**CSIM Application Form for MOC Approval**

Approval of Accredited Group Learning Activities:

Section 1ofthe Framework of CPD Options of the Maintenance of Certification Program

**Please ensure you are using the most recent MOC Application Form by** [**clicking here to download**](https://csim.ca/education-moc/)**.** Applications submitted using an outdated application form will be returned.

Please note that it is **not permitted** to advertise that an application for MOC accreditation has been made, nor is it permissible to indicate that an activity is “pending approval”.

**ELIGIBILITY**

The Royal College of Physicians and Surgeons of Canada requires that activities must be planned by a physician organization to be eligible for accreditation. Or, activities planned by non-physician organizations must be co-developed by a physician organization or an accredited provider.

The Royal College definition of a physician organization is: A not-for-profit group of health professionals with a formal governance structure, accountable to and serving, among others, its specialist physician members through:

* Continuing professional development
* Provision of health care; and/or
* Research

This definition excludes:

* Pharmaceutical companies or their advisory groups, medical supply and surgical supply companies, communication companies or other for-profit organizations and ventures/activities.
* Disease-oriented patient advocacy organizations (e.g. Canadian Diabetes Association)
* Government departments or agencies (e.g. Health Canada, Public health Agency of Canada)
* Industry (e.g. pharmaceutical companies, medical device companies, etc.)
* Medical education or communications (MEC) companies (e.g. CME Inc.)
* For-profit online educators, publishing companies or simulation companies (e.g. Medscape, CAE)
* Small number of physicians working together to develop educational programming

**The definition includes (but is not limited to) the following groups:**

* Faculties of medicine
* Hospital departments or divisions
* Medical societies, associations and academies
* Physician research organizations
* Health authorities not linked to government agencies
* Canadian provincial/territorial medical regulatory authorities (MRAs)

The rationale behind the “physician organization” definition is to ensure that CPD/CME programs are developed “by the profession, for the profession”. If you are uncertain whether your organization meets the definition of a physician organization, please review the Royal College’s definition by [clicking here](https://www.royalcollege.ca/ca/en/cpd/accreditation-continuing-professional-development-cpd-activities/cpd-accreditation-group-learning-activities-conferences-workshops/what-is-physician-organization.html) and contact the Royal College CPD Department at the number below to confirm your status *before* submitting your application. All applications require a non-refundable application fee; there are no refunds if the application is declined or ineligible.

|  |
| --- |
| Royal College of Physicians and Surgeons of Canada CPD DepartmentTelephone: 613-730-2587; toll-free 1-800-668-3740, ext. 587Email: cpd-accreditation@royalcollege.ca |

**ACCREDITATION FEES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **ORGANIZATION** | **ACCREDITATION PROCESS**(Section 1 and Section 3) | **ACCREDITATION FEE** | **NON-REFUNDABLE APPLICATION FEE** |
| **[ ]**  | Physician organizationNO funding for the event | Section 1 Approval | $750 | $500 |
| **[ ]**  | Physician organization With funding for the event | Section 1 Approval | $1,250 | $1,000 |
|  | Physician organization  | Section 3 Approval[*Click here*](https://csim.ca/education-moc/) *to download the application forms.* | $1,250 | $1,000 |
|  | NON‑physician organization | Educational co-development.CSIM must be represented on the planning committee from the onset of planning. *Contact* *info@csim.ca* *for information.* | $12,000Plus $375 for each recurring event.$1,500 grant administration fee per each additional funding agreement. | $2,000 |
| 13% HST applies to all fees. Fees are subject to change at any time without notice.* If the application is approved, the application fee will be applied against the accreditation fee.
* If the application is not approved for any reason, the application fee is non-refundable.
* The Society does not guarantee acceptance of all requests.
 |

**TIMELINES**

To give the CSIM the opportunity to adequately review your Section 1 or Section 3 program and make any suggestions for improvement, please submit your application as soon as possible in advance of the event.

Application packages submitted four weeks from the start date of the program may be rejected. Upon exception, the application package may be reviewed as a rush and an *Expedited Review Fee* will be applied.

If you have a rush application, please contact the CSIM prior to submission of the application package.

These timelines do not apply to co-development applications.

*Please note: It is at the CSIM's discretion to accept or refuse applications for review.*

**PART #1: ADMINISTRATIVE STANDARDS**

Activities submitted for approval under Section 1 must meet the requirements for either Option A or B.

|  |
| --- |
| **[ ]  Option A**: Activities planned by a physician organization may be approved without being co-developed.  *(please ensure you meet the definition of a PO prior to submitting an application)* |
| [ ]  **Option B:** Activities planned by non-physician organizations must be co-developed by a physician organization or an accredited provider, which must be involved from the onset of planning. If you fall under Option B and are interested in co-developing an activity with the CSIM, please contact us at info@csim.ca or 613-422-5977. |

If you do not meet the criteria in Option A or B, your application **cannot** be considered; the program is ineligible for Section 1 credits. For other options for obtaining credits; please refer to the [Maintenance of Certification information](https://www.royalcollege.ca/ca/en/cpd/maintenance-of-certification-program/cpd-activities-can-record.html) on the Royal College website.

