



# Continuing Medical Activity Requisition Form

To input your responses, click on a check box and it will automatically be checked, and/or place your cursor into a gray text box to insert text responses. The boxes and pages will expand to accommodate your input which can be done on Adobe Acrobat. Once complete, save the document for your records & attach it to an email to: [shanila.feroz@umdc.edu.pk](mailto:shanila.feroz@umdc.edu.pk) or else print this form and send to the CME Department.

## PROVIDER CONTACT INFORMATION

Today's Date (dd/mm/yyyy) \_\_\_\_\_

Course/ Conference Title \_\_\_\_\_

Name of person Requesting/ Designation \_\_\_\_\_

Department \_\_\_\_\_

Telephone Number \_\_\_\_\_

Organization Name \_\_\_\_\_

## ACTIVITY CONTACTS – PLANNING COMMITTEE MEMBERS

Planning Committee Members:	Name	E-mail	Phone
Activity Director			
Activity Coordinator			

## ACTIVITY INFORMATION – INSTUCTIONAL MATERIALS

Type of Activity: (select one)

Live Event (select type of live event)

Seminar/Workshop

Symposium

Clinical Traineeships

Conference

Other

Enduring Material (select type of enduring material)

Printed Educational Material

Internet Based Programs: Web Site Address: \_\_\_\_\_

## ACTIVITY TYPE – LIVE SCHEDULED ACTIVITY (LIVE & ENDURING)

Live Conference/Workshop/Seminar

Activity Date					Time		
Location/Venue					# of CME Credit Hours		
No. of Shields Required / Certificates Required							
Expected # of participants	Physicians		Fellows & Residents		Allied Health Professionals		
Food Required	Yes	No (If Yes attach maximum persons with menu and cost )					
Multimedia & Accessories required	Yes	No (If yes please provide your complete requirement list )					

Direct Sponsor

Name of Department(s):

Joint Sponsor

Name of Joint Sponsor:

**(NOTE: A Joint Sponsorship takes place when one organization is accredited by CME hours (in this case you're Organization) and the other organization is not. The accredited organization must take responsibility for the activity content).**

## METHOD OF EVALUATION

Pre-test      Post-test      Evaluation Form      Other:

## FUNDING / COMMERCIAL SUPPORT

Is the CME activity commercially supported?      Yes      No

If Yes:

1. Commercial support Letter of Agreement completed:      Yes      No

2. Faculty/Speaker's Disclosure of Financial Interest/Affiliation with Organizations completed?

Yes      No

If No, explain why: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list the name(s) of Commercial Supporters

Name of Commercial Supporter(s)	Name	Contact Person	Address	Phone Number/Email
Commercial Supporter (1)				
Commercial Supporter (2)				

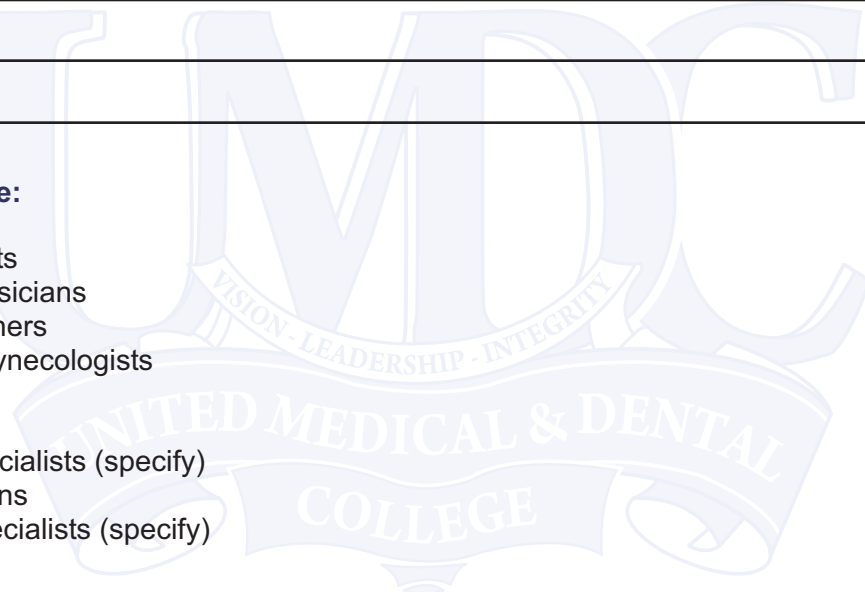
**LEARNING OBJECTIVES**

List a brief description of the Learning Objectives.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

