



Before You Begin

The following form has required fields (marked in red). Please be sure to fill in all required information as omitting them will result in a delay in processing your application. When completed please use the SUBMIT FORM button and return this document to gzeaman@abqaurp.org.

Please read the ABQAURP Joint Sponsorship Policy by clicking [HERE](#).

This Policy is not intended to imply any exclusion of the requirements for the ACCME’s Essential Areas and Elements and Standards for Commercial Support, but is intended as an amplification of some of those requirements.

My signature attests I have the authority to enter into this agreement. I will adhere to all elements of activity planning and implementation of requirements. I accept authority and responsibility for all aspects of planning and implementation according to ABQAURP requirements and ACCME Essentials. Further, I attest the planning and implementation of jointly-sponsored activities are in strict compliance with ACCME Standards for Commercial Support. Further, I agree to abide by all ABQAURP policies and requirements pertaining to providing credit for jointly-sponsored activities.

I have read the ABQAURP Joint Sponsorship Policy and I agree to abide by the stated guidelines. I understand ABQAURP reserves the right to withdraw accreditation of any activity at any time if any of the requirements are not fulfilled.

Signature of Organization Representative (insert signature image if available):

Printed Name of Representative / Title

Date

Application for Joint Sponsorship

Joint Sponsor must review this entire document and contact ABQAURP prior to planning the educational activity. The completed application and all supporting materials must be received no later than eight (8) weeks prior to the activity. Incomplete applications will not be processed until all required information is received. If you need assistance or have questions, please contact Greg Zeaman at (727) 569-0190 extension 118 or gzeaman@abqaurp.org or Barbara Chalmers at extension 116 or Bchalmers@abqaurp.org.

I. Activity General Information

Title of Activity:

Location of Activity:

Location Address, City, State, Zip and Telephone Number

Activity Date(s) and Time(s):

Organization Name:

Activity Director/Title:

Address:

City:

State:

Zip:

Telephone:

Fax:

E-mail address:

Hours of Credit Applied For:

Physician CME

Nurse CEU (Florida Board of Nursing)



Number of Speaker(s): _____

Anticipated number of Physician attendees: _____ Nurse attendees: _____ Other: _____

Specify any special prerequisites an attendee must have to participate in this activity. (e.g., years of experience, special competencies, advanced degrees, etc.): _____

Proposed Registration Fee: \$ _____ If zero, why? _____

II. Educational Planning

A. Needs Assessment

Joint Sponsor must indicate **at least two methods** have been used to identify the need for or interest in this activity. Check all applicable sources and attach a copy of each.

Expert Consensus

- Faculty perception
- Advice from authorities in the field
- Consensus of experts and education committee members

Participant Feedback

- Target audience survey
- Previous CME activity evaluation data

Research Findings

- Data from outside sources (health statistics)
- Patient care audits/QI data
- Medical literature review
- Other (specify): _____
- Health Sciences library request data
- Institutional/Organizational mandate
- Mortality/morbidity data

B. Identified Need(s)

After analyzing the needs assessment data identified above, the Joint Sponsor must list the **specific** need(s) to be addressed by this educational activity (i.e., update or review of existing knowledge/skills; acquisition of new information, concepts, and/or skills; share new ideas to stimulate the development of knowledge/skills, etc.).

C. Desired Results

Joint Sponsor must list the expected outcomes in terms of changed physician / clinician knowledge, skills, and/or performance in practice and/or patient health status. If the educational activity is successful, what results/outcomes do you expect to occur?

D. Objectives

Joint Sponsor must provide learning objectives for each session and indicate how learning objectives will be communicated to the attendees. Check all applicable sources. Attach each session's objectives and a copy of each source used.

- Written materials in advance of activity (e.g., brochure, flyer)
- Written materials given during the activity (syllabus or other handout materials)
- Other (specify): _____

E. Target Audience

Joint Sponsor must describe the target audience for this educational activity.



F. Desirable Physician / Clinician Attributes

List "desirable physician attributes" that relate to the activity's learning objectives. See JS policy (addendum B) for examples of the three sources.

