CME Application is now online: http://www.cme.uab.edu/application

CME Sponsorship and Credit Designation Online Application

Sign In Required

To access the application system, please sign in below with your BlazerID or XIAS username and password. If you do not have either of these, please contact the CME Office.

Username: *

pclark

Password: *

••••••••••••••••

Login

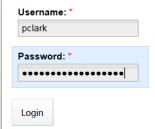Forgot your BlazerID password? Click here.

UAB SCHOOL OF MEDICINE
Division of Continuing Medical Education

Applications Home | CME Home | UAB Home
Need Assistance? cme@uab.edu or (205) 934-2687
Logged in as: **Pamela S Clark**   Logout

Step 1 - Activity Name & Type

Application Steps

1. Activity Name & Type
2. Activity Host
3. Activity Detail
4. Content Development
5. Needs Assessment
6. Learning Objectives
7. Disclosure Compliance
8. Funding
9. Payment
10. Add Optional Note

| Application | Dashboard | Attendance | Documents Library | Help |

The CME planning process is based on criteria of the Accreditation Council for Continuing Medical Education (ACCME) and sound adult learning principles. The UAB Division of Continuing Medical Education has the responsibility for assuring that CME activities meet these requirements. The application that follows is an essential step that will guide you through the planning process. Most of the questions reference a specific ACCME criterion, which can be found by clicking here and at www.accme.org.

Completion of all steps listed to the left is necessary to meet accreditation requirements. Please visit our Documents Library to retrieve forms and other resources necessary to complete the CME Sponsorship and Credit Designation process. If you need assistance, please contact UAB CME Specialists at cme@uab.edu or (205) 934-2687.

Activity Title & Type

Activity Title: *

Activity Type: *

- ○ Live
- ○ Regularly Scheduled Series
- ○ Enduring Material
- ○ Performance Improvement
- ○ Other

Live - A live activity that occurs at a specific time (examples include conferences, workshops, seminars, journal clubs, simulation workshops, etc.)
RSS - A regularly scheduled series of live activities that occur weekly, monthly, quarterly, etc (examples include rounds, tumor boards, seminar series.)
Enduring - Activities that endure over a specified time. They include print, audio, video and Internet materials, archived webinars, as well as other web-based activities
PI - A long-term 3 stage process with learning about specific performance measures

You will not be able to change the Activity Type once the application process has begun.

Sponsorship

Note: a pharmaceutical company or medical device manufacturer is not a sponsor

How is this activity sponsored? *
- ○ Directly sponsored
- ○ Jointly sponsored

Directly sponsored - UAB department partners with UAB CME

Jointly sponsored - UAB partners with external collaborator

Course Leadership

Only the users specified below will be able to view and edit this application. Please contact the CME office if you need to add additional administrative users to this application once it's been created.

I am the: *
- ○ Course Director
- ○ Administrative Contact
- ○ Both

Course Director

Course Director Name: *

BlazerID/XIAS Username: *

Rank/Title:

Street/Campus Address: *

Street Address

Address Line 2

Phone: *

Fax:

Email: *

Administrative Contact

Administrative Contact Name: *

BlazerID/XIAS Username: *

Title:

Street/Campus Address: *

Street Address

Address Line 2

Phone: *

Fax:

Email: *

Save and Continue

Step 2 - Activity Host

Please complete all steps above in order to submit.

Submit Application

| Application | Dashboard | Attendance | Documents Library | Help |

You are working on activity: LIVE-161486 Screen Shot for Reaccreditation

ⓘ **Please complete the fields marked with an asterisk on each step and click 'Save and Continue' when done. You can return to this step or select another step at any time using the menu to the left.** *Be sure to click 'Save and Continue' to save your progress on each step!* **Once all steps have been completed and show a checkmark, you will be able to submit the application using the menu on the left.**

Lead Applicant *

Click 'Select Lead Applicant' to select the lead applicant from a list of internal schools, departments and divisions. You can also specify an external applicant.

Select Lead Applicant

ⓘ **No lead applicant selected**

Internal Collaborators

Click 'Add Internal Collaborator' to add an internal collaborator from a list of schools, departments and centers. You can remove internal collaborators once they've been created.

Add Internal Collaborator

No internal collaborators listed

External Collaborators

Click 'Add External Collaborator' to add collaborators to this application. You can modify or remove external collaborators once they've been created.

