



For Office Use Only:
Activity Code: _____

APPLICATION & CDE/CME ACTIVITY PLANNING FORM FOR JOINT PROVIDERSHIP OF AN EDUCATIONAL ACTIVITY

AAOMS CDE/CME Mission Statement (Purpose): *The American Association of Oral and Maxillofacial Surgeons (AAOMS) provides comprehensive, high-quality professional education to Oral and Maxillofacial Surgeons, Oral and Maxillofacial Surgery residents and other health professionals to improve oral and maxillofacial surgical care for patients and advance the specialty of oral surgery. The AAOMS promotes research and excellence in patient care through its development and implementation of CDE/CME activities that are timely, evidence-based, and relevant to the needs of its audience. (C1)*

General Instructions & Information

The Application for Joint Providership of an Educational Activity must be completed and submitted to AAOMS Department of Continuing Education staff at least six months (180 days) prior to the presentation date of the proposed educational activity. All submitted applications must include copies of all required supporting documentation as noted within the application.

Please download the AAOMS Joint Providership Guidelines and Policies to assist in completing this application.

Fee: A non-refundable fee of \$1000.00, in the form of a check payable to the American Association of Oral and Maxillofacial Surgeons, must accompany each application.

Review: Submitted applications will be reviewed by AAOMS staff for completeness. If necessary, AAOMS staff will contact the applicant to request additional information.

Complete applications will be forwarded to the AAOMS Committee on Continuing Education and Professional Development for review. The committee will be advised by AAOMS staff if any application for joint providership is in direct conflict with AAOMS policies or any existing or planned AAOMS educational activity. The CCEPD will review each application to determine if the proposed jointly provided educational activity meets the American Dental Association's definition of Continuing Dental Education as well as the American Medical Association's definition of Continuing Medical Education. The CCEPD will also determine whether the topics, goals and objectives of the proposed jointly provided educational activity are in concert with the AAOMS Continuing Medical and Continuing Dental Education Mission Statement. Following review of the application, the committee will submit the application, along with their appropriate recommendation, to the AAOMS Board of Trustees for final review.

Approval: Following review of the jointly provided educational activity application by the CCEPD and the AAOMS Board of Trustees, one of the following three application statuses will be reached:

1. Approved
2. Approved with modifications
3. Denied

Applicants will be notified in writing (electronically) of the jointly provided educational activity application status. E-mail is the preferred method of communication. Letters of Agreement will be sent upon AAOMS approval and must be signed and returned to AAOMS prior to further development of the program.

Please note: Until formally approved by the AAOMS through the process noted above, materials advertising the proposed jointly provided educational activity may not mention the AAOMS and may not indicate that a continuing education application is pending.

Additionally, joint providership with the AAOMS does not imply that the AAOMS will share in the expenses of developing, implementing or evaluating the educational activity. Administrative expenses associated with, but not limited to, the development of educational materials, registration brochures or announcements, evaluation forms, verification of attendance, etc., are not to be assumed by the applicant organization.

Please e-mail completed applications and requested supporting documentation to:
Shannon Murray, Continuing Education Senior Associate, shannonm@aaoms.org

General Information

Please provide the following information about your organization.

Please note: The fields within this document will expand to accommodate the information you include and will cause the text within the document to shift.

Name of organization:

Address:

City: **State:** **Zip:**

Organization Key Contact Information

Name:

Title:

Mailing address:

City: **State:** **Zip:**

Phone: **Fax:** **E-mail:**

Please note: Preferred method of communication is e-mail.

Educational Activity Director Contact Information

Name:

Title within organization:

Mailing address:

City: **State:** **Zip:**

Phone: **Fax:** **E-mail:**

Please complete the information below.

Title of Activity			
Start Date/or Publication		# of CDE/CME credits** (Requested)	
Expiration Date*		Location: (if applicable)	
Additional Joint-Providers (if applicable) (C20)			

* If course, use the last day of the event. If enduring material, use 3 years from the Publication/Start date.

** Actual number of hours to be determined by the AAOMS Continuing Education Department (1 credit CDE/CME for every 60 minutes of education)

In addition to this application, please include all the items listed on the Documentation Requirements Checklist as With the Application. All other items will be required pending approval.

For whom is the content designed?

Who is the TARGET AUDIENCE for this activity?

- Oral and Maxillofacial Surgeons
- Oral and Maxillofacial Surgery Residents
- General Dentists and/or other dental specialists
- OMS Staff – clinical or professional
- Other (please describe): _____

What is the EDUCATIONAL REACH for this activity?

- Local (city and/or suburbs)
- State (within host state boundaries)
- Regional (several states in geographic area)
- National
- Other (please describe): _____

Format and Educational Methodology (C5)

In what way(s) are the format and teaching methodologies appropriate for the setting, objectives, and desired results of this activity?

