



American Society of Addiction Medicine

2021 ASAM Continuing Medical Education (CME) Application

Title of Activity:	
Type of Activity <i>(ie: Live Course, Online Webinar, Internet Enduring Course, Blended Course, Journal Based CME, Test Item Writing, Committee Learning, Faculty, Internet Searching and Learning, Learning from Teaching)</i>	
Date (MM/DD/YYYY):	Location:
Number of Participants:	Number of Credit Hours Requesting:
Target Audience:	
I. Educational Content and Planning	
1. What are the professional practice gaps of your learners on which the activity was based?	
2. Describe the educational format:	
3. List the overall learning objectives:	
4. Do the educational objectives address the following:	
a. Knowledge	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
b. Competence	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	

c. Performance

Yes

No

If yes, please explain:

5. This activity was developed in the context of which competencies? *(Check all that apply)*

ACGME / ABMS

- Patient Care and Procedural Skills
- Medical Knowledge
- Practice-based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems-based Practice
- Other: _____

Institute of Medicine

- Provide patient-centered care
- Work in interdisciplinary teams
- Employ evidence-based practice
- Apply quality improvement
- Professionalism
- Utilize informatics
- Other: _____

Interprofessional Education Collaborative

- Values/Ethics for Interprofessional Practice
- Roles/Responsibilities
- Interprofessional Communication
- Teams and Teamwork
- Other: _____

6. Which of the following needs assessments were completed prior to the design of this activity?

- Needs survey
- Q.A., peer review
- Suggestions by participants/evaluations from past program
- Consensus of experts/faculty perception
- Current literature/research
- New technique, equipment, or medical issue
- Other: _____

7. If there was a Needs Assessment conducted, describe the results:		
8. Indicate whether the activity meets the following criteria:		
a. Represents best clinical practice, emerging technology, or new practice guideline.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Is appropriate for ASAM's target audience.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Represents a diversity of views.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Topic is timely.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Is there a balanced discussion? (eg, various pharmacotherapeutic and behavioral options and/or alternative explanations).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Attach the proposed activity agenda. <i>Each presentation should include goals & objectives.</i>		
II. Faculty and Faculty Disclosure Information		
1. Describe how the faculty was selected:		
2. Did the activity's planning committee review the disclosures for possible relevant financial relationships?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what did the planning committee do to mitigate the relevant financial relationship?		
3. Attach a list of faculty presenting at this activity. Include name, address, titles, departments, institutional affiliations. CV's are NOT required.		
4. Attach faculty disclosures.		
III. Knowledge, Competence, Performance and Patient Outcomes		
1. Is this activity designed to change competence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please explain why or why not?		
2. How will you measure competence change?		
3. Is this activity designed to change performance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please explain why or why not?		

4. How will you measure performance change?	
5. Is this activity designed to change patient outcomes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain why or why not?	
6. How will you measure patient outcomes?	
IV. Evaluation	
1. Which of the follow methods will you use to evaluate the activity <i>(check all that apply)</i>	
<input type="checkbox"/> Pre-Test Questions <input type="checkbox"/> Participant Survey <input type="checkbox"/> Performance Evaluation <input type="checkbox"/> Follow-up Survey <input type="checkbox"/> Post Test <input type="checkbox"/> Other:	
2. Attach a copy of all evaluations that will be used to evaluate the activity.	
V. ACCME Content Validity Value Statement	
Please indicate if the content of this activity is in compliance with the following ACCME Content Validity Statements.	
1. CME activities must be based on evidence that is accepted within the profession of medicine as adequate justification for the indications and contraindications in the care of patients.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:	
2. All scientific research referred to, reported or used in CME support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:	

VI. Budget and Support from Ineligible Companies

1. What is the source of revenue to be used to fund this activity?

2. How will you document attendance?

3. List all support from any ineligible companies

Visit [ACCME's definition of ineligible company](#)

4. Attach a copy of the activity budget.

VII. Signatures

Program Chair:

Signature:

Date:

Please email completed application to cme@asam.org