CPD GENERAL ACCREDITATION/CERTIFICATION APPLICATION FORM

Continuing Professional Development (CPD)
Faculty of Medicine, McGill University

The Continuing Professional Development (CPD) Office, McGill University, is accredited by the Committee on Accreditation of Continuing Medical Education (CACME). As a result, the Office is permitted to assign MOC Section 1 and Section 3 credits for the Royal College of Physicians and Surgeons of Canada (RCPSC) and Mainpro+ credits for the College of Family Physicians of Canada (CFPC).

McGill CPD Office Mission Statement:
The CPD Office accredits continuing medical education/professional development activities for health care professionals and provides continuing professional development for physicians in order to sustain their competence in the CanMEDS roles in caring for the diverse patient populations in Quebec’s practice environment. The CPD Office contributes to lifelong learning by means of relevant and learner-centered onsite and distance educational programs. It carries out research and scholarship driven by and contributing to best practices.

Prior to Developing/Planning a CPD Activity:
We strongly recommend reading the CPD Planning Process: CPD Accreditation/Certification Planning Process

Learn about CPD Updates: CPD Updates

Helpful Templates to Help Plan an Activity:

Evaluation Forms:
TEMPLATE - Evaluation Form - Per Presentation
TEMPLATE - Evaluation Form - Several Presentations

Participant Lists:
TEMPLATE - Excel Spreadsheet – All Participants List
TEMPLATE - Excel Spreadsheet – All Participants List - Per Date

Sign-In Sheet:
TEMPLATE - Sign-in Sheet

Certificate Request Form:
Certificate Request Form

Conflict on Interest Form – To be completed by all Resource Persons:
Conflict of Interest Form

Completed Conflict on Interest Form - Listing
Activity Resource Person List - Completed COI Forms Submitted

Final Report Form:
Final Report - Submit 8 weeks after the end of the accreditation period

Conflict of Interest and Learning Objectives Slides:
TEMPLATE - Conflict of Interest and Learning Objectives Slides
CPD Accreditation/Certification Criteria:

- College of Family Physicians of Canada (CFPC): Understanding Mainpro+ Certification
  [CFPC - Understanding MAINPRO+ Certification](#)
- Royal College of Physicians and Surgeons of Canada (RCPSC): Maintenance of Certification (MOC)
  [RCPSC - Maintenance of Certification](#)
- National Standards for Support of Accredited CPD Activities
  [National Standards - Accredited CPD Activities](#)
- Canadian Medical Association’s (CMA) Guidelines for Physicians in Interactions with Industry
  [CMA Guidelines - Physicians in Interactions with Industry](#)

CPD Accreditation/Certification – Frequently Asked Questions (FAQ’s)

- Royal College of Physicians and Surgeons of Canada - RCPSC
  [Royal College Accreditation Toolkit - FAQ’s](#)
- The College of Family Physicians of Canada – CFPC
  [College of Family Physicians - CPD FAQ’s](#)
  [CFPC - Commonly Referenced Resources](#)
- National Standard for Support of Accredited CPD Activities
  [RCPSC - FAQ's for Implementation of CPD National Standards](#)
  [CFPC - FAQ's for Implementation of CPD National Standards](#)

CPD McGill University Policies and Documentation:

- [http://cpd.mcgill.ca/policies/current.php](#)

CPD CRITERIA:

The aim of the CQDPCM code of ethics is to safeguard the integrity of CPD activities from the influence of sponsoring organizations that could lead to bias. Accordingly, to develop and plan a CPD activity, in particular for activities being held in Quebec, ensure to engage two (2) Committees:

1. Scientific Planning Committee (SPC): includes representatives of the target audience and as such consists of members of the RCPSC and/or members of the CFPC. The SPC does not include representative(s) of commercial interests. View our Quick Tips for SPC document: [Quick Tips - Scientific Planning Committee (SPC)](#)

2. Organizing Committee: is responsible for planning, organizing and managing a CPD activity and as such consists of scientific planning committee member(s) and administrative staff and/or organization on behalf of a physician organization.

To apply for Accreditation/Certification:

- The SPC must develop/co-develop the program with a physician organization/accredited CPD provider. Physician organizations may also co-develop activities with non-physician organizations or an accredited CPD provider. (see definition of a physician organization on page 4 and 5)

- The SPC must conduct a needs assessment of the target audience. [Conducting a Needs Assessment](#)

- The learning objectives must be defined according to the needs assessment results. [CFPC - Criteria on Learning Objectives](#)
• The SPC had/has control over and assumes responsibility for topics, content and speaker selection; additionally the SPC ensures appropriateness of the format and environment for learning; management of all resource persons conflict of interest completed forms and the scientific validity and objectivity of the activity. Additionally, the SPC will ensure there was/will be no industry influence over any of the planning aspects for this activity. Template - PPT - Displaying COI and Learning Objectives

• In compliance with the National standard for support of accredited CPD activities Element 3 - Standard 3.2: The SPC is responsible to review all disclosed financial relationships (conflict of interest completed forms) of all resource persons: speakers, moderators, facilitators, authors, etc... in advance of the CPD activity, to determine whether action is required to manage potential or real conflicts of interest. The SPC approvals must be submitted with the accreditation package for activities funded by pharma.

• The SPC must also have processes/strategies in place for managing/mitigating identified/potential conflict of interest. Quick Tips - Mitigating Identified Cols

• Declaration of potential conflict of interest forms (CoI) must be completed by the SPC, the organizing committee and all other resource persons. Minimally the completed CoI forms from the SPC and Organizing Committee must be submitted with the completed application form to the McGill CPD Office for review. Additionally, the SPC members must disclose affiliations with for-profit and not-for-profit organizations to participants verbally and with slide or written material. Include with the accreditation package: A copy of the SPC CoI slides that will be presented to the learners.

• The SPC had/has the responsibility to ensure that content presented avoids copying images, videos, tables, cartoons, and graphs from copyright publications. Copyright Criteria:
  o Use your own material. Avoid copying images, videos, tables, cartoons, and graphs from copyright publications. If you do need to do so, it is best to redraw graphs and tables and fully reference the source on the slides;
  o No patients’ images permitted, unless you have written consent and/or the patient cannot be identified. Also there should be no names, hospital numbers or other patient IDs on your content;
  o If you use material from other sources, reference the slide(s): (e.g. table/graph name of journal article)

• The SPC had/has the responsibility to ensure that content lists key references providing evidence of claims.