Institute of Medicine Core Competencies:

ACGME/ABMS Competencies:

ABMS Maintenance of Certification:

G. Educational Design

Joint Sponsor must attach a copy of the DRAFT agenda. The DRAFT agenda must include the time schedule, topics, speakers, and instruction methods for each session. Indicate all applicable types of **Instruction Method(s)**:

- | | |
|--|--|
| <input type="checkbox"/> Pre-test | <input type="checkbox"/> Didactic presentation |
| <input type="checkbox"/> Post-test | <input type="checkbox"/> Interactive computer response system |
| <input type="checkbox"/> Demonstration of equipment/technique(s) | <input type="checkbox"/> Panel discussion with question & answer |
| <input type="checkbox"/> Other (specify): _____ | |

H. Planning Committee Information / Disclosure

Joint Sponsor must provide a list of planning committee member(s) with full mailing information and email addresses. Joint Sponsor must submit completed Committee Disclosure Forms for each committee member. All disclosures must be received at least one month prior to the activity to allow for possible conflict(s) of interest to be identified and resolved.

I. Speaker Information / Disclosure

Joint Sponsor must provide speaker CV or bio sketches with full mailing information and email addresses. ABQAURP will send a speaker letter and disclosure form to each speaker for completion. All disclosures must be received at least one month prior to the activity to allow for possible conflict(s) of interest to be identified and resolved.

J. Commercial Support

Do you anticipate any commercial support? Yes No (If no, skip to Section III-Activity Evaluation)

Will any portion of received commercial support be used to pay the accreditation fee(s)? Yes No

All commercial support associated with a CME activity must be given with the full knowledge and approval of the provider. All commercial support funds (not exhibit/marketing funds) solicited on behalf of the activity must be received by ABQAURP. The joint sponsor may develop a grant proposal under the direction of ABQAURP; however, as the accredited provider, ABQAURP is responsible for appropriate management of the grants (according to the ACCME). ACCME requires a signed Written Agreement between ABQAURP and all commercial supporters. All Written Agreements must be signed prior to commencement of the activity. Joint Sponsor must provide a list of all companies providing support.

Required information for each commercial supporter:

- Commercial Support Organization
- Representative's Name
- Representative's Address (City, State, Zip)
- Representative's Telephone Number/Extension
- Anticipated total commercial support from each organization

IMPORTANT: A fee must be charged for securing exhibit space and the fee must be consistent for any exhibitor regardless of the organization's involvement in the provision of an educational grant for the CME/CEU activity. Exhibits are never a condition for the receipt of an educational grant (commercial support). Should an exhibit be requested or any other marketing arrangements, a separate agreement must be entered into with the appropriate party from the commercial interest.



K. Honoraria and Reimbursement Policy

Upon conclusion of the activity, the Joint Sponsor must submit a completed honoraria and reimbursement reconciliation form with post-activity documentation.

Will you use the ABQAURP Honoraria and Reimbursement Policy?
Will you use your own Honoraria and Reimbursement Policy*?

Yes No
 Yes No

* If using your own policy, please provide a copy of your policy with the application.

L. Estimate and Final Budget

Joint Sponsor must complete and submit an Estimated Budget with the application. Joint Sponsor must complete and submit a Final (actual) Budget post-activity.

III. Activity Evaluation / Attendance Verification

Joint Sponsor must use ABQAURP's online Activity Evaluation and Attendance Verification program. ABQAURP will provide at least one week prior to activity a one-page flyer providing instructions to obtain continuing education credits. Joint Sponsor must reproduce the flyer and provide it to attendees. ABQAURP will send a follow-up email to all attendees post-activity as a reminder to complete the online Activity Evaluation and Attendance Verification to earn continuing education credits.

IV. Accreditation Announcement

ABQAURP must approve all activity announcements PRIOR TO BEING RELEASED and/or PRINTED to ensure proper accreditation statements have been included. Pending accreditation statements are not allowed. If the Joint Sponsor is advertising CME/CEU credits, all promotional materials must include the following elements:

- Statement of overall objectives for the activity
- Clear information concerning fees, and, if appropriate, what the fee covers
- Statement of commercial support
- Accreditation statement with clear identification of the accrediting provider

V. Accreditation Fees

Sponsor must provide a \$400 non-refundable, non-transferable deposit upon submission of the application. Once the activity is reviewed and approved for continuing education, ABQAURP will advise of the final accreditation fee, less the \$400 deposit. After the accreditation fee is established, ABQAURP will only proceed with the accreditation process upon receipt of the remaining balance. If the activity is cancelled or denied accreditation, the \$400 deposit is non-refundable and non-transferable

1-3 Credits	Up to 40 registrants	\$1,540.00
4-7 Credits	Up to 40 registrants	\$1,815.00
8-10 Credits	Up to 40 registrants	\$2,090.00
Over 10 credits – Complex JS	Up to 40 registrants	* Starting at \$3,300.00

* Complex Joint Sponsorship fee begins at \$3,300.00 with a maximum of 24 speakers. A fee of \$110 will be incurred for each speaker over the maximum number of 24 due to the complexity of the comprehensive evaluation necessary for each speaker.