Add External Collaborator

No external collaborators listed

Save and Continue

Step 3 - Activity Detail

Application Steps

1. Activity Name & Type ✔
2. **Activity Host** ✔
3. **Activity Detail** ⓘ
4. **Content Development** ⓘ
5. **Needs Assessment** ⓘ
6. **Learning Objectives** ⓘ
   - **Educational Design** ⓘ
   - **Eval and Outcomes** ⓘ
7. **Disclosure Compliance** ⓘ
8. **Funding** ⓘ
   - **Commercial Support** ⓘ
   - **Non-Commercial Support** ⓘ
   - **Exhibitors** ⓘ
9. **Payment** ⓘ
10. **Add Optional Note**

Please complete all steps above in order to submit.

[Submit Application]

You are working on activity:

Activity Detail

Activity Title: *
> Screen Shot

This application is for: *
- ○ CME Credit
- ○ CME Review

Is this a new or renewing activity? *
- ○ New Application
- ○ Renewal of Annual Activity

Activity Start/Launch Date: *
> [   ] 🗓

Start Time: *
> 5:00 AM ▾

End Time: *
> 5:00 AM ▾

Activity End Date: *
> [   ] 🗓

Activity Location Building/Room: *
> [   ]

Activity Location City: *
> [   ]

Activity Location State: *
> [   ]

Projected Number of Attendees: *
> [   ]

Is there is a Registration Fee for attendees? *
- ○ Yes
- ○ No

Activity Promotion / Marketing

The UAB Division of CME must review and approve drafts of all promotional materials PRIOR to printing. Failure to obtain approval may result in reprinting of promotional materials. (See Checklist for Marketing and Promotional Materials located in the Documents Library for required content).

How is this activity promoted? *

☐ Brochure or Flyer
☐ Posted Announcement
☐ Email
☐ Internet
☐ Other

Attach the Promotional Materials (only the first file is required): *

[Drag a file to upload]

Browse... No file selected.
Upload file

[Drag a file to upload]

Browse... No file selected.
Upload file

[Drag a file to upload]

Browse... No file selected.
Upload file

[Drag a file to upload]

Browse... No file selected.
Upload file

Attach the Activity Agenda: *

[Drag a file to upload]

Browse... No file selected.
Upload file

Save and Continue

Step 4 - Content Development

| Application | Dashboard | Attendance | Documents Library | Help |

You are working on activity: LIVE-161486 Screen Shot for Reaccreditation

Planning Committee (C7) *

Per the Accreditation Council for Continuing Medical Education (ACCME), the Standards for Commercial Support (SCS) must be integrated into the planning process of this activity. The SCS state that all planning and content development must be done independent of commercial interests. All individuals who are involved in the planning and content development of this activity must complete a Financial Disclosure Form. The disclosure form is intended to identify all conflicts of interest BEFORE the educational activity is delivered to learners.

If a potential conflict is identified, the planning committee should work to resolve the conflict by peer review. A summary of the findings and resolution should be documented by the submission of a Conflict of Interest Resolution Form signed by the activity course director. Disclosure and conflict resolution should occur prior to the start of the activity.

List each individual involved as members of the planning committee for this CME activity, and authors or editors used in content development, by clicking 'Add Planning Committee Member' below. Please attach the Financial Disclosure Form for each.

[Add Planning Committee Member]

| Application | Dashboard | Documents Library | Help |

Add Planning Committee Member

Name: *

[   ]

Degree: *

[   ]

Organization: *

[   ]

Attach Financial Disclosure Form: *

[Drag a file to upload]

[Browse...] No file selected.

[Upload file]

If needed, attach Conflict of Interest Resolution Form:

[Drag a file to upload]

[Browse...] No file selected.

[Upload file]

[Save]

Who identified the speakers and topics? *

☑ Activity Course Director
☐ Planning Committee
☐ Faculty
☐ Other

What criteria were used in the selection of speakers? *

☑ Subject matter expert
☐ Excellent teaching/communication skills
☐ Experienced in CME
☐ Other

Target Audience (C4)

Select all that apply (at least 1 from each category).