• Appropriate evaluation will be conducted and includes an opportunity to evaluate the activity. Including: assessment of bias; learning objectives; reflection; balance and identification of the CanMEDS roles.

• A minimum 25% of the activity is defined as interactive learning.

• The SPC had/has the responsibility to ensure speakers were/will be provided with specific instructions regarding the criteria for disclosing conflicts of interest to participants; Guidelines provided include: CMA Guidelines for Physicians in Interactions with Industry, the Innovative Medicines Canada Code of Ethical Practices; and for programs delivered in Quebec the Code of Ethics for Parties involved in Continuing Medical Education of the Conseil Québécois de développement professionnel continu des médecins?
Include with the accreditation package: Instructions provided to speakers. View our Quick Tips for Speakers document: Quick Tips - CPD Speaker

• All funding organizations (for-profit and not-for-profit) must be identified to participants using the mandated sponsor acknowledgement statement: “This program has received an educational grant or in-kind support from [name of funding organization(s)]” (this statement is not permitted on material containing educational content). The sponsors should be listed in one place and will be displayed with the same font: identical appearance and font size, no logos permitted; Content will enclose generic product names only and will be free of commercial bias; no commercial names permitted. A balanced view of therapeutic options will be presented. Exhibits will be located in a separate room from the educational activity. No tagging is permitted.

• Budget Transparency: All sources of revenue, expenses and intent for any profits related to this activity (detailed budget, letter of agreements, etc....) must be submitted to the CPD office for review. Kindly ensure that all funds
received in support of this activity were/was provided in the form of an educational grant payable to the physician organization for management and disbursement.

- **Calculating credits**: every 1 hour of educational content = 1 credit. Do not include time allotted to welcome messages, breaks, meals, poster viewing or completing lecture evaluations. (ex.: 8:00 to 8:45 = .75 credits, 8:45 to 9:15 = .5 credits, etc...)

**DEFINITION OF A PHYSICIAN ORGANIZATION (PO):** [Definition of a Physician Organization]

As per the CQDPCM Code of Ethics: A for-profit or not-for-profit organization that has more than one health care professional as a member.

Types of organizations that are considered Physician Organizations:

- Educational institutions
- Medical clinics
- Professional associations, scientific organizations and physician groups
- Faculties of medicine
- Other medical organizations at the provincial or national level

As per the National Standards for Support of Accredited CPD Activities: A not-for-profit group of health professionals with a formal governance structure, accountable to and serving, among others, its specialist physician members through:

- Continuing professional development
- Provision of health care
- Research

Types of organizations that are considered Physician Organizations:

- Faculties of medicine
- Hospital departments, units or divisions:

  **NOTE: Hospitals are not considered Physician Organizations**

Three (3) physicians that are developing the activity from the same department within the faculty of medicine are considered to be a physician organization. If the three physicians are from different departments within the faculty, the group cannot be equated as a PO for the reason that a physician organizations must have a formal governance structure, accountable to and serving, among others, its specialist physician members.

- Medical (specialty) societies
- Medical associations
- Medical academies
- Physician research organizations
- Health authorities not linked to government agencies

Types of organizations that are not considered Physician Organizations:

- Industry: pharmaceutical companies and their advisory groups, medical and surgical supply companies, medical device companies, communication companies and other for-profit organizations
- Government departments or agencies (e.g. Health Canada, Public Health Agency of Canada, CIUSS, etc...)
- For-profit online educators, publishing companies or simulation companies (e.g. Medscape, CAE)
- Small number of physicians working together to develop educational programming
- Disease-oriented patient advocacy organizations (e.g. Canadian Diabetes Association)

Under the current CPD National Standards, the physician organization (PO) is responsible for the management and disbursement of funds, including honoraria payments to all resource persons; funds are to be received in the form of an educational grant payable to the SPC/PO.

The SPC/PO may choose to delegate to a third party the payment of logistical costs such as audiovisual arrangements, venue rental fees, catering, etc. The CPD provider organization or SPC can never delegate to the sponsor(s) the payment of travel, lodging, legitimate out of pocket expenses and honoraria offered to resource persons;

If the CPD provider chooses to delegate to a third party the payment of travel, lodging, legitimate out of pocket expenses and honoraria offered to resource persons, the SPC/PO must have a signed written agreement/contract available. The SPC/PO is responsible to receive all funds before delegating these payments. The CPD provider organization or SPC is responsible to maintain oversight of the budget expenditure(s).
DEFINITION OF A PHYSICIAN ORGANIZATION (PO): continued

Hints to determine if the physician organization (PO) complies with the above mentioned definitions:

1. Is the PO a not-for-profit organization? □ Yes □ No
   (for activities only being held in QC and requesting MOC credits, for-profit organization may be acceptable)
2. Is the PO made up of a group of health professionals accountable to specialists? □ Yes □ No
3. Does the PO have a formal governance structure with official member bylaws? □ Yes □ No
4. Does the PO serve its members? □ Yes □ No

If you have answered yes, to the four above mentioned questions, the PO may be acceptable.

CQDPCM CODE OF ETHICS - ACTIVITIES HELD IN QUEBEC:

As per the CQDPCM code of ethics, CPD accredited and non-accredited must comply with the following:

Logos or tagging are not permitted:

- It is not permissible to include logos within the header or footer for PowerPoint slides, handouts, etc.
- It is not permissible to use colors and/or color schemes commonly associated with a company and/or one or more of its products for PowerPoint slides, handouts, etc.
- Funding organizations must be listed together in one location at the same time in the activity materials without logos; the names must all be the same size; the names must all be the same font.
- Funding organizations booths should be located in a separate room from conference rooms where education content is being presented.
- Funding organizations may be disclosed on materials not containing educational content or accreditation statements as per the following: This program has received an educational grant from.....

FINANCIAL CONSIDERATIONS:

It is mandatory to link with a physician organization prior to developing a program.

- All financial contributions made from all sources (example: pharmaceutical, government agency, physician organization, medical department, etc....), must be made in the form of an educational grant payable to a physician organization and must be disclosed to the CPD provider via the application form.

APPLICATION REVIEW FEES:

An invoice or quotation indicating all fees (processing fee, type of event fee, and etc...., + applicable taxes) linked to your activity will be submitted to you.

1. External to McGill:
   McGill’s Accounts Receivable Office will be sending you a detailed invoice with all applicable fees.

2. Hospital Departments: This is a hospital policy. Note: We require a purchase order (PO) document from your Purchasing Department. The PO document must be sent to the CPD Office prior to the completion of the review process. If the PO document is not received, we reserve the right to withhold the accreditation/certification status.
   Please issue the purchase order document under the Vendor/Supplier indicated below:

   McGill University
   Accounts Receivable
   3465 Durocher St., Suite #323
   Montreal, QC H2X 0A8
   Contact: Maria Anania – maria.anania@mcgill.ca
   Telephone: 514-398-2311 │ Fax: 514-398-1327

3. McGill University Offices/Units - paying via FOAPAL:
   The CPD Office will be sending you a detailed invoice with all applicable fees. Note: Invoices paid via FOAPAL are GST and QST exempt
PLEASE READ THESE IMPORTANT CPD DIRECTIVES:

This general CPD Accreditation/Certification Application form, including all supporting documents, must be submitted 8 weeks prior to the start date of the activity. NOTE: all required supporting documents are to be submitted at the same time as the application form.

- Approval and accreditation/certification are not retroactive.
- It is no longer permitted to make reference to the RCPSC, MOC Section 1, MOC Section 3, the CFPC or Mainpro+ credit approval before the program officially receives approval. It is not permitted to state that credits are pending approval or applied for.
- Organizers who fail to submit the completed application form and all supporting materials prior to the deadline might not receive approval in time for their first session.
- Organizers must submit the completed accreditation/certification application forms and all supporting materials at the same time. Late fees will apply if the application form and/or supporting documents are received less than 8 weeks prior to the start date of the activity. Should the McGill CPD Office receive missing documents less than 8 weeks prior to the start date of the activity, late fees will apply.
- Modifications or additional information may be requested. All modifications are to be submitted by the due date. Your program will not be transferred to the next phase of the accreditation review process until all requests are fulfilled. Failure to submit the requested modifications or additional information prior to the due date, may result as a “non-approval” status for your activity.
- Ensure to submit PowerPoints with no hidden slides. Activities are accredited based on the accreditation package/materials submitted, including content and/or modifications implemented requested by McGill’s CPD Office. Any change in content, or any other aspects of an activity, must be approved prior to delivery. Changing content without approval, renders the accreditation approval null and void.
- Certificates are part of the ethical review process. As a CPD provider, we are mandated to ensure that certificates distributed to participants comply with CPD criteria. Complete our “certificate request form” (fees apply) or submit a certificate template for review (fees apply).

Ready to Submit a CPD Application Form


Submit your accreditation/certification application forms and supporting materials via email: cpd.med@mcgill.ca
Do not send duplicate submissions. Hardcopies of the accreditation package are no longer accepted.

Should you be submitting your accreditation application form and supporting materials via Drop Box or another file hosting service, please ensure to provide access for at least an 8 week duration and admission to multiple users.

IMPORTANT: Once you have received an email and/or official letter stating that your activity was approved with CPD credits, you are not permitted to modify the content. Should you modify any materials, you must obtain approval prior to disseminating. Note: Fees apply.

Continuing Professional Development (CPD)
McGill University
2001 McGill College Avenue, Suite 1310
Montreal, QC H3A 1G1
http://cpd.mcgill.ca
**CPD GENERAL ACCREDITATION/CERTIFICATION APPLICATION FORM**

Dear Applicant,

It is mandatory to answer all the questions, if a question does not apply to the activity insert N/A. Please sign, date and submit all supporting documentation.

We are not permitted to accredit and/or certify an activity retroactively.

To facilitate the certification process, please ensure you are completing the most up-to-date application form. Consult our web site at: [http://cpd.mcgill.ca/php/documents.php](http://cpd.mcgill.ca/php/documents.php)

### ACTIVITY INFORMATION:

<table>
<thead>
<tr>
<th>Activity Name (English):</th>
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<tbody>
<tr>
<td>Activity Name (French):</td>
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<tr>
<td>Provide only if program will be presented in French</td>
</tr>
<tr>
<td>Name of Physician organization affiliated with the development or co-development of this activity:</td>
</tr>
<tr>
<td>(see pages 3 &amp; 4 for definitions) <strong>Mandatory to answer</strong></td>
</tr>
<tr>
<td>Physician Organization Web Site link</td>
</tr>
<tr>
<td><strong>If available, mandatory to answer</strong></td>
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<tr>
<td>Start / End Date(s):</td>
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<tr>
<td>(yyyy/mmm/dd)</td>
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<tr>
<td>Start / End Time(s):</td>
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<tr>
<td>Start</td>
</tr>
<tr>
<td>Location (including city, country):</td>
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<tr>
<td>Number of Registrants</td>
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<tr>
<td>Minimum: # _________</td>
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<tr>
<td>Registration Fee:</td>
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**Total Number of Requested Credit Hours:**

Every 1 hour of educational content = 1 credit.
(Do not include time allotted to welcome messages, breaks, meals, poster viewing or completing lecture evaluations)
(ex.: 8:00 to 8:45 = .75 credits, 8:45 to 9:15 = .5 credits, etc...)

**Mandatory to provide detailed calculations:**

<table>
<thead>
<tr>
<th>Activity Web Site link:</th>
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<tbody>
<tr>
<td>Date Application Form Submitted:</td>
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<tr>
<td>(yyyy/mmm/dd)</td>
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</table>

**FOR CPD OFFICE USE ONLY:**

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1 Organizers must submit the completed application form and all supporting materials at the same time. Late fees will apply if the application form and/or supporting documents are received less than 8 weeks prior to the start date of the activity. Should the McGill CPD Office receive missing documents less than 8 weeks prior to the start date of the activity, late fees will apply.
**Scientific Planning Committee Chair:**

<table>
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<tr>
<th>Name:</th>
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<tr>
<td>University/Hospital Affiliation:</td>
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<td>Telephone:</td>
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<td>Facsimile:</td>
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<td>E-mail:</td>
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<td>Complete Mailing Address:</td>
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**Contact Person for Inquiries / Administrative Information:**

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<th>Name:</th>
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<td>Organization:</td>
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<td>Complete Mailing Address:</td>
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**Entity / Person That Will Be Paying the Review Fees:**

| Invoice will be paid by: **Insert the legal entity name and exact address** |
|-----------------------------|-------------------------------|
| Organization:               |                               |
| McGill Departments, please provide FOAPAL #: |                        |
| Name:                       |                               |
| E-mail:                     |                               |
| Complete Mailing Address:   |                               |
SCIENTIFIC PLANNING COMMITTEE MEMBERS: Please identify the members’ name, expertise, affiliation and contact information

<table>
<thead>
<tr>
<th>Name and Area of practice (mandatory)</th>
<th>University / Hospital Affiliation (mandatory)</th>
<th>Contact Information</th>
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Mandatory to submit: completed declaration of potential conflict of interest forms. Are all completed forms included with the application submission?  
☐ Yes  ☐ No

ORGANIZING COMMITTEE MEMBERS: Please identify the members’ name, title, affiliation and contact information

<table>
<thead>
<tr>
<th>Name and Title (mandatory)</th>
<th>Employment Affiliation (mandatory)</th>
<th>Contact Information</th>
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Mandatory to submit: completed declaration of potential conflict of interest forms. Are all completed forms included with the application submission?  
☐ Yes  ☐ No

WHO IS YOUR TARGET AUDIENCE?

Place a ☑ in the appropriate box:

- Specialists ☐
- Family Physicians ☐
- Other Health Professionals ☐

BRIEF DESCRIPTION OF ACTIVITY / PROGRAM:


SCHEDULE: Mandatory to submit

A preliminary schedule, including a general description of the activities, timing, specific topics and speaker name is enclosed with this completed application form.  
☐ Yes  ☐ No

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2 The Scientific Planning Committee must comprise an active member of the related College for each category requested. In addition, when requesting Mainpro+ credits it is mandatory that a family physician residing in Quebec sit on the scientific planning committee and is an active member of the CFPC. One member of the scientific planning committee must also be affiliated with McGill University’s Faculty of Medicine. Being a member of the scientific planning committee implies significant involvement in the development, planning and implementation of the content.
**CREDITS REQUESTED**: Complete the RCPSC and/or CFPC application form(s) found on page 18

**The Royal College of Physicians and Surgeons of Canada** - RCPSC

**Kindly identify the credit category being requested** - check ☑ at least one of the options

<table>
<thead>
<tr>
<th>Maintenance of Certification (MOC)</th>
<th>Section 1</th>
<th>Section 3: Self-Assessment</th>
<th>Section 3: Simulation</th>
</tr>
</thead>
</table>

If requesting RCPSC MOC credits, provide the name of the Scientific Planning Committee Member affiliated with the RCPSC: **Mandatory to answer**

**The College of Family Physicians of Canada** - CFPC

The McGill CPD Office may grant provincial Mainpro+ certification for face-to-face and online activities; and may grant national Mainpro+ certification for online activities. The McGill CPD Office may **not** grant national Mainpro+ certification for face-to-face activities.

**Kindly identify the credit category or categories being requested** - check ☑ at least one of the options

<table>
<thead>
<tr>
<th>Mainpro+</th>
<th>Group Learning</th>
<th>Assessment</th>
<th>Self-Learning</th>
</tr>
</thead>
</table>

**TYPE OF ACTIVITY**: Place a ☑ in the appropriate box:

<table>
<thead>
<tr>
<th>CD-ROM / e-Learning</th>
<th>Small Group Session/Workshop</th>
<th>Seminar/Seminar Series</th>
<th>Conference / Course</th>
<th>Videoconference/Teleconference</th>
<th>Lecture/Lecture Series</th>
<th>Hospital Rounds</th>
<th>Online Self-Study</th>
<th>Other (specify):</th>
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**Number of sessions**: if delivered via more than one method, provide number of sessions for each method of delivery

**Your activity will be delivered**: DELIVERY METHODS

<table>
<thead>
<tr>
<th>Face-to-Face/Live</th>
<th>Online</th>
<th>Blended</th>
</tr>
</thead>
<tbody>
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<td>☐</td>
<td>☑</td>
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**Mandatory**: For activities delivered via more than one method, please describe the steps participants are required to complete during the progression of the activity/course:

1.
2.
3.

Etc....

**Mandatory**: Provide a detailed breakdown of activity hours:

(ex.: 8:00 to 8:45 = .75 credits, 8:45 to 9:15 = .5 credits, etc.) or

(ex.: Face-to-Face/Live: 8:00 to 8:45 = .75 credits, 8:45 to 9:15 = .5 credits, etc. Online: 9:15 to 10:00 = .75 credits, 10:00 to 10:30 = .5 credits, etc...)  
(Self-Learning credits [describe how participants will earn credits]):

**Will this activity be presented in English** ☐ Yes ☑ No

**Will this activity be presented in French** ☐ Yes ☑ No

**PowerPoint slides are mandatory to submit for activities funded by one for-profit and/or not-for-profit organization. Note: The reviewer may request the review of content regardless if funded or not funded.**

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3 Activity organizers must visit the websites of the Royal College of Physicians and Surgeons of Canada, and the College of Family Physicians of Canada to ensure that their activity meet the criteria for certification.