**2. Target Audience:**

- Anesthesiologists
- Emergency Physicians
- Family Practitioners
- Obstetricians/Gynecologists
- Pediatricians
- Psychiatrists
- Medical Subspecialists (specify)
- General Surgeons
- Surgical Subspecialists (specify)
- Other (specify)



**A) Shield: Text to be written (Please write in block letters) and Number of shield required**

**B) Certificate: Text to be written (Please write in block letters) and provide sample in separate sheet.**

**C) Banners /Stand Alone : Text to be written ( Please write in block letters ) and provide sample in separate sheet**

**D) Name & Designation of Speaker**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

## E) Topic of Speakers

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## Hours Calculating Method

### General Standards:

1. One Educational hour is equal to ONE CME hour for Lecture, Symposium, and Specialized workshop.
2. Maximum CME hours for any program is 30 hours for 6 days program include 7 hours/day activity.
3. Maximum accredited hours for any lecture within the program is only ONE CME hour even if the lecture period for more than one hour.

### $\frac{1}{2}$ The Following Times are Equal to Half CME hour:

1	Live Surgery
2	General Skill Workshop
3	Panel Discussion
4	Video; Live Transmission
5	Case Presentation
6	Hands on " Training "

### ✗ The Following Times are Not Calculated:

1	Registration
2	Reading the Holy Quran
3	Opening and Closing Remarks
4	Inauguration
5	Introduction
6	CME Head Speech
7	Discussion
8	Poster Viewing
9	Summary
10	Public Directed Activities
11	Exams, MCQ's
12	Question and Answer (Q&A)
13	Coffee and lunch break
14	Prayers
15	Conclusion

## Terms and Conditions for Conducting CME Activity

1. All educational programs for undergraduate and postgraduate at UMDC will be carried out in collaboration with the department of CME.
2. Any department from Basic Sciences/Clinical who desires to arrange CME lecture or program should submit the initial approval form, provided that the type, title, proposed date and venue of the activity are specified besides the e-mail address in order to facilitate the process of those who intend to participate or attend, **15 days prior to the program.**
3. No credit hours accredited by other Medical Colleges will be entertained in UMDC or in case of special approval granted by the administration a written memorandum should be provided by the concerned medical college to the CME Department UMDC.
4. In response of granting special permission to carry out CME at UMDC the associated requirements includes shields, certificates and other necessary items will be provided by the concerned organization that is providing the credit hours.
5. The registration fees for conducting the conference, seminar and workshop will be collected by the UMDC finance department.
6. CME department will be procuring its financial fees for the accreditation of CME credit hours. However internal activities shall be accredited without procurement fees.

### Accreditation fees:

7. An amount of **Rs. 500/-** per accredited hour shall be procured for **each participant** in order to attend the educational activity at UMDC.
8. Fees & any other cost incurred in regards to the CME activity held shall be deposited to UMDC finance department a week prior to CME activity.

### Venue charges:

In order to access the venue, the following charges will be applicable to utilize the space provided by UMDC:

9. Any activity performed in regards to CME will be charged on daily basis i.e. **per day Rs. 20,000**. Other stationary associated with CME which includes shields, certificates, paper, pencil etc will be charged separately.
10. The activities presented for the purpose of CME should not **exceed six credit** hours per day.
11. Person who will present the activity should be a specialist or his rank should not be less than assistant professor and his resume should be provided to the organization prior to the CME along with the relevant topic of interest.
12. The CME activity shall be redirected, postponed or redirected or cancelled after notifying the CME department a week before the CME taking place.
13. **UMDC has all rights to decline the accredited activity in question.**

### FORM DISCLOSURE

You must complete this form to agree on its conditions.

I certify that I have read and completed this application to the best of my ability and am liable for the accreditation fees and any other cost that will be provided by CME department in regard to the CME activity held as indicated above.

Full Name/Designation \_\_\_\_\_

Department: \_\_\_\_\_

Date \_\_\_\_\_