American Society of Addiction Medicine

ASAM Continuing Medical Education (CME) Application

Title of Activity:	

Date (MM/DD/YYYY):	Location:
Number of Participants:	Number of Credit Hours Requesting:

Target Audience:

I.	**Educational Content and Planning**

1. What are the professional practice gaps of your learners on which the activity was based?

2. Describe the educational format:

3. List the learning objectives:

4. Do the educational objectives address the following:

   a. Knowledge   ☐Yes   ☐ No

   If yes, please explain:

   b. Competence   ☐Yes   ☐ No

   If yes, please explain:

c. Performance	☐ Yes	☐ No

If yes, please explain:

5. Which of the following needs assessments were completed prior to the design of this activity?

☐ Needs survey

☐ Q.A., peer review

☐ Suggestions by participants/evaluations from past program

☐ Consensus of experts/faculty perception

☐ Current literature/research

☐ New technique, equipment, or medical issue

☐ Other: _____

6. Describe Needs Assessment Results:

7. Indicate whether the activity meets the following criteria:

a. Represents best clinical practice, emerging technology, or new practice guideline.	☐ Yes	☐ No
b. Is appropriate for ASAM's target audience.	☐ Yes	☐ No
c. Represents a diversity of views.	☐ Yes	☐ No
d. Topic is timely.	☐ Yes	☐ No

8. Is there a balanced discussion? (eg, various pharmacotherapeutic and behavioral options and/or alternative explanations). ☐ Yes ☐ No

9. Attach a proposed activity schedule which should state objectives.

II. Faculty and Faculty Disclosure Information

1. Describe how the faculty was selected:

2. Did the activity's planning committee review the faculty disclosures for possible conflict of interest? ☐ Yes ☐ No

	If yes, please what did the planning committee do to resolve the conflict?
3.	Attach a list of faculty presenting at this activity. Include name, address, titles, departments, institutional affiliations. CV's are NOT required.
4.	Attach faculty disclosures.

III.	**Knowledge, Competence, Performance and Patient Outcomes**		
1.	Is this activity designed to change competence?	☐Yes	☐ No
	Please explain why or why not?		
2.	How will you measure competence change?		
3.	Is this activity designed to change performance?	☐Yes	☐ No
	Please explain why or why not?		
4.	How will you measure performance change?		
5.	Is this activity designed to change patient outcomes?	☐Yes	☐ No
	Please explain why or why not?		
6.	How will you measure patient outcomes?		

IV.	**Evaluation**
1.	Which of the follow methods will you use to evaluate the activity (check all that apply)
	☐ Post Test
	☐ Participant Survey
	☐ Performance Evaluation
	☐ Follow-up Survey
	☐ Pre/Post Questions
	☐ Other:

2. Attach a copy of all evaluations that will be used to evaluate the activity.	

V.	**ACCME Content Validity Value Statement**

Please indicate if the content of this activity is in compliance with the following ACCME Content Validity Statements.

1. CME activities must be based on evidence that is accepted within the profession of medicine as adequate justification for the indications and contraindications in the care of patients.	☐Yes	☐ No
Explain:		
2. All scientific research referred to, reported or used in CME support or justification of a patient acre recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.	☐Yes	☐ No
Explain:		

VI.	**Budget and Commercial Support**

1. What is the source of revenue to be used to fund this activity?
2. How will you document attendance?
3. List all commercial support:
4. Attach a copy of the activity budget.

VII.	**Signatures**

Program Chair:	
Signature:	Date:

Please email completed application to:cme@asam.org