



# 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:	
<b>I. Educational Content and Planning</b>	
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	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
b. Competence	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	

c. Performance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:		
5. Which of the following needs assessments were completed prior to the design of this activity?		
<input type="checkbox"/> Needs survey <input type="checkbox"/> Q.A., peer review <input type="checkbox"/> Suggestions by participants/evaluations from past program <input type="checkbox"/> Consensus of experts/faculty perception <input type="checkbox"/> Current literature/research <input type="checkbox"/> New technique, equipment, or medical issue <input type="checkbox"/> 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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Is appropriate for ASAM's target audience.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Represents a diversity of views.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Topic is timely.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Is there a balanced discussion? (eg, various pharmacotherapeutic and behavioral options and/or alternative explanations).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Attach a proposed activity schedule which should state objectives.		
<b>II. Faculty and Faculty Disclosure Information</b>		
1. Describe how the faculty was selected:		
2. Did the activity's planning committee review the faculty disclosures for possible conflict of interest?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 care 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](mailto:cme@asam.org)