

Patient Care or Patient-Centered Care: provide care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

Medical Knowledge: demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social behavioral) sciences and the application of this knowledge to patient care.

Practice-Based Learning: involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in their practice of medicine.

Interpersonal and Communication Skills: demonstrate skills that result in effective information exchange and teaming with patients, their families and other healthcare professionals (e.g. fostering a therapeutic relationship that is ethically sound, uses effective listening skills with non-verbal and verbal communication; working as both a team member and at times as a leader.)

Professionalism: demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population.

System-Based Practice: manifested by actions that demonstrate an awareness of and responsibility to the larger context and systems of health care and the ability to effectively call on system resources to provide care that is of optimal care (e.g. coordinating care across sites or serving as the primary case manager when care involves multiple specialties, professions or sites.)

Interdisciplinary Teams: cooperate, collaborate, communicate and integrate care teams to ensure that care is continuous and reliable.

Quality Improvement: identify errors and hazards in care: understanding and implementing basic safety design principles such as standardization and implications; continually understanding and measuring quality of care in terms of structure, process and outcomes in needs; and design and test interventions to change processes and systems of care, with the objective of improving quality.

Utilize Informatics: communicate, manage knowledge, mitigate error, and support decision making using information technology.

V. BARRIERS [C18](#), [C19](#)

Barriers (Select all that apply)

What are the potential or real barriers facing physicians if this need (gap) is to be addressed? What potential barriers do you anticipate the learner may encounter when trying to make the changes this activity is designed to promote?

- | | |
|---|---|
| ☐ Cost | ☐ Lack of Consensus on Professional Guidelines |
| ☐ Formulary Restrictions | ☐ Lack of Time to Assess/Counsel Patients |
| ☐ Insurance/Reimbursement Issues | ☐ No Perceived Barriers |
| ☐ Lack of Administrative Support/Resources | ☐ Patient Compliance Issues |

☐ Other (please list): _____

In this CME activity, how will you incorporate strategies to remove, overcome or address these barriers?

VI. TARGET AUDIENCE

Target Audience (Select all that apply)

- | | |
|---|---|
| ☐ MD/DOs | ☐ NP, PA, Nurses |
| ☐ Counselors | ☐ Scientists/Researchers |
| ☐ Dieticians | ☐ Social Workers |
| ☐ Pharmacists | ☐ Therapists |
| ☐ Psychologists | |
| ☐ Other (please list): _____ | |

Specialty (Select all that apply)

- | | |
|---|--|
| ☐ All Specialties | ☐ Emergency Medicine |
| ☐ Anesthesiology | ☐ Family & Preventative Medicine |
| ☐ Cellular & Molecular Medicine | ☐ Geriatrics |
| ☐ Critical Care | |
| ☐ Internal Medicine (Choose sub-specialty) | ☐ Infectious Disease |
| ☐ General | ☐ Nephrology |
| ☐ Cardiology | ☐ Physiology |
| ☐ Dermatology | ☐ Pulmonary |
| ☐ Endocrinology/Metabolism | ☐ Rheumatology, Allergy, & Immunology |
| ☐ Gastroenterology | |
| ☐ Hematology/Oncology | ☐ Pharmacology |
| ☐ Hospital Medicine | ☐ Psychiatry/Psychology |
| ☐ Neurosciences | ☐ Radiology |
| ☐ Ophthalmology | ☐ Reproductive Medicine |
| ☐ Orthopedic Surgery | |
| ☐ Pathology | |
| ☐ Pediatrics | |
| ☐ Surgery (Choose sub-specialty) | ☐ Otolaryngology-Head & Neck Surgery |
| ☐ Cardiothoracic | ☐ Plastic Surgery |
| ☐ Colorectal Surgery | ☐ Trauma/Burn |
| ☐ General Surgery | ☐ Urology |
| ☐ Minimally Invasive Surgery | ☐ Vascular |
| ☐ Neurosurgery | |
| ☐ Other (please list): _____ | |

Scope of Practice (Select all that apply)

What is the current or potential scope of practice of the target audience?

- | | |
|---|---|
| ☐ Administration | ☐ Residents/Fellows/Trainees |
| ☐ Hospital Staff | ☐ Research |
| ☐ Office Based | ☐ Teaching |
| ☐ Other (please list): _____ | |

VII. EDUCATIONAL FORMATS, DESIGN AND METHODOLOGY [C5](#)

Please indicate the educational method(s) that will be used to achieve the state goals and objectives.
Check all the methods that apply for this activity.