Additional Fees

\$825 Expedited Review Fee – All applications submitted less than eight (8) weeks prior to the commencement of the activity.

\$25 Administration Fee** – Speaker **OR** session topic change

\$100 Administration Fee** – Speaker **AND** session topic change

** Applies only after the CME/CEU activity has been approved for accreditation based on the credit hours applied for and the initial speaker(s) and session topic(s) submitted.

\$20 Additional Registrant Processing Fee (per registrant over maximum) – Joint Sponsor will be billed for ALL activities with more than 40 registrants. The Joint Sponsor has 30 days from the date of the additional billing to submit payment.

Preliminary approval of accreditation for the activity can be determined within four (4) business days, contingent upon ABQAURP receiving the deposit, Section I and Section II (A through G) completed, and signature. ABQAURP must be provided with all required documentation at least eight (8) weeks prior to the event to complete the entire accreditation process.



VI. Signature

This application statement is not intended to imply any exclusion of the requirements for the ACCME's Essential Areas and Elements and Standards for Commercial Support, but is intended as an amplification of some of the requirements.

My signature attests I have the authority to enter into this agreement. I have adhered to all elements of activity planning and implementation of requirements as indicated on the application. I accept authority and responsibility for all aspects of planning and implementation according to ABQAURP requirements and ACCME Essential Areas and Elements. Further, I attest the planning and implementation of the activity is in strict compliance with ACCME Standards for Commercial Support. Further, I agree to abide by all ABQAURP policies and requirements pertaining to providing CME/CEU credit for this activity. I will submit the required documentation as outlined in the Post-Activity section.

I have read the above and agree to the accreditation fee(s) for activity development. I understand ABQAURP reserves the right to withdraw sponsorship of this activity at any time if any of the above requirements have not been fulfilled.

Attach Signature Image of Organization Representative (if available)

Date

Printed Name of Representative / Title (if no signature image is available)

Please submit the application, \$400 deposit, and supporting documentation to:

ABQAURP
Greg Zeaman, Education Coordinator
6640 Congress Street
New Port Richey, FL 34653
(727) 569-0190 extension 118
Fax (727) 569-0195
Gzeaman@abqaurp.org

OR

ABQAURP
Barbara Chalmers, Program Coordinator
6640 Congress Street
New Port Richey, FL 34653
(727) 569-0190 extension 116
Fax (727) 569-0195
Bchalmers@abqaurp.org



Activity Checklists (Print or view this page as a reference guide to the application process)

A. Pre-Activity

To receive **PRELIMINARY** accreditation of the activity, the Joint Sponsor must provide the following:

- General Information
- Educational Planning
 - Needs assessment
 - Identified need(s)
 - Desired result(s)
 - Objectives
 - Individual Session(s)
 - Overall Activity
 - Target Audience
 - Desirable Physician / Clinician Attributes
 - Educational design
 - Draft agenda
- Accreditation Fees
 - \$400 Deposit
 - Expedited Review Fee (if applicable)
- Signature

To receive **FINAL** accreditation of the activity, the Joint Sponsor must provide the following:

- Educational Planning
 - Educational design
 - Instruction method(s)
 - Final agenda
 - Planning Committee Information
 - Member contact information (mailing and email addresses)
 - Member disclosure form(s)
 - Speaker Information
 - Speaker CV and/or bio sketch
 - Speaker contact information (mailing and email addresses)
 - Speaker disclosure form(s)
 - Slide presentation
 - Honoraria and Reimbursement Policy (if applicable)
 - Commercial Support Information (if applicable)
 - Contact information
 - Written Agreement of Commercial Support
 - Estimate Budget
- Accreditation Announcement
 - Draft promotional announcement(s)
- Accreditation Fees
 - Remaining Balance (actual fee)
 - Administration Fees (if applicable)

B. Post-Activity

Within **10 business days** following the activity, the Joint Sponsor must provide the following:

- Educational Planning
 - Honoraria and Reimbursement Reconciliation Form
 - Commercial Support
 - Commercial Support Reconciliation Form
 - Final announcement(s) and/or brochure(s) disclosing Commercial Support to learners
 - Final Budget
- Accreditation Announcement
 - Final announcement(s) and/or brochure(s) with accreditation statement(s)
 - Final copy of the syllabus and/or other handout materials
- Accreditation Fees
 - Additional Registrant Processing Fee (if applicable)