Geographic Location: *

☑ Internal only
☐ Local/regional
☐ National
☐ International

Provider Type: *

☑ Primary care physicians
☐ Specialty physicians
☐ Pharmacists
☐ Psychologists
☐ Resident Physicians/Fellows
☐ Physician Assistants
☐ Nurses
☐ Nurse Practitioners
☐ Other

Specialty: *

☑ All specialties
☐ Anesthesiology
☐ Cardiology
☐ Dermatology
☐ Emergency Medicine
☐ Family Medicine
☐ General Medicine
☐ Neurology
☐ Oncology
☐ Orthopedics
☐ Pediatrics
☐ Psychiatry
☐ Radiology
☐ Radiation Oncology
☐ Surgery
☐ Other

How will the content of the activity be made relevant to the learners' current and potential scope of practice? *

Save and Continue

Step 5 - Needs Assessment

| Application | Dashboard | Attendance | Documents Library | Help |

You are working on activity: LIVE-161486 Screen Shot for Reaccreditation

Identification of Educational Needs (C2, C11) *

Click 'Add Educational Need' to provide a needs assessment for this activity. You can modify or remove entries once they've been created.

[Add Educational Need]

Add Educational Need

The CME planning process is based on a foundation of needs assessment which serves to identify professional practice gaps of the intended audience, and articulate the needs necessary to design learning activities that will change competence, performance, and/or patient outcomes. Knowledge is defined as awareness and understanding and is the underlying basis for competence. Select each of the following text boxes for an example response.

Current Practice: *

Ideal Practice: *

Practice Gap: *

This is a Gap of: *
- ☐ Knowledge
- ☐ Competence
- ☐ Performance

[Save]

Needs Assessment Sources - add 2 at minimum (C2) *

Click 'Add Source' to provide supporting documentation for the needs assessment. You can modify or remove entries once they've been created.

[Add Source]

Please complete all steps above in order to submit.

[Submit Application]

Add Needs Assessment Data And Source

Please indicate how the need for this activity was brought to your attention in your documentation. Select one value below and attach supportive documentation. **NOTE: If you cannot provide documentation, do NOT check that source.**

Needs Assessment Data: *

○ LOCAL SOURCES: Continuing review of changes in quality of care as revealed by medical audit or other patient care reviews. Potential sources of documentation: audit reports, unit-based dashboards, chart reviews, etc.

○ FACULTY CONSENSUS: Ongoing census of diagnoses made by physicians on staff. Potential sources of documentation: summary of notes, minutes of meetings.

○ TARGET AUDIENCE: Formal or informal requests or surveys of the target audience, faculty or staff. Potential sources of documentation: summary of requests, surveys, or evaluation summaries.

○ LITERATURE REVIEW: Data from peer-reviewed journals, government sources, consensus reports.

○ QUALITY/REGULATORY: Legislative, regulatory or organizational changes affecting patient care. Potential sources of documentation: CMS, Joint Commission, AHRQ, copy of the measure/change, copy of the safety goal and/or competency.

○ Other

Attach the Needs Assessment Source: *

[Drag a file to upload]

[Browse...] No file selected.
[Upload file]

[Save]

Step 6 - Learning Objectives

Application Steps

1. Activity Name & Type ✅
2. **Activity Host** ✅
3. **Activity Detail** ✅
4. **Content Development** ✅
5. **Needs Assessment** ✅

1. Activity Name & Type ✅
2. **Activity Host** ✅
3. **Activity Detail** ✅
4. **Content Development** ✅
5. **Needs Assessment** ✅
6. **Learning Objectives** ⓘ
   - **Educational Design** ⓘ
   - **Eval and Outcomes** ⓘ
7. **Disclosure Compliance** ⓘ
8. **Funding** ⓘ
   - **Commercial Support** ⓘ
   - **Non-Commercial Support** ⓘ
   - **Exhibitors** ⓘ
9. **Payment** ⓘ
10. **Add Optional Note**

Please complete all steps above in order to submit.

Submit Application

You are working on activity: LIVE-161486 Screen Shot for Reaccreditation

Learning Objectives and Desired Results (C3, C11) *

Click 'Add Learning Objective' to add learning objectives to this activity. You can modify or remove entries once they've been created.

Add Learning Objective

Add Learning Objective

Describe what the learner should be able to accomplish after completing the CME activity. The learning objectives must be specific, measurable and bridge the gap between the identified educational practice gap and desired results.

Learning Objective: *

Desired Results: *

Save

Step 6 - Educational Design

Application Steps

1. Activity Name & Type ✔
2. **Activity Host** ✔
3. **Activity Detail** ✔
4. **Content Development** ✔
5. **Needs Assessment** ✔
6. **Learning Objectives** ✔
   - ○ **Educational Design** ⓘ
   - ○ **Eval and Outcomes** ⓘ
7. **Disclosure Compliance** ⓘ
8. **Funding** ⓘ
   - ○ **Commercial Support** ⓘ
   - ○ **Non-Commercial Support** ✔
   - ○ **Exhibitors** ⓘ
9. **Payment** ⓘ
10. **Add Optional Note**

Please complete all steps above in order to submit.