5 [https://www.cfpc.ca/CPD/](https://www.cfpc.ca/CPD/)
NEEDS ASSESSMENT:
A needs assessment was conducted:  □ Yes  □ No  Mandatory to submit the summary of needs assessment

Learning needs were identified and have been considered in the development of this educational activity. Please check ☑ all methods used for determining perceived and unperceived learning needs of the target audience. (At least one perceived and one unperceived learning need must be checked)

<table>
<thead>
<tr>
<th>Perceived</th>
<th>Unperceived</th>
</tr>
</thead>
<tbody>
<tr>
<td>Input from Scientific Planning Committee (SPC) Provide SPC meeting minutes, e-mail correspondence, etc...</td>
<td>Self-assessment tests</td>
</tr>
<tr>
<td>Direct requests from the target audience</td>
<td>Chart audits/ Practice Data</td>
</tr>
<tr>
<td>Comments from previous activities</td>
<td>Referral / Consultation data</td>
</tr>
<tr>
<td>Questionnaires / Surveys</td>
<td>Quality assurance data from hospitals, regions</td>
</tr>
<tr>
<td>Focus groups / Nominal groups</td>
<td>Published Literature</td>
</tr>
<tr>
<td>Survey of target audience</td>
<td>Provincial databases or Question banks</td>
</tr>
<tr>
<td>Other (specify):</td>
<td>New clinical practice guideline(s)</td>
</tr>
</tbody>
</table>

Summary of needs assessment submitted with this application form:  □ Yes  □ No

LEARNING OBJECTIVES: (must also be written in the activity brochure and evaluation form)

What learning objectives have been developed for the overall activity:

- 
- 

What learning objectives have been developed for specific sessions:

- 
- 

Are there any practice outcomes to be expected?

- 
- 

Provide details on the method used by the scientific planning committee to develop the learning objectives:

In compliance with the National standard for support of accredited CPD activities Element 3 - Standard 3.2: The SPC is responsible to review all disclosed financial relationships (conflict of interest completed forms) of all resource persons: speakers, moderators, facilitators, authors, etc... in advance of the CPD activity to determine whether action is required to manage potential or real conflicts of interest.

FEEDBACK TO PARTICIPANTS:

Will participants learn how they compared to others in the activity/program?

Describe the process by which the speakers will receive feedback on their teaching performance.
Mandatory to answer all questions: Describe the processes/strategies for managing/mitigating identified conflicts of interest. Note: Obtaining and reviewing completed CoI forms from resource persons does not meet CPD criteria.

In compliance with the National standard for support of accredited CPD activities Element 3 - Standard 3.2: The SPC is responsible to have processes/strategies in place for managing/mitigating identified conflict of interest

Strategies for Managing/Mitigating Identified Conflicts of Interest

1) How has/will the SPC mitigate resource persons (including SPC members) CoIs – in particular with those that have an affiliation with the sponsor:

2) What is the scientific planning committee’s plan for the following: Managing completed of conflict of interest disclosure forms:

3) What is the scientific planning committee’s plan for the following: Mitigating identified conflicts of interest/potential for bias:

INTERACTIVITY:
An important component of effective learning is the opportunity to interact with the speakers and colleagues.

What learning methods have been incorporated to promote interactive learning?: ☑ all that apply:

<table>
<thead>
<tr>
<th>Question periods (25% of total time)</th>
<th>Case discussions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seminars/Workshops</td>
<td>Problem-based learning</td>
</tr>
<tr>
<td>Meet the professor/Expert sessions</td>
<td>Small group discussions</td>
</tr>
<tr>
<td>Debates, roundtables with audience participation</td>
<td>Journal club format</td>
</tr>
<tr>
<td>Use of touch-pad audience response systems</td>
<td>Teleconference / Videoconference</td>
</tr>
<tr>
<td>Interactive poster sessions with discussion</td>
<td>Use of simulators</td>
</tr>
<tr>
<td>Self-assessment programs or quizzes with feedback</td>
<td>Computer based learning activities with interaction</td>
</tr>
</tbody>
</table>

If this activity is delivered as an online educational program, please describe the method in which the interactivity will be included:

ACTIVITY EVALUATION: Mandatory to submit

The following items are mandatory:

- List the overall and presentation learning objectives
- Did the speaker make a disclosure statement (verbal and with slide)? (insert question for each speaker) ☐ Yes ☐ No ☐ Not Sure
- Did you perceive any degree of bias in any part of the presentation? (insert question for each speaker) ☐ Yes ☐ No
- If held in Quebec: Did the activity respect the Quebec Code of Ethics - Conseil québécois de développement professionnel continu des médecins (CQDPCM) [http://cpd.mcgill.ca/download/CODE_CQDPCM/CODE_CQDPCM_EN_F20150521.pdf]? ☐ Yes ☐ No

If requesting RCPSC MOC credits, the following question is mandatory:

This program’s content has enhanced my knowledge: What did you learn or how will this event impact your practice?

Please indicate which CanMEDS roles you felt were addressed during this educational activity:

Check ☑ all that apply: (insert question for entire program)

<table>
<thead>
<tr>
<th>Collaborator ☐</th>
<th>Professional ☐</th>
<th>Manager ☐</th>
<th>Scholar ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicator ☐</td>
<td>Health Advocate</td>
<td>Medical Expert ☐</td>
<td></td>
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</tbody>
</table>

MARF_EN_20190501 Copyright © McGill University, 2019
For the planning, development and implementation of this program, we consulted and comply with the following CPD principles:

<table>
<thead>
<tr>
<th>Only for activities seeking Mainpro+ Certification:</th>
<th>□ Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>College of Family Physicians of Canada (CFPC): Understanding Mainpro+ Certification</td>
<td></td>
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<tr>
<td><em>CFPC - Understanding MAINPRO+ Certification</em></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Only for activities seeking MOC Section 1 &amp; Section 3 Accreditation:</th>
<th>□ Yes □ No</th>
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</thead>
<tbody>
<tr>
<td>Royal College of Physicians and Surgeons of Canada (RCPSC): Maintenance of Certification (MOC)</td>
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<tr>
<td><em>RCPSC - Maintenance of Certification</em></td>
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</table>

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<tr>
<th>For all activities: Mainpro+ and MOC Section 1 &amp; Section 3 Certification/Accreditation:</th>
<th>□ Yes □ No</th>
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<tbody>
<tr>
<td>National Standards for Support of Accredited CPD Activities</td>
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<tr>
<td><em>National Standards - Accredited CPD Activities</em></td>
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</tbody>
</table>

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<tr>
<th>For all activities: Mainpro+ and MOC Section 1 &amp; Section 3 Certification/Accreditation:</th>
<th>□ Yes □ No</th>
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<tbody>
<tr>
<td>Canadian Medical Association’s (CMA) Guidelines for Physicians in Interactions with Industry</td>
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<tr>
<td><em>CMA Guidelines - Physicians in Interactions with Industry</em></td>
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<tr>
<th>All activities held in Quebec and/or for activities seeking Mainpro+ certification:</th>
<th>□ Yes □ No</th>
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</thead>
<tbody>
<tr>
<td>Le Conseil Québécois de développement professionnel continu des médecins (CQDPCM): 2016 Code of Ethics for parties involved in Continuing Medical Education</td>
<td></td>
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<tr>
<td><em>CQDPCM - 2016 Code of Ethics</em></td>
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</tbody>
</table>

We comply with all the CPD principles applicable to our activity:  Yes □ No □

**DECLARATION: SCIENTIFIC PLANNING COMMITTEE CHAIR:**

As Chair of the Scientific Planning Committee (SPC), I accept the responsibility for the accuracy of the information provided in this CPD Application Form and of ensuring that the information provided avoids potential bias or perception of bias, from any for-profit or not-for-profit organization supporters.