- | | | | |
|--------------------------|----------------------------|--------------------------|--|
| ☐ | Didactic Lecture(s) | ☐ | Case Presentations |
| ☐ | Power Point | ☐ | Hands-on lab/Simulation |
| ☐ | Panel Discussions | ☐ | Q&A Sessions |
| ☐ | Roundtable Discussions | ☐ | Self-Directed Learning/Self-Assessment |
| ☐ | Other (please list): _____ | | |

VIII. ACTIVITY EVALUATION AND OUTCOMES MEASUREMENT [C3](#), [C11](#), [C16](#)

How will you measure if changes in competence, performance or patient outcomes have occurred? Check all that apply; note, you may be asked to provide summary data for the evaluation methods selected. In many cases, the Joint Provider will perform the initial activity evaluation and the FSMB will perform a 90-day outcomes assessment.

Knowledge/Competence

- | | | | |
|--------------------------|---|--------------------------|----------------------------------|
| ☐ | Evaluation form for participants (required) | ☐ | Physician and/or patient surveys |
| ☐ | Customized post-test | ☐ | Audience Response System (ARS) |
| ☐ | Customized pre and post-test | | |
| ☐ | Other (please list): _____ | | |

Performance

- | | | | |
|--------------------------|---|--------------------------|---------------------|
| ☐ | Adherence to guidelines | ☐ | Chart Audits |
| ☐ | Case-based studies | ☐ | Direct Observations |
| ☐ | Customized follow-up survey/interview/focus group | | |
| ☐ | Other (please list): _____ | | |

Patient Outcomes

- | | | | |
|--------------------------|---|--------------------------|---------------------------------------|
| ☐ | Observe changes in health status measures | ☐ | Obtain patient feedback and surveys |
| ☐ | Observe changes in quality/cost of care | ☐ | Measure mortality and morbidity rates |
| ☐ | Other (please list): _____ | | |

IX. FUNDING AND INDEPENDENCE [C7](#), [C8](#), [C9](#), [C10](#)

Proposed Funding Sources

Describe any additional details that should be considered.

- | | |
|--------------------------|--|
| ☐ | Registration Fees |
| ☐ | Commercial Support – will this CME activity receive commercial support (financial or in-kind contributions) from an ACCME defined commercial interest to cover all or part of the costs of the activity? |
| ☐ | Exhibit Fees/Revenue |
| ☐ | Final promotional funding documentation will be provided by the Joint Provider for FSMB files |
| ☐ | Other (please list): _____ |

X. COLLABORATION

Are there other initiatives within your Board/Organization working on this issue? Are there other organizations we could partner with that are working on this issue? If yes, in what ways could we include these internal or external groups in our CME activity to help us address or remove barriers as identified in [Section II - Barriers](#)? [C18](#), [C19](#), [C22](#)

Are there non-educational strategies that are currently being used that address this issue? If no, what kinds of non-educational strategies could be used to address this issue? [C17](#)

XI. ADDITIONAL ITEMS

- The Joint Provider will be held liable in the event the activity incurs a financial loss.
- Notice of CME approval will be emailed to the course director.
- Commercial companies are prohibited from applying for CME credit and must not have any input on the course content or design.

XII. REQUIRED ATTACHMENTS

Please attach the following items:

☐	Agenda for live activity, if available. Agenda should contain times, topics and potential speakers.
☐	Evidence of needs assessment/data sources (required for all activities)
☐	List of proposed companies, and contact information, for commercial support, if applicable
☐	Proposed Planning Committee contact listing
☐	Disclosure and Attestation form for course director and all planning committee members
☐	Pre-activity budget

SIGNATURES

By signing, I attest that all decisions regarding the planning of this activity have been made without the influence of any commercial company/interest.

Course Director

Signature

Date

Co-Course Director (if applicable)

Signature

Date



CONTINUING MEDICAL EDUCATION ACTIVITY UNDERSTANDING NEEDS ASSESSMENT AND OBJECTIVES

Needs Assessment Data

The first step in the design of a Category 1 activity is the assessment of the educational needs or the purpose of the activity. A brief "needs" assessment paragraph must be included in your promotional material that summarizes the assessment data submitted with your application documents. The sponsor shall have established procedures for identifying and analyzing the needs and interests of prospective participants. The need or purpose for the proposed educational offering *goes beyond the sponsor's own perception of need and must relate to relevant patient care issues*.

This can be supported by:

- committee notes
- continuous quality improvement issues
- evaluations from previous activities
- focus groups
- government
- health policy studies
- incident reports
- journal articles
- patient records and databases
- professional review organization studies
- reports on health statistics/technology developments, etc.
- research
- site visit reports
- surveys

Development of Educational Objectives

While the needs assessment indicates what deficits or insufficiencies will be addressed in the educational activity, the objectives state the educational goals of the activity; that is, what the planning committee anticipates the audience will derive from the activity. Stated learning objectives communicate to the audience:

- what is to be taught and learned
- what will be required of the student
- the basis for evaluating both the student's learning and the effectiveness of the instructional program
- the type and extent of activities that are required for successfully carrying out the learning

The statement of learning objectives also can help the planning committee to think in specific terms and to organize the sequence of the subject matter of the educational activity – establishing the agenda, step 3 in the planning process of an educational activity.

Concrete terms that can form the basis of specific learning objectives:

The following terms to be **CONSIDERED** when writing learning objectives

To analyze	To define	To formulate	To recognize
To apply	To describe	To identify	To relate
To arrange	To demonstrate	To illustrate	To report
To assess	To diagram	To integrate	To restate
To categorize	To differentiate	To interpret	To review
To classify	To discriminate	To list	To solve
To compare	To discuss	To name	To sort
To construct	To distinguish	To organize	To translate
To contrast	To employ	To predict	To use
To create	To evaluate	To prepare	To utilize
To defend	To explain	To recall	

General Terms such as those listed below are inadequate because they are open to many interpretations (they are non-specific) and are not accessible to quantification.

AVOID the following terms when writing learning objectives

To grasp the significance of	To have an awareness of	To internalize	To know
To understand	To really understand	To believe	To learn

CME COURSE DIRECTOR RESPONSIBILITY AND ATTESTATION

The Federation of State Medical Boards (FSMB) is the leader in medical regulation, serving as an innovative catalyst for effective policy and standards. The FSMB leads by promoting excellence in medical practice, licensure, and regulation as the national resource and voice on behalf of state medical and osteopathic boards in their protection of the public. The FSMB Education Services Department will provide support and guidance to potential Continuing Medical Education Directors in the planning and execution of a CME activity.

I. RESPONSIBILITIES

The Course Director assumes responsibility of the content of the activity so that it is current, balanced, objective, scientifically rigorous, and free of commercial bias, and the information and advice is the very best that can be offered. The Course Director must also be a licensed MD or DO. Course Director responsibilities include, but are not limited to:

- ❖ Documenting a needs assessment with underlying professional practice gaps
- ❖ Developing measurable educational objectives based upon the program needs assessment
- ❖ Designing educational activity to change competence, performance, or patient outcomes
- ❖ Developing appropriate activity agenda tied to the educational objectives
- ❖ Determining the educational method that is appropriate for the setting, objectives, and desired results of the activity
- ❖ Defining and overseeing the educational content
- ❖ Selecting and confirming faculty to provide current, objective, scientifically rigorous and expert coverage of the subject(s)
- ❖ Obtaining disclosure forms from those with control over content, including planners, presenters, moderators/speakers, authors
- ❖ Resolving all activity conflicts of interest for anyone with control over content prior to the activity.
- ❖ Disclosing to participants all relevant financial relationships of planners, presenters, moderators/speakers, authors
- ❖ Providing names and contact information for Planning Committee
- ❖ Providing names and contact information for potential commercial interest(s)
- ❖ Maintaining separation of promotion and education
- ❖ Ensuring social events do not compete or take precedence over educational activity
- ❖ Providing pre-registration and conference registration
- ❖ Maintaining attendance records
- ❖ Producing and distributing all publicity and promotional materials, course syllabus and handouts, with prior FSMB approval
- ❖ Arranging all contracts, including the conference facility, hotels, catering agencies, travel agents, honoraria, and financial support from industry
- ❖ Submitting to the FSMB all related end course materials
- ❖ Abiding by FSMB policies; ACCME Essentials and Standards; and AMA PRA Credit System Guidelines.

II. FINANCIAL RESPONSIBILITY

The Joint Provider will be held liable in the event the activity incurs a financial loss. The activity Income & Expense Summary will be provided within 45 days of the completion of the activity.

I understand my responsibilities and financial obligation as course director/co-director for this program.

Course Director

Date

Co-Course Director

Date

CME ACTIVITY CONFLICT OF INTEREST DISCLOSURE FORM

All persons who influence the content of CME activities are required to disclose relevant financial relationships with any **ineligible companies**. This includes planners, activity directors, presenters, authors, and administrative staff who participate in the design and development of content, as well as CME Committee members and reviewers who vet and approve proposed content. The intent of this form is to inform planners/presenters/reviewers of their obligations and to support the FSMB in mitigating potential conflicts of interest, thus assuring balance, independence, objectivity, and scientific rigor in all accredited content. If you have had a financial relationship with an ineligible company within the **past 24 months**, you must disclose that financial relationship.

Name:		Activity #:	
Activity Title:		Activity Date:	
☐ Course Director	☐ Planner/Planning Cmte	☐ Speaker/Author/Contributor	☐ Staff

Identified conflicts of interest will be resolved prior to an educational activity being delivered to learners through one of the following mechanisms 1) altering the financial relationship with the commercial interest, 2) altering the individual's control over CME content about the products or services of the commercial interest, and/or 3) validating the activity content through independent peer review. Learners will be asked to evaluate whether there is bias in the planning or presentation of the activity.

Disclosure

☐ **In the past 24 months, I have not had any financial relationships with any ineligible companies.**

(If you check this box, you can skip to the Declaration sections at the bottom of this page. If you have, or have had, a financial relationship with an ineligible company now or within the past 24 months, please complete the box below)

Type of Financial Relationship	Name of Commercial Interest/Company	Check The Box If The Relationship Has Ended
Formal Advisor (<i>i.e., scientific boards, review panels, board membership</i>)		☐
Grant/Research Support		☐
Speaker's Bureau		☐
Full-time/Part-time employment		☐
Consultant		☐
Ownership Interest (<i>stocks, stock options, or other ownership interest</i>)		☐
Other (please specify):		☐

☐ I intend to discuss unlabeled/unapproved use of a product or an investigational use of a product not yet approved by the FDA in my presentation. Drugs or products I will reference are:

☐ **By checking this box and submitting this form, you agree to comply with the following:**

1. If I have indicated a financial relationship or interest, I understand that this information will be reviewed to determine whether this relationship precludes my participation, and I may be asked to provide additional information.
2. I understand that it is necessary to update disclosure information should my status change.
3. I understand that failure or refusal to disclose, falsely disclose, or inability to mitigate conflicts of interest will disqualify me from participating in the activity.

4. All the recommendations involving clinical medicine in a CME activity are based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindication in the care of patients.
5. I will support my presentation and clinical recommendations with the best available evidence from current medical literature. All scientific research referred to, reported, or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.
6. I will uphold academic standards to insure balance, independence, objectivity, and scientific rigor in my role in the planning, development or presentation of this CME activity.
7. I agree to comply with the requirements to protect health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Additional information may be requested to resolve any conflict of interest.

Signature:

Date:

Glossary of Terms:

1. **Ineligible Company** – The ACCME defines an “ineligible company” as any entity whose primary business is producing, marketing, re-selling, or distributing health care goods or services used by or on patients. Providers of clinical services (i.e., hospitals, medical groups, etc.) are not usually considered ineligible companies.
2. **Financial Relationships** – are defined as those in which a person benefits by receiving a tangible financial benefit from an ineligible company (e.g., salary, royalty, consulting fee, honoraria, ownership interest such as stocks, stock options or other ownership interest, excluding diversified mutual funds). Financial benefits are usually associated with roles such as employment, management positions, independent contractor, consulting, speaking, and teaching, membership on advisory committees or review panels, board memberships, and other activities from which remuneration is received, or expected.
3. **Relevant Financial Relationships** – are defined as financial relationships in any amount occurring **within the past 24 months** that may create a **CONFLICT OF INTEREST** which potentially results when an individual has an opportunity to influence CME content that relates to the products or services of the ineligible company with which he/she has a financial relationship. It is the obligation of the CME provider to determine relevance.