[Submit Application]

You are working on activity: LIVE-161486 Screen Shot for Reaccreditation

Educational Design/Methodology (C5, C17)

Please indicate the educational method(s) that will be used to achieve the stated learning objectives. Select all that apply.

Educational Design/Methodology: *
- ☐ Didactic lecture
- ☐ Panel discussions
- ☐ Roundtable discussions
- ☐ Q and A Sessions
- ☐ Case presentations
- ☐ Simulations
- ☐ Hands-on Skills Training
- ☐ Other

Desirable Physician Attributes / Core Competencies (C6)

CME activities should be developed in the context of desirable physician attributes. Please check all American Board of Medical Specialties (ABMS), Accreditation Council for Graduate Medical Education (ACGME) or Institute of Medicine (IOM) core competencies that will be addressed in this activity. Select all that apply.

Desirable Physician Attributes/Core Competencies: *
- ☐ Patient-centered care
- ☐ Medical knowledge
- ☐ Practice-based learning and improvement
- ☐ Interpersonal and communication skills
- ☐ Professionalism
- ☐ System-based practice
- ☐ Interdisciplinary teams
- ☐ Quality Improvements
- ☐ Utilize informatics
- ☐ Employ evidence-based practice
- ☐ Patient care and procedural skills

Building Bridges with Other Stakeholders (C20)

Occasionally there are other internal and/or external stakeholders working on similar issues that UAB can partner with.

Are there other initiatives within UAB working on this issue? *
- ○ Yes
- ○ No

Are there external stakeholders working on this issue? *
- ○ Yes
- ○ No

Identified Barriers (C18, C19)

What potential barriers do you anticipate attendees may have in incorporating new knowledge, competency, and/or performance objectives into practice? Select all that apply.

Identified Barriers: *

☐ Lack of time to assess or counsel patients

☐ Lack of administrative support/resources

☐ Insurance/reimbursement issues

☐ Patient compliance issues

☐ Lack of consensus on professional guidelines

☐ Cost

☐ No perceived barriers

☐ Other

Please describe how you will attempt to address these identified barriers in the educational activity?

[text field]

[Save and Continue]

Step 6 - Evaluation And Outcomes

Application | Dashboard | Attendance | Documents Library | Help

You are working on activity: LIVE-161486 Screen Shot for Reaccreditation

Evaluation And Outcomes Measurement (C3, C11)

How will you measure if changes in competence, performance of patient outcomes have occurred? Check all that apply. **NOTE: You will be required to provide summary data for the evaluation methods selected.**

Competence: *
- ☑ Evaluation form for participants (required)
- ☐ Physician and/or patient surveys
- ☐ Customized pre and post-test
- ☐ Audience response system (ARS)
- ☐ Other

This activity will utilize the: *
- ☐ CME Office Evaluation Template
- ☐ Custom Evaluation Template
- ☐ CME Office Audience Response System

Performance:
- ☐ Adherence to guidelines
- ☐ Chart audits
- ☐ Case-based studies
- ☐ Direct observation
- ☐ Customized follow-up survey/interview/focus group about actual change in practice at specified intervals
- ☐ Other

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

This activity measures: *
- ☐ Competence
- ☐ Performance
- ☐ Patient Outcomes

Sample Evaluation Instrument:

[Drag a file to upload]

Browse... No file selected.

Upload file

Post Activity Assessment

Do you have plans to follow up with the participants for a post-activity outcomes assessment? *
- ○ Yes
- ○ No

Would you be willing to partner with the UAB CME Office to develop a post-activity outcomes assessment? *
- ○ Yes
- ○ No

Evaluation Summary:

[Drag a file to upload]

Browse... No file selected.

