



CME Activity Recognition:

Walk-thru of the CME/CE accreditation process for 2021

REQUIREMENTS FOR CME RECOGNITION OF SYMPOSIA, WEBINARS, AND SELF-PACED ACTIVITIES

NYU LONG ISLAND SCHOOL OF MEDICINE

DIVISION OF CONTINUING PROFESSIONAL DEVELOPMENT

NOVEMBER 17, 2020

PLEASE NOTE: This process applies only to **CME Activities such as Symposia, Webinars, Hands-On Workshops, Self-Paced Videos, Printed Enduring Materials**, and any other learning format which is not a "Regularly Scheduled Series".

Regularly Scheduled Series meetings held weekly, monthly or quarterly, such as Tumor Boards, M&M, Journal Club, Case Conferences and Departmental Grand Rounds, use the CME SERIES Recognition Process, which can be found at <https://bit.ly/3feBVBN>

CME Activity Recognition: Required Steps

1. (Faculty) Activity Director Completes the Activity Curriculum Proposal: <https://bit.ly/34lqyi0>
 - a) Screenshots of this form are included below.
 - b) **All planning team members must complete annual disclosures.**
 - c) If your Faculty Activity Director or other Planners disclose relationships with Commercial Entities in health care, we will **require you to nominate a qualified Peer Reviewer** with no commercial relationships, before recognizing your Activity.
2. Department's Budget Manager decides on a CME Business Model for funding the CME Activity:
 - ▶ Options include CME Office-assisted fundraising, or low-risk startup, or department's self-managing the project.
 - ▶ Complete a **CME/CE Activity Project Kickoff Request Form** at: <https://bit.ly/3mC2dAI>
3. CME office reviews Proposal after receiving ALL Step 1 elements:
 - a) Faculty-submitted online **Activity Curriculum Proposal**, AND
 - b) Complete **disclosures for all planning team members**, AND
 - c) Nomination of one or more **qualified Peer Reviewer(s)**.
4. *If you engage the CME Office using the Full-Service Planning Model (see step 2), request potential event dates using the **CME Production Scheduler Block Request Form** at: <https://bit.ly/3pCGKcY>*
 - ▶ CME Office will schedule a Kickoff Discussion to begin your CME engagement, 6 to 9 months ahead of your activity date.
1. [Optional] Once your CME project moves beyond Kickoff stage:
 - ▶ Faculty Activity Director can claim Scholarly Activity Credit for directing the CME Curriculum
 - ▶ Complete the **CME Curriculum Structured Abstract Form** to document their needs assessment work at: <https://bit.ly/35llbih>

Guide to Applying for Recognition of CME Series: Starting your Application

cloud-cme.com/application.aspx



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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 address for 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 review and you will be contacted via email.

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Filter By Application Status:

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Search By Event Name:

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ActivityID	Activity Name	Author	Planners	Approver	Last Revised	Disclosure
18844	My Departmental Grand Rounds (Rob Martin)	Rob A Martin, MBBS	Robert Martin, MBA (Other Planning Committee Member),	No approver assigned	10/27/2020 3:26:45 PM	All disclosures

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NYU Long Island School of Medicine Office of CPD, 222 Station Plaza North, Suite 510, Mineola, NY 11501 tel) 516-663-0333

Guide to Applying for Recognition of CME Activity: Basic Information

Sign Out Live Courses Online Study Design CME/CE About Grand Rounds Tools Planning Calendar CMEFA Center Help **My CME**



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.

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

print

Basic Information

Specify the following for your activity

Activity Name: ⓘ

My Departmental Grand Rounds (Rob Martin)

Select all that apply: ⓘ

- | | |
|---|---|
| <input checked="" type="checkbox"/> ACCME (Physicians) | <input checked="" type="checkbox"/> ANCC (Nurses) |
| <input checked="" type="checkbox"/> ASWB (Social Workers) | <input type="checkbox"/> Joint Accredited |
| <input type="checkbox"/> Non-Accredited | |

Activity Type: ⓘ

Directly Provided - Regularly Scheduled Series

ANCC

ANCC Activity Type: ⓘ

- Learner Directed, Learner Paced
- Provider Directed, Learner Paced
- Provider Directed, Provider Paced

Activity Format: ⓘ

- | | |
|--|---|
| <input checked="" type="checkbox"/> Live Activity | <input type="checkbox"/> Enduring Material |
| <input type="checkbox"/> Journal-based CME activity | <input type="checkbox"/> Test-item writing activity |
| <input type="checkbox"/> Manuscript review activity | <input type="checkbox"/> PI CME activity |
| <input type="checkbox"/> Internet point-of-care activity | <input type="checkbox"/> Learning from Teaching |
| <input type="checkbox"/> Other | |

If other format, please specify:

Department ⓘ

LISOM FAC.AA-J.NONAILLADA

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

[please copy from the Synopsis in the "CME Curriculum Abstract" submitted by your Activity Director Faculty member, and paste into this field]

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

[please provide an intro to this activity to enable learners to decide whether this activity is relevant to their needs]

Type of Credit Requested: ⓘ

- | | |
|---|---|
| <input checked="" type="checkbox"/> AMA PRA Category 1 Credits™ | <input type="checkbox"/> CME - Non-Physician (Attendance) |
| <input type="checkbox"/> AARC CE Credits | <input type="checkbox"/> Adult Trauma CME Credit |
| <input checked="" type="checkbox"/> ANCC Contact Hours | <input type="checkbox"/> BC-ADM Credits |
| <input type="checkbox"/> BOC Credits | <input type="checkbox"/> CEU |
| <input type="checkbox"/> CST Credit | <input type="checkbox"/> Dietitian CPEUs |
| <input type="checkbox"/> MCHES Contact Hours | <input type="checkbox"/> Nursing Credit |
| <input type="checkbox"/> Pediatric Trauma CME Credits | <input type="checkbox"/> Pharmacy Credits |
| <input type="checkbox"/> Physical Therapy Credit | <input type="checkbox"/> Resident/Fellow Credit |
| <input type="checkbox"/> Respiratory Therapy Credit | <input type="checkbox"/> Social Work CEUs |
| <input type="checkbox"/> Pharmacist (ACPE) credits | <input checked="" type="checkbox"/> ABIM-MOC Part II |
| <input type="checkbox"/> ABA MOCA 2.0 | <input type="checkbox"/> ABP MOC Part 2 |

Guide to Applying for Recognition of CME Series: Basic Information

Basic Activity Information

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

MOC

Provides MOC? [?](#)

Yes No

Select the applicable MOC credit type(s): [?](#)

ABIM MOC ABA MOCA 2.0 ABP MOC
 ABPath MOC ABO ABOHNS

MOC Credit Type(s): [?](#)

Medical Knowledge Only Medical Knowledge + Patient Safety
 Medical Knowledge + Practice Assessment Medical Knowledge + Practice Assessment + Patient Safety
 Practice Assessment Only Practice Assessment + Patient Safety

Points Awarded: [?](#)

Registration: [?](#)

Open to All Limited

Patient Safety Training? [?](#)

Yes No

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: [?](#)

City: [?](#)

State:

Country:

Activity Start and End Dates

For Regularly Scheduled Series, the Start and End date should be the same date. You will set a recurrence pattern below to indicate the frequency the RSS will occur.

Start Date: [?](#)

End Date: [?](#)

Activity Start and End Times

Start Time: [?](#)

End Time: [?](#)

Time Zone: [?](#)

► Specify the Type of Activity and the Credit Types you will offer

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Basic Information

Specify the following for your activity

Activity Name: ⓘ

My Annual Symposium

Select all that apply: ⓘ

- ACCME (Physicians)
 ASWB (Social Workers)
 Non-Accredited

- ANCC (Nurses)
 Joint Accredited

Activity Type: ⓘ

Directly Provided - Courses

Sub-Category: ⓘ

- Case Based Discussion
 Panel
 Skill-Based Training
 Other

- Lecture
 Simulation
 Small Group Discussion

Activity Format: ⓘ

- Live Activity
 Journal-based CME activity
 Manuscript review activity
 Internet point-of-care activity
 Other

- Enduring Material
 Test-item writing activity
 PI CME activity
 Learning from Teaching

If other format, please specify:

Department ⓘ

- ▶ For Activity Type, usually you will choose **“Directly Provided – Courses”**
- ▶ “Jointly Provided” status only applies if an outside organization will co-provide this activity, which is uncommon

- ▶ Specify your Activity' Schedule and the Target Audience of learners you intend to reach
- ▶ Regularly Scheduled Series meetings held weekly, monthly or quarterly, such as Tumor Boards, M&M, Journal Club, Case Conferences and Departmental Grand Rounds, use the CME SERIES Recognition Requirements, which can be found at <https://bit.ly/3feBVBN>

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Planners and Faculty

Planning Committee and Faculty/Speakers

Complete the table below for each person on the planning committee and for each faculty/speaker. Include email, full name, degree, profession and their role on the planning committee.

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 or faculty, click the green plus (+) sign. To remove a planner or faculty, click the red minus (-) sign.

Qualified Planner
+

Email *

First and Last Name

Degree

Profession

Title

Department or Affiliation

Role in Planning Content

i 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

[Save and Continue](#)

- ▶ Specify one or more planners for the activity, including faculty/speakers and coordinators. All involved will be sent Disclosures to complete.
- ▶ Note: To offer credits for multiple professions (Nurse, Social Worker, Therapist), recruit a **member of that profession** onto your planning team

Guide to Applying for Recognition of CME Series: Gap and Needs

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Gap and Needs

Gap Analysis

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

[please copy the "observed learning or performance gap" included in the "CME Curriculum Abstract" submitted by your Activity Director Faculty member, and paste that information into this field]

Word Count: 28

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

Knowledge Need Competence Need Performance Need

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

Over 50% of unit staff were found to lack confidence in placing a central line or cannula

Word Count: 17

State what this CME activity was designed to change in terms of competence, performance or patient outcomes (maximum 50 words).

State what this activity was designed to change, for example:]Central Line insertion technique

Word Count: 14

Explain why this educational format is appropriate for this activity (maximum 25 words).

Simulation on a patient mannikin helps learner to orient to cannula placement and physical tissue resistance

Word Count: 16

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

Yes No

Needs Assessment

Type of needs assessment method used to plan this event; check all that apply: ⓘ

- 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

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

 Add Files

You must develop a needs assessment:

- ▶ **Describe** what gap in performance, knowledge or competence exists and needs to be improved,
- ▶ **Cite** your evidence for the gap's existence, and,
- ▶ **Explain** how your choice of session format aligns with changing that clinical behavior.

Consider: A passive didactic lecture produces knowledge that may be soon forgotten. There may be more effective and lasting ways to engage your audience in action-based learning.

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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?

[Save and Continue](#)

► Identify any barriers relevant to (or barring) improved practice that may contribute to the gap.

E.g. "Work overload may be a barrier to identifying heritable risk factors within family history. We will provide the learner with specific phrases for asking these questions."

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- **Specify one or more measurable learning objectives for the activity.** Use measurable verbs from [Bloom's Taxonomy](#).

"Understand" is not a measurable verb, because it cannot be objectively or directly witnessed as a learner behavior.

"Discuss/Describe/Enumerate" are examples of objectively measurable learner behaviors.

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

Objectives

Number	Objective
+ 1	Describe correct placement of central line

ANCC Learning Outcome(s)

Number	Learning Outcomes
+ 1	Evaluate peers placement of central line in a simulated mannikin

ASWB Objectives

Number	Objective
+ 1	Analyze patient's communication to determine discomfort with insertion

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

Outcomes

- Note: When offering credits for multiple professions (Nurse, Social Worker, Therapist), be sure that your objectives fall within their scope of license. "Order/Prescribe" is typically not found within Nursing scope of practice. "Describe," and other cognitive activity related to prescribing, could be.
- Objectives can be used for multiple professions if each of the professions engages in that action in practice, for example "Monitor patient for signs of thrombosis".

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Outcomes

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

Knowledge/Competence:

- Evaluation/Self-Assessment
- 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:

- 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

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

- Identify the **Learning Outcomes** that your objectives can be expected to produce or improve

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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

Other Competencies

Nursing Quality Outcome Measures

Nursing Quality Outcome Measures

- Professional Practice Behaviors
- Leadership Skills
- Critical Thinking Skills
- Nurse Competence
- High Quality Care Based on Best Available Evidence
- Improvement in Nursing Practice
- Improvement in Patient Outcomes
- Improvement in Nursing Care Delivery

[Save and Continue](#)

► Identify the professional **Competencies and Quality Outcome Measures** that your activity can be expected to improve

Guide to Applying for Recognition of CME Series: Commercial Support

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Commercial Support

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

Is this activity receiving commercial support?