Select the Activity Type/Format:

- Live Activity – oral surgeon/physician must attend in person or virtually to claim credit (i.e. course, lecture, discussion, hands on workshop, examination, live webinar or teleconference)
- Enduring material – printed, audio, video or on-line activities that can be used over time at various locations (i.e. monograph, invited review, course book, case studies, archived recording)
- Journal-based CME – identified article within a peer-reviewed, professional journal
- New Procedures – skills course training oral surgeon/physicians on topics that allow them to request new or expanded privileges (i.e. surgical or new medical devices) (4 skill levels of training required to qualify)
- Test Item Writing – for high stakes examinations
- Manuscript Review - for Journal Editors and Editorial Board members
- Performance Improvement – structured, long-term process
- Internet Point of Care Learning – structured, self-directed online learning
- Other – (i.e. learning plans)

Please describe why this format is appropriate for this activity:

The educational methodologies include:

- Lecture
- Case Presentations
- Test Questions (including pre-and post-tests)
- Small Group/Roundtable Discussion
- Simulation
- Interactive Online Elements (Specify: _____)
- Other (Specify: _____)

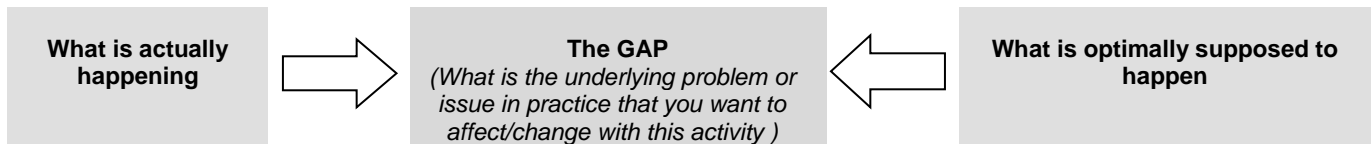
Desirable Attributes (C6)

Which desirable attributes (competencies) in oral and maxillofacial surgeons are addressed in the content of this activity? Check all that apply, and provide an example for each one selected.

Adapted from the Six Core Competencies for Quality Patient Care identified by ACGME/ABMS

- Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
- Medical/Dental Knowledge** about established and evolving biomedical, dental, clinical and cognate sciences and their application in patient care.
- Interpersonal and Communication Skills** that result in effective information exchange and teaming with patients, their families and professional associates (e.g. fostering a therapeutic relationship that is ethically sound, uses effective listening skills with non-verbal and verbal communication; working as both a team member and at times as a leader).
- Professionalism** as demonstrated through a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to diverse patient populations.
- Systems-based Practice** as demonstrated through an awareness of and responsibility to larger context and systems of healthcare, and the ability to call on system resources to provide optimal care (e.g. coordinating care across sites or serving as the primary case manager when care involves multiple specialties, professions or sites).

- Practice-based Learning and Improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence and improvements in their medical/dental practice.
- Institute of Medicine Competencies: Provide Patient Centered Care**
- Institute of Medicine Competencies: Work in Interdisciplinary Teams**
- Institute of Medicine Competencies: Employ Evidence-Based Practice**
- Institute of Medicine Competencies: Apply Quality Improvement**
- Institute of Medicine Competencies: Utilize Informatics**
- Interprofessional Education Collaborative Competencies: Value/Ethics for Interprofessional Practice**
- Interprofessional Education Collaborative Competencies: Roles/Responsibilities**
- Interprofessional Education Collaborative Competencies: Interprofessional Communication**
- Interprofessional Education Collaborative Competencies: Teams and Teamwork**



Use additional pages if necessary. The purposes of this form is to link each gap identified to need for this education to each objective to the outcome being measured

Current Practice

What is the current practice of OMSs, and if applicable additional target audience members?

Better or Best Practice

What is the current standard of care for the topic area? (as defined by AAOMS or other guideline/documentation) What should OMSs and if applicable additional target audience members be doing?

What is the Gap in Learning?

(Based on the current practice vs. the best practice?)

Learning Objectives

What is this educational activity designed to change?

List the learning objectives for this activity, as well as how each objective addresses the educational need(s) identified. Use action verbs and specific criteria (see below) in order to measure whether or not the objectives were achieved and the professional practice gap was closed. Also indicate the type of change (competence, performance, or patient outcomes) that is associated with each learning objective.

PLEASE NOTE: A statement of learning objectives is NOT the same as a course description, but the pathway that takes the learner from the identified need to the desired result. Objectives must be measurable and stated from the perspective of what the learner will be expected to implement in his or her practice.

Example:

Upon completion of this activity, the learner will be able to:

Provide a wide variety of treatment options and ensure a safe environment for patient care.

Educational need(s) addressed by this objective:

OMSs need to provide safe environment for patient care.