Upload file

Save and Continue

Step 7 - Disclosure Compliance

Application Steps

1. Activity Name & Type ✅
2. **Activity Host** ✅
3. **Activity Detail** ✅
4. **Content Development** ✅
5. **Needs Assessment** ✅
6. **Learning Objectives** ✅
   - **Educational Design** ✅
   - **Eval and Outcomes** ✅
7. **Disclosure Compliance** ℹ
8. **Funding** ℹ
   - **Commercial Support** ℹ
   - **Non-Commercial Support** ℹ
   - **Exhibitors** ℹ
9. **Payment** ℹ
10. **Add Optional Note**

| Application | Dashboard | Attendance | Documents Library | Help |

You are working on activity: LIVE-161486 Screen Shot for Reaccreditation

Financial Disclosure - Speaker(s), Moderator(s), Panelist(s), Etc (C7)

All individuals who are in the position to influence or control the content of this activity are REQUIRED by the ACCME to complete a Financial Disclosure Form. The disclosure form is intended to identify all conflicts of interest BEFORE the educational activity is delivered to learners. If a potential conflict is identified, the planning committee should work to resolve the conflict by peer review. A summary of the findings and resolution should be documented by the submission of a Conflict of Interest Resolution Form signed by the course director. Disclosure and conflict resolution should occur prior to the start of the activity.

How will the disclosed financial relationships or the lack thereof, be communicated to your audience? *

- ☑ Mandatory Slide 2 - Disclosure Summary to be approved by the CME Division before the beginning of the activity (required)
- ☐ In materials distributed to participants as part of the course syllabus
- ☐ In promotional materials
- ☐ Other

Financial Disclosures: *

Click 'Add Financial Disclosure' to add a financial disclosure form to this activity. You can modify or remove entries once they've been created.

[Add Financial Disclosure]

Application Steps

1. Activity Name & Type ✅
2. **Activity Host** ✅
3. **Activity Detail** ✅
4. **Content Development** ✅
5. **Needs Assessment** ✅
6. **Learning Objectives** ✅
   - **Educational Design** ✅
   - **Eval and Outcomes** ✅
7. **Disclosure Compliance** ✅
8. **Funding** ℹ
   - **Commercial Support** ℹ
   - **Non-Commercial Support** ℹ
   - **Exhibitors** ℹ
9. **Payment** ℹ
10. **Add Optional Note**

Please complete all steps above in order to submit.

[Submit Application]

Add Financial Disclosure

List each individual speaker, moderator, or panelist. Please attach the Financial Disclosure Form for each. If planning committee members serve in multiple roles, the disclosure submitted in the Content Development step will suffice.

Name: *

[   ]

Degree: *

[   ]

Organization: *

[   ]

Attach Financial Disclosure Form: *

[Drag a file to upload]

[Browse...] No file selected.

[Upload file]

If needed, attach Conflict of Interest Resolution Form:

[Drag a file to upload]

[Browse...] No file selected.

[Upload file]

[Save]

Step 8 - Funding

Application Steps

1. Activity Name & Type ✓
2. **Activity Host** ✓
3. **Activity Detail** ✓
4. **Content Development** ✓
5. **Needs Assessment** ✓
6. **Learning Objectives** ✓

You are working on activity: LIVE-161486 Screen Shot for Reaccreditation

Commercial Support (C8, C9, C10)

Will this CME activity receive commercial support? *
- ◉ No
- ○ Yes

Application Steps

1. Activity Name & Type ✓
2. **Activity Host** ✓
3. **Activity Detail** ✓
4. **Content Development** ✓
5. **Needs Assessment** ✓
6. **Learning Objectives** ✓
   - ○ **Educational Design** ✓
   - ○ **Eval and Outcomes** ✓
7. **Disclosure Compliance** ✓
8. **Funding** ✓
   - ○ **Commercial Support** ⓘ
   - ○ **Non-Commercial Support** ⓘ
   - ○ **Exhibitors** ⓘ
9. **Payment** ⓘ
10. **Add Optional Note**

Please complete all steps above in order to submit.

You are working on activity: LIVE-161486 Screen Shot for Reaccreditation

Commercial Support (C8, C9, C10)

Commercial support is financial or in-kind grants or donations from a company such as a pharmaceutical, medical device manufacturer or a "for profit" therapeutic interest. Exhibit fees are not considered commercial support.

The University of Alabama School of Medicine is committed to sponsoring CME activities that promote improvements or quality in healthcare and are independent of the control of commercial interests.

In order to comply with ACCME and School of Medicine policy, **a fully-executed Letter of Agreement must be completed prior to the beginning of the activity. A UAB Letter of Agreement sample template can be found by** clicking here.