To the best of my knowledge, I certify that the SPC members and speakers associated with this activity comply with the guidelines set forth in the CPD principles checked off above. In addition, I will ensure that all speakers will complete a Declaration of Potential Conflict of Interest Form prior to the start date of the activity. Ensuring that all resource persons, including the SPC members, communicate (verbal and with slides) a statement on conflict of interest to the audience.

No later than eight (8) weeks following the completion of the activity, I agree to provide the CPD Office, a completed Final Report Form and all supporting materials to finalize the certification process. This includes:

Promotional brochure(s); copy of the syllabus; promotional information/handouts distributed; Excel Spreadsheet “All Participants List” (hardcopy and electronic format): including participant’s first name, family name, license number, province, activity date, credit type, name of event, email and credit quantity; original sign-in sheet: including participants first name, family name, license number and original signatures; compiled results (summary) from participants’ completed evaluation forms; signed copies of the Declaration of Potential Conflict of Interest Form, from all speakers - forms not previously submitted.

**IMPORTANT!**

Receipt of the official accreditation/certification approval does not represent final certification. The above mentioned materials for each program and session(s) within a program must undergo an ethical review. Failure to comply may result in participants unable to claim credits for their participation.

---

**DATE:** (yyyy/mmm/dd)  
**SCIENTIFIC PLANNING COMMITTEE CHAIR** (SIGNATURE)
FINANCIAL SUPPORT FOR-PROFIT / NOT-FOR-PROFIT
CONTENT DEVELOPMENT AND EVENT PLANNING
DISCLOSURE FORM

To be completed by the Scientific Planning Committee Chair

ACTIVITY NAME:

CPD speakers must present balanced and scientific information. Thus, all speakers must discuss advantages, disadvantages and differing points-of-view, and must not promote products and/or services. Speakers must disclose in writing to the activity organizer all "off label" content. Additionally, the speaker must disclose to the CPD participants any relationship with for-profit and not-for-profit organizations that could affect the event's objectivity or independence (oral and visual disclosure with slide).

The Scientific Planning Committee Chair must complete a COI disclosure form, the table below and confirm that the activity meets the standards of ethics and independence.

DISCLOSE ALL FINANCIAL SUPPORT: for-profit / not-for-profit
All financial contributions made from all sources (example: pharmaceutical, government agency, physician organization, medical departments, etc.), must be made in the form of an educational grant payable to a physician organization.

<table>
<thead>
<tr>
<th>FINANCIAL SUPPORT: Organization name(s) providing funding to the physician organization</th>
<th>DESCRIPTION: Indicate how the financial support will be used (ex. Content development, honoraria, A.V., food, etc.)</th>
<th>AMOUNT IN DOLLARS (CDN): Insert the support received for the entire program</th>
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FINANCIAL SUPPORT FOR-PROFIT / NOT-FOR-PROFIT was received from: ☐ all that apply:
☐ Pharmaceutical ☐ Government Agency ☐ Medical Department ☐ Other (please specify) ______________________

Name of the organization that is providing funding to the physician organization (mandatory to answer): ______________________

Name of the organization that received the funding (mandatory to answer): ______________________

As Chair of the Scientific Planning Committee, I confirm that:

- the speakers and content for this activity were selected by the Scientific Planning Committee Members and were not influenced by any for-profit or not-for-profit organization.

DATE: (yyyy/mmm/dd) SCIENTIFIC PLANNING COMMITTEE CHAIR (SIGNATURE)
Financial Support Competing Interest Form

**ACTIVITY NAME:**

- This form is to be completed in detail for activities that have received financial support from a single for-profit or not-for-profit organization ONLY. However, regardless if the activity is funded by a single or multiple organizations, the Scientific Planning Committee Chair must date and sign this form.
- Should a for-profit or not-for-profit organization's medication or device appear in the speakers’ slide set, list all similar medications or devices in clinical use or in trials from all competitors.

List all the slides in which the product(s) or studies related to the for-profit or not-for-profit organization’s product(s) are mentioned.

<table>
<thead>
<tr>
<th>For-profit or not-for-profit organization’s product(s)</th>
<th>Slides numbers where the products appear</th>
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</table>

List all competing product(s) from other manufacturers that are either on the market or are undergoing clinical trials. List the slides where the competing product appears.

<table>
<thead>
<tr>
<th>For-profit or not-for-profit organization’s product</th>
<th>Competing product</th>
<th>Competing manufacturer</th>
<th>Slides where competing products appear</th>
</tr>
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</table>

**DATE:** (yyyymm/dd)  
**SCIENTIFIC PLANNING COMMITTEE CHAIR** (SIGNATURE)
DECLARATION OF POTENTIAL CONFLICT OF INTEREST FORM

It is the responsibility of the activity organizers to have the Declaration of Potential Conflict of Interest (CoI) form completed by each resource person: scientific planning and organizing committee members, presenters, trainers, facilitators, moderators, authors, etc... In addition, the organizer must make sure that disclosure statements are stated verbally and displayed with slides at the beginning of each presentation. This CoI disclosure form must be completed regardless of whether the affiliations are with a for-profit or non-profit organization such as, a pharmaceutical, medical device company, government office or a communication firm.

ACTIVITY NAME:

☐ I do not have an affiliation (financial or otherwise) with a for-profit or not-for-profit organization.