Type of change:

- Knowledge Competence Performance Patient Outcomes

Knowledge – having *information*

Competence – knowing *how to do something* (e.g., skills, abilities, strategies) which has not yet been put into practice

Performance – the skills, abilities, and strategies one *implements in practice*

Learning Objective

Learning Objectives should be directly tied to the underlying educational need. These objectives should be specific and measurable and aim to address the identified practice gap.

Examples of activity verbs can be found below.

To describe changes in **Knowledge/Competence**, consider using: Analyze, Assess, Classify, Compare, Define, Describe, Differentiate, Discuss, Distinguish, Estimate, Explain, Examine, Evaluate, Identify, Indicate, Label, List, Name, Outline, Predict, Recall, Recognize, Record, Relate, Review, State, Summarize

To describe changes in **Performance**, consider using: Apply, Arrange, Assemble, Calculate, Categorize, Choose, Collect, Combine, Complete, Construct, Create, Demonstrate, Design, Develop, Devise, Employ, Formulate, Illustrate, Interpret, Model, Modify, Operate, Organize, Plan, Prepare, Produce, Select, Use, Utilize

To describe changes in **Patient Outcomes**, consider using: Change, Detect, Discover, Enhance, Generate, Impact, Improve, Realize

AVOID the following vague or ambiguous verbs: Appreciate, Believe, Comprehend, Conceptualize, Experience, Feel, Hear, Know, Listen, Memorize, Perceive, See, Think, Understand

Learning Objective 1

Upon completion of this activity, the learner will be able to:

Educational need(s) addressed by this objective:

Type of change:

- Knowledge Competence Performance Patient Outcomes

Learning Objective 2

Upon completion of this activity, the learner will be able to:

Educational need(s) addressed by this objective:

Type of change:

- Knowledge
 Competence
 Performance
 Patient Outcomes

Learning Objective 3

Upon completion of this activity, the learner will be able to:

Educational need(s) addressed by this objective:

Type of change:

- Knowledge
 Competence
 Performance
 Patient Outcomes

Indicate the **method(s) or source(s)** used to identify the professional practice gap and the underlying educational needs addressed by this activity: *(Check all that apply. Documentation is required.) (C2 and C3)*

<input type="checkbox"/>	Evaluation of previous CDE/CME activities	<input type="checkbox"/>	New advances
<input type="checkbox"/>	Expert opinion (<i>i.e. minutes or meeting report</i>)	<input type="checkbox"/>	Review of clinical data
<input type="checkbox"/>	Focus group	<input type="checkbox"/>	Review of performance; peer review
<input type="checkbox"/>	Literature research	<input type="checkbox"/>	Survey
<input type="checkbox"/>	Morbidity and mortality statistics	<input type="checkbox"/>	Test of knowledge
<input type="checkbox"/>	Other:		

Please check the **major content areas**, and provide any additional information as needed. *(C4)*

Included in activity	Content Area (AAOMS Parameters and Pathways)	Additional Information
<input type="checkbox"/>	Patient Assessment	
<input type="checkbox"/>	Anesthesia in Outpatient Facilities	
<input type="checkbox"/>	Dentoalveolar Surgery	
<input type="checkbox"/>	Dental and Craniomaxillofacial Implant Surgery	
<input type="checkbox"/>	Surgical Correction of Maxillofacial and Skeletal Deformity	
<input type="checkbox"/>	Cleft and Craniofacial Surgery	

<input type="checkbox"/>	Trauma Surgery	
<input type="checkbox"/>	Temporomandibular Joint Surgery	
<input type="checkbox"/>	Diagnosis and Management of Pathologic Conditions	
<input type="checkbox"/>	Reconstructive Surgery	
<input type="checkbox"/>	Cosmetic Maxillofacial Surgery	
<input type="checkbox"/>	Other (please list)	
<input type="checkbox"/>	Other (please list)	

Who are the EXPERTS (FACULTY / AUTHORS) who would best present this information? (C7 and C9)*

<p>Faculty/Author(s) (C7 and C9)</p> <p>List here who will tentatively be providing the CDE/CDE/CME content and presenting the material</p> <p>* Actual faculty, disclosures, and relevant financial relationships mitigated will be required as part of your final materials submitted to CE staff</p>	Name	Disclosure Recv'd	Mitigated
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
	<u>Who are the individuals who contributed to the content & what is their role (committee, staff etc)?</u>		
<p>List all others involved in content decisions for this activity (committee members, staff, board, etc) (C7 and C9)</p>	Name	Disclosure Recv'd	Mitigated
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Submit faculty/planners separately, if necessary

Will funding/in-kind donations from **COMMERCIAL SUPPORT be requested?** (C7-C10)

Any commercial supporters (in kind or monetary) will need to complete a letter of agreement (LOA). A sample LOA can be found [here](#). All signed copies of letters of agreement will need to be submitted to the Department of Continuing Education prior to the start of the activity.