How will the acknowledgement of commercial support or lack thereof, be presented to the audience? *
- ☐ On a poster at the registration desk before the live CME activity begins
- ☐ On a slide that will be projected before the live CME activity beings
- ☐ In materials distributed to participants as part of the course syllabus
- ☐ In promotional materials
- ☐ On internet website (provide link)
- ☐ Other

Commercial Support: *

[Add Commercial Support]

---

1. Activity Name & Type ✓
2. **Activity Host** ✓
3. **Activity Detail** ✓
4. **Content Development** ✓
5. **Needs Assessment** ✓
6. **Learning Objectives** ✓
   - ○ **Educational Design** ✓
   - ○ **Eval and Outcomes** ✓
7. **Disclosure Compliance** ✓
8. **Funding** ✓
   - ○ **Commercial Support** ✓
   - ○ **Non-Commercial Support** ✓

Add Commercial Support

Company Name: *
[* Not Listed ▼]

Enter Company Name: *
[   ]

Requested Amount:
[$]

Awarded Amount:
[$]

[Save]

Exhibits

Will exhibits be a part of this activity? *

○ No
◉ Yes

Please complete all steps above in order to submit

Exhibits

Commercial exhibits and advertisements are promotional activities and not continuing medical education. Therefore, monies paid by commercial interests to providers for these promotional activities are not considered to be commercial support. **The CME provider must maintain a separation of promotion from education.**

Please ensure the submission of a completed Exhibitor Agreement for each exhibitor at the activity. Attach all agreements as one PDF below.

What is the exhibitor fee? *

$ [   ]

Exhibitor Agreements:

[Drag a file to upload]

[Browse...] No file selected.

[Upload file]

[Save and Continue]

Step 9 - Payment

| **Application** | Dashboard | Attendance | Documents Library | Help |

You are working on activity:

Payment Information

Payment is due at time of application submission and review. Make all checks payable to the UAB Division of CME and send payments to: UAB Division of CME, VH L200, 1670 University Boulevard, Birmingham, AL 35294-0113. Please note that a 5% central administration surcharge is assessed if fees are paid by check. The fee will be added automatically once your selections below have been saved.

Total Due:

Select your payment method: *

○ Check requested (to be mailed in 30 days)
○ UAB account
○ Please email PDF estimate/invoice

[Save and Continue]

Step 10 - Add Optional Note

Application Steps

1. Activity Name & Type ✅
2. **Activity Host** ✅
3. **Activity Detail** ✅
4. **Content Development** ✅
5. **Needs Assessment** ✅
6. **Learning Objectives** ✅
   - **Educational Design** ✅
   - **Eval and Outcomes** ✅
7. **Disclosure Compliance** ✅
8. **Funding** ✅
   - **Commercial Support** ✅
   - **Non-Commercial Support** ✅
   - **Exhibitors** ℹ️
9. **Payment** ✅

| Application | Dashboard | Attendance | Documents Library | Help |

You are working on activity:

Optional Note

The CME Specialist reviewing your application will read any notes below and contact you if they have any questions. Any notes below should not be used as a substitution for answering a previous question on the application.

Note:

[text area]

Save

ONCE ALL REQUIRED FIELDS HAVE BEEN COMPLETED, THE APPLICATION IS READY TO BE SUBMITTED:

Application Steps

1. Activity Name & Type ✅
2. **Activity Host** ✅
3. **Activity Detail** ✅
4. **Content Development** ✅
5. **Needs Assessment** ✅
6. **Learning Objectives** ✅
   - **Educational Design** ✅
   - **Eval and Outcomes** ✅
7. **Disclosure Compliance** ✅
8. **Funding** ✅
   - **Commercial Support** ✅
   - **Non-Commercial Support** ✅
   - **Exhibitors** ✅
9. **Payment** ✅
10. **Add Optional Note**

All ready! Your application is ready to submit to the CME Office. Once you click Submit Application, you will not be able to make any further changes until your application has been processed.

Submit Application

Relevant documents can be found in the "Documents Library":

Documents Library

Dashboard	Attendance	**Documents Library**	Help

To save any of the following files to your computer, right-click the link you want to save and then choose Save Target As from the dropdown menu.

- ACCME Accreditation Criteria (.pdf)

- ACCME Standards for Commercial Support (.pdf)

- Batch Upload Template (.xlsx)

- Certification Statements (.doc)

- Conflict of Interest Resolution Form (.pdf)

- Establishing Learning Objectives (.pdf)

- Evaluation Sample (.docx)

- Exhibitor Agreement (.pdf)

- Financial Disclosure Form (.pdf)

- Guidelines for Relationships with Industry (.pdf)

- Internet CME Policy (.pdf)

- Marketing and Promotional Materials Checklist (.pdf)

- Needs Assessment Documentation Sources (.pdf)

- UAB Letter of Agreement Template (.pdf)

- Verbs for Writing Learning Objectives (.pdf)