Yes No

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
+	Cooper Surgical	Wendy Davis	coopersurgical@gmail.cc	In-Kind cannulae donater

➔ Save and Continue

- ▶ Indicate if you be seeking or receiving **commercial support**
- ▶ Commercial support will require that you receive additional guidance on compliance, and involve the CME office as the payee of all transactions, to neutralize any Sunshine Act reporting attributed to your faculty speakers.
- ▶ Commercial support rarely applies to regularly scheduled CME series such as Tumor Boards, Journal Clubs, M&M and Case Conferences, and only occasionally applies to Lecture-based Grand Rounds.

Guide to Applying for Recognition of CME Series: Commendation Criteria

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Commendation Criteria

ACCME Commendation Criteria

The Accreditation Council for Continuing Medical Education (ACCME) encourages and rewards accredited CME providers for implementing best practices in educational methods, engagement, evaluation, assessment of change, and generating meaningful outcomes.

With regard to your activity, please consider whether any of the following criteria may apply. If you are uncertain, please contact the OCME.

Promotes Team-Based Education

- C23 Members of interprofessional teams are engaged in the planning and delivery of Interprofessional continuing education (ICPE).
- C24 Patient/public representatives are engaged in the planning and delivery of CME.
- C25 Students of the health professions are engaged in the planning and delivery of CME.

Addresses Public Health Priorities

- C26 The provider advances the use of health and practice data for healthcare improvement.
- C27 The provider addresses factors beyond clinical care that affect the health populations.
- C28 The provider collaborates with other organizations to more effectively address population health issues.

Enhances Skills

- C29 The provider designs CME to optimize communication skills of learners.
- C30 The provider designs CME to optimize technical and procedural skills of learners.
- C31 The provider creates individualized learning plans for learners.
- C32 The provider utilizes support strategies to enhance change as an adjunct to its CME.

Demonstrates Educational Leadership

- C33 The provider engages in CME research and scholarship.
- C34 The provider supports the continuous professional development of its CME team.
- C35 The provider demonstrates creativity and innovation in the evolution of its CME program.

Achieves Outcomes

- C36 The provider demonstrates improvement in the performance of learners.
- C37 The provider demonstrates healthcare quality improvement.
- C38 The provider demonstrates the impact of the CME program on patients or their communities.

[Save and Continue](#)

- ▶ Identify **any innovative curricular approaches** that you intend to utilize for this activity.
- ▶ These approaches can often provide you as Activity Director with an opportunity for publishing as Scholarly Activity.

Guide to Applying for Recognition of CME Series: **Signature**



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Welcome

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CME Application - My Departmental Grand Rounds (Rob Martin) - 1/6/2021

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 planner identified 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 for review and possible approval. Review times vary and you will be contacted via email.

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Signatures

Attestation:

As the Course Director, I attest to the accuracy and completeness of this application, and accept responsibility for the planning, implementation, and evaluation of this activity.

Signature of Course Director:

Rob Armstrong Martin

Date:

10-27-2020

Save Application

Cancel

- ▶ Sign off on the curriculum plan and save it. You will be able to revise it as needed.
- ▶ Additional tabs for attaching files and comments are at left.

Guide to Applying for Recognition of CME Series: Final Submission

cloud-cme.com/application.aspx



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Welcome Rob A Martin, MBBS

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Create New Application

Export XLS

Reset Filters

Find Disclosures

Admin User Lookup

Filter By Application Status:

Search By Event Name:

Hide Approved

Search

ActivityID	Activity Name	Author	Planners	Approver	Last Revised	Disclosure Status	
18844	My Departmental Grand Rounds (Rob Martin)	Rob A Martin, MBBS	Robert Martin, MBA (Other Planning Committee Member),	No approver assigned	10/27/2020 3:26:45 PM	All disclosures on file.	<div style="border: 2px solid red; padding: 2px;"> Submit For Review </div> <div style="padding: 2px;">Copy</div> <div style="padding: 2px;">Delete</div>

Administration

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PROPOSE ACTIVITY

DISCLOSURE FORM

NYU Long Island School of Medicine Office of CPD, 222 Station Plaza North, Suite 510, Mineola, NY 11501 tel) 516-663-0333

- ▶ When you are satisfied with your Activity Application, use the Submit for Review button to submit it to the CME Office.
- ▶ Use the Copy and Delete buttons as needed.