- No
 Yes

Single company

Company Name	Letter of Agreement Recv'd	Funding Recv'd
	<input type="checkbox"/>	<input type="checkbox"/>

Multiple companies (If multiple, please list)

Company Name	Letter of Agreement Recv'd	Funding Recv'd
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

In-kind donations (If multiple donors, please list)

Company Name	Letter of Agreement Recv'd	Type of Equipment Recv'd
	<input type="checkbox"/>	<input type="checkbox"/> Durable Equipment <input type="checkbox"/> Facilities/ Space <input type="checkbox"/> Disposable supplies (non-biological) <input type="checkbox"/> Animal parts/tissue <input type="checkbox"/> Human parts/tissue

How do you plan to **MEASURE THE DESIRED RESULTS?** (C11) (Activity Evaluation)

(i.e. Survey data, Focus Groups, Pre-Post Test)

What changes (knowledge, competence, performance, patient outcomes) are proposed to be achieved as a result of this educational activity?

Methods used to determine the activity's effectiveness in meeting identified educational needs and objectives for which it was designed (check as many as apply):

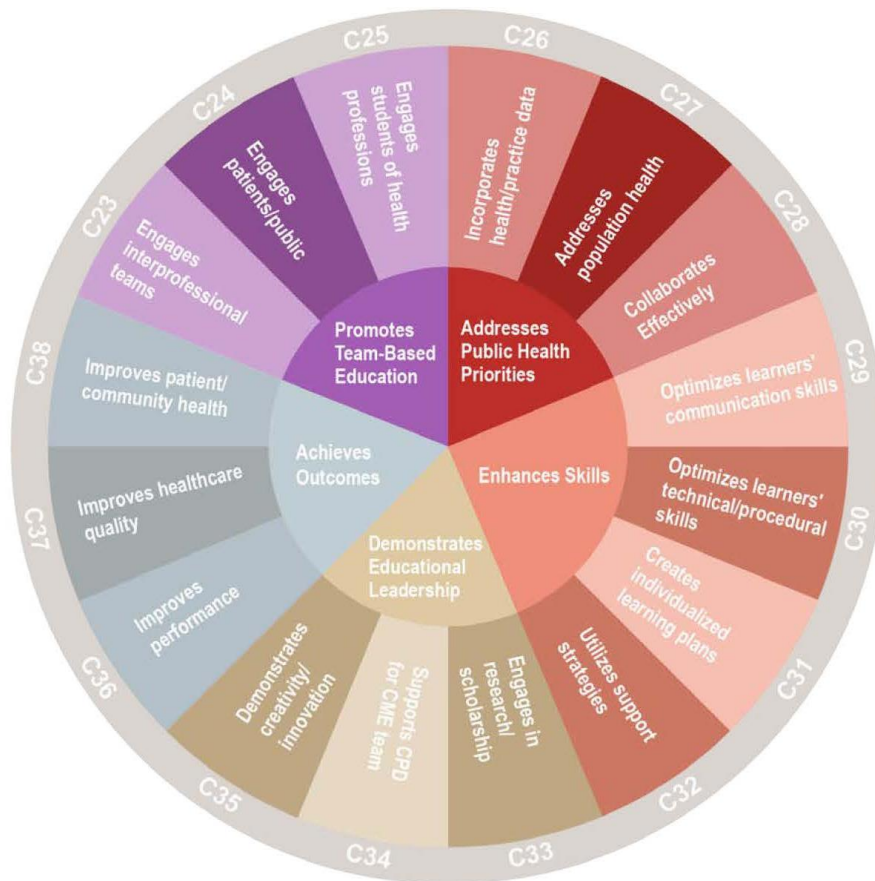
Methods of Evaluation	Knowledge	Competence	Performance	Patient Outcomes
Pre-/Post-Testing <u>without</u> clinical vignettes				
Pre-/Post-Testing <u>with</u> questions containing clinical vignettes				
Post-activity Evaluation (required)				
Expert Observation of Procedure Skills				
6-8 week Follow-up Survey (required)				
Other (specify)				

Accreditation with Commendation

There are 16 commendation criteria, divided into five categories:

- Promotes Team-based Education
- Addresses Public Health Priorities
- Enhances Skills
- Demonstrates Educational Leadership
- Achieves Outcomes

If you feel your activity could apply to one of these criteria in the wheel below please check here. A CE staff person will be in touch with you for more details.



For Office Use Only:

Committee Review (C22)		
Committee reviewed	Review date	Decision

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:

- 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:

- 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 the assistance of AAOMS Staff

Percentage of learners reporting that they detected inappropriate promotion of a commercial product, device, or service (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		

Activity Evaluation (C11)

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.