Speakers who are not involved with a for-profit or not-for-profit organization must inform the audience that they have no conflict of interest to disclose.

☐ I have/had an affiliation (financial or otherwise) with a for-profit or not-for-profit organization. (Include affiliations covering the past two years) At the beginning of each presentation, the facilitators and/or speakers must declare to the audience the nature of the affiliation(s): the name(s) of the for-profit or not-for-profit organizations and the period of their relationship (oral and visual disclosure slide required).

<table>
<thead>
<tr>
<th>TYPE OF AFFILIATION</th>
<th>NAME OF ORGANIZATION</th>
<th>DETAILS / DATE (from/to)</th>
</tr>
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<tbody>
<tr>
<td>I am a member of an advisory board or similar committee for a for-profit or not-for-profit organization</td>
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<td>I am a member of a speakers’ bureau</td>
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<tr>
<td>I have received payment from a for-profit or not-for-profit organization (including gifts, etc...)</td>
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<tr>
<td>I have received a grant or an honorarium from a for-profit or not-for-profit organization</td>
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<tr>
<td>I hold a patent for a product referred to in the CPD program or that is marketed by a for-profit or not-for-profit organization</td>
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<tr>
<td>I hold investments in a for-profit or not-for-profit organization</td>
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<tr>
<td>I am currently participating in or have participated in a clinical trial within the past two years</td>
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<tr>
<td>Other:</td>
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</table>

ONLY SPEAKERS COMPLETE THIS SECTION: During my presentation, I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e., “off-label” use of medications). ☐ Yes ☐ No

If yes, you must declare all “off-label” use to the audience during your presentation.

Please check ☒: I am a ...

speaker ____; scientific planning committee member ____; organizing committee member ____; Other: _______________

I, ________________________ (please print clearly), acknowledge that I have reviewed the declaration form’s instructions and guidelines and that the information above is accurate. Additionally, I have read the Quick Tips for Speakers provided by the program organizer or the McGill CPD Office; The Canadian Medical Association’s Guidelines for Physicians in Interactions with Industry and CQDPCM 2016 Code of Ethics for CME activities.

Signature ___________________________ Date ___________________________ (yyyy/mmm/dd)

In compliance with the National standard for support of accredited CPD activities Element 3 - Standard 3.2: The SPC is responsible to review all disclosed financial relationships (conflict of interest completed forms) of all resource persons: speakers, moderators, facilitators, authors, etc... in advance of the CPD activity to determine whether action is required to manage potential or real conflicts of interest. The SPC approvals must be submitted with the accreditation package for activities funded by pharma. The SPC must also have processes/strategies in place for managing/mitigating identified conflict of interest Quick Tips - Mitigating Identified CoIs

For complete instructions, consult the GUIDELINES - Declaration of Potential Conflict of Interest (CoI) document at: http://cpd.mcgill.ca/php/documents.php
COMPLETED DECLARATION OF POTENTIAL CONFLICT OF INTEREST (COI) FORMS
RESOURCE PERSON LISTING

ACTIVITY NAME:

It is the responsibility of the activity organizer to obtain from all resource persons a completed Declaration of Potential Conflict of Interest form (COI).

Resource persons include: scientific planning committee chairs and members, organizing committee members, speakers, trainers, facilitators, moderators, authors and medical content writers.

Instructions: complete the fields below with the names of the resource persons linked to the above mentioned activity. Kindly specify if a completed COI form was included with the application form.

Note: should a committee member also participate as a speakers, kindly submit only one (1) completed COI form.

<table>
<thead>
<tr>
<th>Scientific Planning and Organizing Committee Members (First Name/Family Name)</th>
<th>Completed COI Form Included with Submission (Yes/No)</th>
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The SPC’s CoI disclosures must be provided verbally and visually to the participants: National Standard for Support of Accredited CPD Activities: Standard 3.1 and 3.3. You may provide the visual disclosures via brochure, handout, slides, etc...

<table>
<thead>
<tr>
<th>Speakers (First Name/Family Name)</th>
<th>Completed COI Form Included with Submission (Yes/No)</th>
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</tbody>
</table>

Insert additional rows as needed
**ACTION REQUIRED**

**CREDIT CATEGORY REQUESTED**

Kindly check☑, click on the link(s) and complete the application form(s) of the credit category/categories you are requesting.

### Royal College of Physicians and Surgeons of Canada

**Maintenance of Certification (MOC) Accreditation:** check ☑ at least one of the options:

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
</table>
| ☐ | Section 1: Group Learning  
*RCPSC - MOC Section 1 - Group Learning - Accreditation Application Form* |
| ☐ | Section 3: Self-Assessment  
*RCPSC - MOC Section 3 - Self-Assessment Program - SAP - Accreditation Application Form* |
| ☐ | Section 3: Simulation  
*RCPSC - MOC Section 3 - Simulation Activity - Accreditation Application Form* |

### The College of Family Physicians of Canada

**Mainpro+ Certification:** check ☑ at least one of the options:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>☐</td>
<td>Group Learning</td>
</tr>
<tr>
<td>☐</td>
<td>Assessment</td>
</tr>
<tr>
<td>☐</td>
<td>Self-Learning</td>
</tr>
</tbody>
</table>

*CFPC - Mainpro+ Accreditation Application Form*

This general application form and all supporting materials (final versions), including the completed application forms of credits being requested, must be submitted 8 weeks prior to the start date of the activity. All required supporting documents are to be submitted at the same time.
**Ethical Review**

An Ethical review ensures that CPD accredited activities focus on the educational needs of physicians and not on ancillary benefits such as meals, entertainment and social events.

