

CME Program Application

SYMPOSIA GRAND ROUNDS/SERIES ENDURING MATERIAL/WEB CME

General Information

Applicant

Department:

Organization:

Name:

Address:

Phone:

CME Activity

Title:

Date:

Location:

Credits Requested

Category 1 hours:

Program Directors

PROGRAM DETAILS

Insert the letter "x" in front of each appropriate answer.

How did you determine the need/interest for this program? Attach documentation.

- | | |
|---|---|
| <input type="checkbox"/> Previous evaluations | <input type="checkbox"/> Informal discussions |
| <input type="checkbox"/> Formal requests | <input type="checkbox"/> QA/UR data |
| <input type="checkbox"/> New techniques/issues | <input type="checkbox"/> Periodic interest survey |
| <input type="checkbox"/> Advice from authorities in the field | |

Please state the need for this program. This will be used in the promotion of the meeting and to assess that the needs of the audience were met. For help with this please contact the CME office.

Goals

Attendance goal:

Overall Goal of the program:

Learning objectives

Statements that reflect what each participant will gain by attending this program. (Attach separate sheet if necessary.)

Learning Methods

- | | |
|--|--|
| <input type="checkbox"/> Lecture following Q&A session | <input type="checkbox"/> Film/video presentation with discussion |
| <input type="checkbox"/> Case presentations | <input type="checkbox"/> Demonstration of procedures, including films, videotapes, audio tapes, or closed-circuit television |
| <input type="checkbox"/> Workshop/demonstration | <input type="checkbox"/> Workshop performance of manipulative skills under supervision |
| <input type="checkbox"/> Panel discussion | |
| <input type="checkbox"/> Handouts | |
| <input type="checkbox"/> X-rays, charts, etc. | |

Targeted Audience

- | | |
|--|---|
| <input type="checkbox"/> Adult cardiologists | <input type="checkbox"/> Cardiovascular pathologists |
| <input type="checkbox"/> Pediatric cardiologists | <input type="checkbox"/> Cardiovascular anesthesiologists |
| <input type="checkbox"/> Cardiovascular surgeons | <input type="checkbox"/> Radiologists |
| <input type="checkbox"/> Vascular surgeons | |

- Other: nurse practitioners, and clinical researchers with an interest in congenital heart disease.

Program Agenda (*See attachment.*)

Please attach to this application a draft of the program and a list of faculty members, including appropriate titles.

Evaluation

- | | |
|---|--|
| <input type="checkbox"/> Planning committee review/audit | <input type="checkbox"/> Pre- and post-tests |
| <input type="checkbox"/> Participant critiques/surveys | <input type="checkbox"/> Follow-up surveys |
| <input type="checkbox"/> Documented change in referral patterns | <input type="checkbox"/> Group discussions |

Faculty disclosure

What methods of faculty disclosure do you intend to use?

- Will put on printed materials
 Will announce at start of program, activity or session
 Will post via sign, slide or overhead
 Other (specify)

Each applicant is eligible for review upon presentation to the Texas Heart Institute Medical Education Committee. Each CME activity credit application presentation should include:

- All information contained on application form
- Program agenda (preliminary draft is acceptable)
- Faculty qualifications
- Proposed budget (projected revenues and expenses defined)

Please return to: Office of Continuing Medical Education, Texas Heart Institute, MC 3-276, P.O. Box 23045, Houston, TX 77225-0345. Fax: 832-355-3089. E-mail cme@heart.thi.tmc.edu. If you have any questions regarding this application, you may call the office at 832-355-2157.

For Office of Continuing Medical Education use only:

Received: