APPLICATION CHECKLIST

Submitter name:

E-mail Address:

Name of Activity

Leadership Tab:

I have entered a course director (this person assumes responsibility for the program content - should be a physician, nurse or pharmacist depending on the target audience). The course director also has access to the application. They can log in to complete anything you need assistance with - they will need complete the attestation form.

I have entered all the planners for this activity. Please make sure that a planner is listed for each target audience.

I have listed all the faculty/speakers (for a conference). If this is a regularly scheduled series (RSS), please list the speakers scheduled to date (we need your first speaker as a minimum). Please make sure to include a speaker to represent each of the target audience groups.

Activity Development Tab:

Agenda, Location and Educational Format - I have included: a brief description of the activity; the Venue/Room, City and State and indicated if it is in-person, live streamed or an online course; the first session/speaker for my RSS or the full schedule including breaks/ lunches/dinners for my conference; indicate topics which might help address VT Licensing requirements; indicate any sensitive or new and evolving topics.

***If your activity contains sensitive or new evolving topic(s), the application will not be eligible for rush consideration. We also ask that you upload a copy of the presentation(s) or outline with your application to help expedite the review process.

Budget and Financial Relationships - I have included all information with regards to support from Ineligible and Eligible Companies and answered all the financial questions about my activity. If I am collecting outside funds or tuition, I will completed the Conference Income Sheet, which is part of the Conference application. I understand I need to submit a final income report once the activity has concluded (if applicable). If I am not the financial representative for this program, I have included the contact information for the person who is.

Practice Gap and Educational Need - I have completed all this information and uploaded evidence to support my gap. For RSS programs, please select a gap for your program as a whole, not for one presentation.

Target Audience - I have checked all the credit types for which I am applying, and I have indicated if the program is open to the pubic or limited to certain participants.

Competencies and Barriers - I have selected all the applicable competencies and barriers; included information on what outcomes will be measured: Learner/Team Competence, Learner/Team Performance, Patient Health, Community/Population Health and Learner Knowledge. I have uploaded information on how I plan to measure this 1-2 months after the activity ends.

Stakeholders and Joint Providership - I have indicated if there are any internal or external stakeholders. I have included my information about my hospital/organization.

Supporting
Documentation Tab:

Announcement/brochure and/or any marketing pieces that mention credit are attached.

Support Letter of Agreement for any funds or in-kind donations from ineligible companies to support your program (if applicable).

Disclosure Mitigation Form is attached (if applicable) - for any planner, faculty/speaker who indicated a financial relationship with an ineligible company. To find this information, please check on the leadership tab, under their name and click on "financial disclosure" to view.

Gap Documentation - Evidence of what you listed as your gap.

Planning Committee Minutes Form is completed, signed and attached.

The content for this activity has been validated and the course director has completed the Attestation Form in the application (no longer an attachment).

Monitoring Form completed for your first session for RSS. For conferences, please upload a Conference Disclosure Form.

Additional Information - How you plan to measure the success your activity had on skills/strategy, performance and/or patient outcomes (attach sample survey). If a new or sensitive topic is in your agenda, a copy of the presentation or outline has been uploaded.

Preview, Finalize and Submit!

Important Information:

Please note that applications are due 45 days prior to the start of the activity. For applications received within 45 days and 3 weeks of the activity, there will be a rush fee of $500. Applications received less than 3 weeks from the activity will not be considered. We suggest you start at least 60 days prior to allow enough time for faculty to complete their financial disclosures.

All forms required can be located at https://med.uvm.edu/cmie/grand-rounds/forms

All learners who wish to receive credit must claim credit and complete the evaluation in their MyCredits account within 30 days after the activity ends.