In addition, an ethical review also ensures compliance with the CPD accreditation/certification standards and ethical guidelines as outlined by the CPD principles indicated below:

<table>
<thead>
<tr>
<th>College of Family Physicians of Canada (CFPC): Understanding Mainpro+ Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CFPC - Understanding MAINPRO+ Certification</strong></td>
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<tr>
<td>Royal College of Physicians and Surgeons of Canada (RCPSC): Maintenance of Certification (MOC)</td>
</tr>
<tr>
<td><strong>RCPSC - Maintenance of Certification</strong></td>
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<tr>
<td>National Standards for Support of Accredited CPD Activities</td>
</tr>
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<tr>
<td>Le Conseil Québécois de développement professionnel continu des médecins (CQDPCM): 2016 Code of Ethics for parties involved in Continuing Medical Education</td>
</tr>
<tr>
<td><strong>CQDPCM - 2016 Code of Ethics</strong></td>
</tr>
</tbody>
</table>

Thus, the accreditation/certification approval for this activity is contingent upon the ethical review for the below mentioned documents:

- All printed or electronic promotional materials, invitations, announcements, correspondence etc... submitted to potential attendees
  - Includes websites, blogs, etc...
- Activity location or venue
  - Should the activity take place in various locations, provide a list of all locations
- Provide a list of meals, entertainment and/or social events
  - Include cost assumed by attendees
    - CFPC criteria: **Establishing limits on meal expenses**
- Additional materials provided to attendees/potential attendees such as,
  - Course syllabus;
  - Promotional flyers;
  - Email messages;
  - Web links;
  - Certificate of completion (if submitting your own template; additional review fees apply); etc...

**IMPORTANT!**

Receipt of the official accreditation/certification approval does not represent final approval. The above mentioned materials for each program and session(s) within an activity, must undergo an ethical review. Failure to comply may result in participants unable to claim credits for their participation.

---

**DATE:** (yyyy/mmm/dd)  
**SCIENTIFIC PLANNING COMMITTEE CHAIR** (SIGNATURE)
Checklist

Ensure to enclose the following documents when submitting this completed application form:

This general application form and the completed application form(s) of credits being requested, including all supporting documents (final versions), must be submitted 8 weeks prior to the start date of the activity. All required supporting documents are to be submitted at the same time. Late fees will apply if the application forms and/or supporting documents are received less than 8 weeks prior to the start date of the activity.

- Signed and completed general accreditation application form (SPC Chair signature, pg. 13)
- Signed and completed application form(s) of credits being requested (Pg. 18: RCPSC Section 1 and/or Section 3 and/or Mainpro+)
- Invitations / promotional materials disseminated to participants: hardcopy, website, blogs, etc...
- Speaker invitation template and communication stating CPD standards
- Signed letter/agreement (by both parties) outlining the terms, conditions, and purposes by which sponsorship is provided and that funds were received in the form of an educational grant
- If funding received via Pharma, provide the organization branding: logos, colors, symbols, etc...
- If the SPC/PO chooses to delegate to a third party payment of expenses, provide the signed agreement detailing the roles and responsibilities
- Copy of the schedule (preliminary if not finalized)
- Signed copy of the Financial Support / Content Development Disclosure Form (Scientific Planning Committee Chair, pg.14)
- Signed copy of the Financial Competing Interests Form (Scientific Planning Committee Chair, pg.15)
- Signed copies of the Declaration of Potential Conflict of Interest Form (Scientific Planning Committee Chair, Organizing Committee and all resource persons, pg.16)
- Declaration of Potential Conflict of Interest (COI) - Resource Person Listing (pg.17) – Mandatory to complete
- Provide Scientific Planning Committee (SPC) meeting minutes, e-mail correspondence, etc... linked to activity development
- Needs Assessment: Summary
- Evaluation form
- PowerPoint Slide Set (PDF of slides not acceptable) — mandatory, in particular if the activity is funded by one for-profit or not-for-profit organization - not required for live single delivery large conferences featuring many speakers. However, the reviewer may request the PPT(s) for review. If the activity is presented in English and French, submit PPT(s) in both languages
- Slides that will be presented to participants with scientific planning committee conflicts of interest disclosure statements
- Slides that will be presented to participants with speaker conflicts of interest disclosure statements
- Signed Ethical review form and promotional materials for (Scientific Planning Committee Chair, pg. 19)

PLEASE READ: The content and all required supporting documents (final versions) are to be submitted at the same time as all application forms. Should the CPD office receive supporting documents less than 8 weeks prior to the start date of the activity, late fees will apply.

Submit your completed application forms and supporting documents via email: cpd.med@mcgill.ca

Submitting via Drop Box or another file hosting service: ensure to provide access for at least a 6-week duration and admission to multiple users

Continuing Professional Development (CPD)
McGill University
2001 McGill College, Suite 1310
Montreal, QC H3A 1G1
http://cpd.mcgill.ca
**IMPORTANT**

**Ensure to have:**

- read the first 6 pages of this application form, and that the program planning, development and implementation comply with CPD standards.

- **clicked on at least one of the links found on page 18 of this application form and completed the application form(s) for the credits you wish to obtain.**

- provided accurate answers and **complete transparency** to all questions on all application forms. Note: should supporting documents and/or information listed on the checklists not be provided, the accreditation process will be delayed.

- listed the name of the Physician Organization (PO) on all application forms and that the PO meets the CPD definition of a physician organization.

- submitted final content and all supporting documents (use the checklists provided) at the same time as the application forms (please submit only once). The accreditation review process will **not** begin until all supporting documents are received. Should the CPD office receive updated content or documents once the review process has started and/or receive the supporting documents less than 8 weeks prior to the start date of the activity, **late fees will apply.**

- not made reference to the RCPSC, MOC Section 1, MOC Section 3, the CFPC or Mainpro+ credit approval before the program officially receives approval. It is not permitted to state that credits are pending approval or applied for.

- submitted (if applicable) modifications or additional information at your earliest. Note: Your program will not be transferred to the next phase of the accreditation review process until all modifications or requests have been fulfilled. Failure to submit the requested modifications or additional information after a 3 week period, may result as a “non-approval” status for your activity.

- submitted a certificate request form or a certificate template for review (fees apply). Certificates are part of the ethical review process. We are mandated to ensure that certificates distributed to participants comply with CPD criteria.

- provided the strategy to manage potential or real conflicts of interest. In compliance with the **National standard for support of accredited CPD activities Element 3 - Standard 3.2**: The SPC is responsible to **review all disclosed financial relationships** (conflict of interest completed forms) of all resource persons: speakers, moderators, facilitators, authors, etc... **in advance** of the CPD activity, to determine whether action is required to avoid commercial bias.

**Accreditation Terms:** Once an activity obtains accreditation approval, the content and/or all supporting documents submitted for review cannot be altered. Changing content without approval renders the accreditation null and void.