Documentation Requirements and Checklist

As of January 2023

The following documentation must be submitted along with the completed application.

Please use this page as a checklist to ensure that you have collected all required documentation or have included it in the form.

| With Application: | |
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| | A copy of your continuing education mission statement. |
| | Minutes of all planning meetings held to-date in which development of the educational activity is discussed. |
| | Disclosure of relevant financial relationship statements from all individuals involved in planning the activity including staff members, and mitigation forms. (Forms attached) |
| | A summary of the needs assessment conducted for the activity. |
| | A synopsis of the presentation material for the activity. |
| | Learning objectives for the activity. |
| | Proposed program outline/schedule/agenda for the activity with presentation timing clearly noted. |
| | Proposed list of faculty (speakers) with professional affiliations, clinical designations and a copy of their most recent CV or biographical sketch. |
| | Copy of the proposed evaluation form for the activity. (sample questions available) |
| | Copies of draft promotional materials for the activity (if available). |
| | Proposed budget for the activity. |
| After Approved | |
| | Copies of all draft promotional materials for the activity for approval of accreditation and credit designation statements. |
| | Copy of Transcript or Certificate |
| | Copy of Handout/Session Materials to approve disclosure listing |
| | The final draft evaluation form for the activity. |
| | Copies of all Letters of Agreement (LOAs). Dually-signed (AAOMS and commercial supporter) prior to the activity taking place. |
| After the Activity | y: |
| | A copy of your final evaluation data. (Sample summary provided below) |
| | Your final registration list with attendee credentials included (need to know number of MDs and non-MDs). |
| | Copies of all final marketing materials. |
| | Final CDE/CME activity budget. Including all revenue from tuition/registration fees, advertising, or commercial support, and all expenses (e.g., payments to authors, design and technology costs) |
| | Three month follow-up survey results, measuring attendees' changes in learning as stated in their evaluations. |

Required Documentation Descriptions

- 1. **Continuing Education Mission Statement**: This is a statement describing your organization's commitment to and reasons for providing continuing education to your constituent groups. So long as it adequately describes your organization's educational mission, this statement can be as short as one paragraph or as long as several pages.
- 2. **Planning Meeting Minutes**: Minutes of your organization's planning meeting minutes provide AAOMS with information regarding the direction planning for your educational activity has taken prior to your joint sponsorship application submission. These minutes will also provide information pertaining to the assessed need for your activity. AAOMS need not obtain a complete copy of the minutes for each planning meeting that has taken place only minutes for those meetings in which discussion of your activity has taken place. Your meeting minutes may also be excerpted to include only the pages indicating the date, location and participants involved in the meeting as well as the page(s) noting the activity planning discussion that took place.
- 3. **Disclosure and Mitigation of Relevant Financial Relationship Statements**: In accordance with the guidelines and policies set forth by the Accreditation Council for Continuing Medical Education, all individuals who have the opportunity to guide and influence the development of an educational activity must disclose any relevant financial relationships they may have. This extends beyond the speakers who may participate in the activity to the planning committee members and organization staff who develop the educational activity. Disclosure of this information must be provided along with the joint providership application so that AAOMS can determine if appropriate planning for the activity has occurred prior to AAOMS involvement. Any relevant financial relationships will also need documentation included of how they were mitigated.
- 4. **Summary of Needs Assessment:** A summary of any data collected by your organization that indicates the need to provide the planned educational activity to your organization's constituent groups. This can be data obtained through an educational survey or comments received through evaluations of previous educational activities, etc.
- 5. **Presentation Synopsis**: This is a brief paragraph highlighting the detailed information to be provided through the educational presentation(s).
- 6. **Learning Objectives**: Learning objectives are the pathway between the assessed need for the educational activity and the desired result of the educational activity. Learning objectives should begin with a descriptive action word such as "discuss", "describe", "explain", etc. and should complete the phrase, "At the conclusion of this activity, participants should be able to:"
- 7. **Program Outline/Schedule/Agenda**: Please provide an outline of the planned educational activity including the specific presentation titles and the timing of the presentations, breaks, lunch, etc.
- 8. **Faculty List**: Please provide a listing of the proposed faculty (speakers) for your educational activity. This list should include their professional/academic affiliations, their clinical designations (DDS, MD, etc.). This information can be provided as part of the program outline for your activity where each faculty member is listed along with the presentation(s) they are scheduled to deliver. Please also provide a copy of each faculty member's most recent CV or biographical sketch.
- 9. **Proposed Evaluation Form**: This is a copy of the mechanism your organization and your activity participants will use to evaluate the activity upon its completion.
- 10. **Promotional Materials**: If your organization has drafted promotional materials for your planned activity, please provide copies of these materials for review along with your application.
- 11. **Proposed budget**: Your organization's proposed budget for the activity is requested to determine if the planned activity is appropriately funded.

Sample Evaluation Summary

| To be answered after the activity has been implemented with | h the assistance of AAOMS Staff |
|---|---------------------------------|
|---|---------------------------------|

| Percentage of learners reporting that they detected <u>inappropriate promotion of a commercial product, device, or service</u> (Post-activity Evaluation, Q. ?)% |
|--|
| Comments from learners: |
| If applicable, how was this bias addressed, resolved, and considered as part of future planning? |
| |

Learners demonstrated a change in competence as follows (aggregate comparison of Pre- and Post-Test scores): (if applicable)

| | Average Pre-Test Score | Average Post-Test Score | Change +/- |
|------------|------------------------|----------------------------|------------|
| Question 1 | | | |
| Question 2 | | | |
| Question 3 | | | |
| Question 4 | | | |
| Question 5 | | | |

Learners reported improved competence or performance as follows (Post-activity Evaluation, Q. 1):

| | To a great extent | To some extent | To a little extent | Not at all | | |
|-------------|-------------------|----------------|--------------------|------------|--|--|
| Objective 1 | % | % | % | % | | |
| Objective 2 | % | % | % | % | | |
| Objective 3 | % | % | % | % | | |

Achievement of desired results and measurement of outcomes:

| Desired Results | How was this measured? | What was the outcome? |
|------------------------------------|------------------------|-----------------------|
| Desired Change in Competence | | |
| Desired Change in Performance | | |
| Desired Change in Patient Outcomes | | |

| Δ | ctivity | Eva | luation | (C11) |
|---|---------|-----|----------|-------|
| - | CLIVILY | ∟va | Iualivii | 1011 |

What changes (knowledge, competence, performance, patient outcomes) were achieved as a result of this educational activity?

| Based on the data above, | explain how | this activity | met | identified | educational | needs | and | closed | the |
|----------------------------|-------------|---------------|-----|------------|-------------|-------|-----|--------|-----|
| professional practice gap. | | • | | | | | | | |