**PHYSICIAN ORGANIZATION INFORMATION**

|  |
| --- |
| **Is the program organized by a Physician Organization (PO)?** [ ]  Yes [ ]  No **If yes, have you confirmed that your organization meets the definition of a PO as outlined on page 1?**[ ]  Yes [ ]  No  |
| **Name of the physician organization** |       |
| **Organization’s website** |       |
| **To whom is the physician organization accountable** |      (e.g.: patients, specialist physicians, nurses, family physicians, etc.) |
| **Are you collaborating with any other organization?**  | [ ]  No [ ]  Yes, please list:      |
| **Physician organization type** | [ ]  Faculty of medicine[ ]  Hospital department or division (hospital name:      )[ ]  medical societies, associations and academies[ ]  Physician research organization[ ]  Health authority **not** linked to government agencies [ ]  Canadian provincial/territorial medical regulatory authorities (MRAs) |
| If you are uncertain whether your organization meets the definition of a physician organization, please contact the [Royal College CPD Department](https://www.royalcollege.ca/ca/en/cpd/accreditation-continuing-professional-development-cpd-activities/cpd-accreditation-group-learning-activities-conferences-workshops/what-is-physician-organization.html) directly to confirm your status *before* submitting your application. |
| **Scientific Planning Committee Chair** | First name:       | Last name:       |
| Email:       | Phone: (     )       |
| Mailing address:       |
| **Contact information for main point-of-contact** *If different from the Chair* | First name:       | Last name:       |
| Email:       | Phone: (     )       |
| **Will the PO maintain attendance records for 5 years?** | [ ]  Yes [ ]  No |
| **Was the content developed by the applying PO?** | [ ]  Yes [ ]  NoIf no, who developed the content?       |

**ACTIVITY INFORMATION**

|  |  |
| --- | --- |
| **Program title** |       |
| **Program website**  |       |
| **Activity format** | **[ ]**  Virtual **[ ]**  Face-to-face **[ ]**  Hybrid |
| **Location of activity** | City, Province:       Venue:       | **[ ]**  N/A (virtual only) |
| **Activity dates and times** | Start date:      Start time:       | End date:      End time:       |
| **Estimated number of participants** |       |
| **Total number of education hours:** |       |
| **Has this activity been submitted to another accredited provider?** | [ ]  Yes [ ]  NoIf yes: when was it reviewed?       And by whom?       |

**SCIENTIFIC PLANNING COMMITTEE**

Every accredited CPD activity must have a Scientific Planning Committee (SPC) that includes representation of the intended target audience. Complete the information below or attach a separate list.

|  |  |  |
| --- | --- | --- |
| **Name of the SPC member** | **How does this individual represent the target audience?** (Note the specialty/subspecialty) | **Is this individual a member of the PO? (Yes/No)** |
|       |       |       |
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# PART #2: EDUCATIONAL STANDARDS

The activity must be planned to address the identified needs of the target audience.

1. Who is the **intended** target audience for this activity? Please indicate specific specialties and, if applicable, indicate other health professionals for whom the activity is intended. Note that the target audience(s) **must** be represented on the planning committee.

If applicable, who is the **secondary** target audience for this activity? The secondary target audience consists of groups who may wish to attend the activity but for whom the program has not been directly created.

1. What needs assessment strategies were used to identify the learning needs (perceived and/or unperceived) of the target audience? *Examples: surveys of potential participants, literature reviews, healthcare data, and assessment of knowledge, competence or performance of potential participants.*

1. What learning needs or gap(s) in knowledge, attitudes, skills or performance of the intended target audience did the scientific planning committee identify for this activity?

1. Which [CanMEDS](http://canmeds.royalcollege.ca/) Role(s) will the activity address? *Check all that apply*

[ ]  Medical Expert [ ]  Communicator [ ]  Collaborator [ ]  Leader
[ ]  Health Advocate [ ]  Professional [ ]  Scholar

1. State the sources of information selected by the planning committee to develop the content of this activity (e.g. scientific literature, clinical practice guidelines, etc.)

**LEARNING OBJECTIVES**

**The planning committee must create learning objectives to address identified needs.** The learning objectives must be printed in the program brochure/materials and/or in the online information, and on the evaluation form itself (each objective should be listed and rated individually). Objectives should clearly state what a participant will know or be able to do as a result of attending an event or session. [Click here for information on developing learning objectives](https://www.royalcollege.ca/ca/en/cpd/accreditation-continuing-professional-development-cpd-activities/cpd-activity-toolkit/cpd-activity-toolkit-creating-learning-objectives.html).

1. Indicate the learning objectives for the overall event.

1. How were the identified needs of the target audience utilized in the creation/development of the learning objectives?

1. What learning methods were selected to help the CPD activity meet the stated learning objectives?
*For example: discussion periods, interactive workshops, audience responses systems, quizzes, etc.*

1. How will the overall group learning activity and individual sessions be evaluated by participants?

1. Please describe how participants will receive the session learning objectives **prior to** the activity.
Examples: posted on the activity website, by email, provided via printed session material/handout, available on a mobile app, etc.

1. Do the learning objectives express what the participants will know or achieve by participating in the activity, and complete the sentence “after attending this session, participants will be able to…”?

Yes [ ]  No [ ]  *If no, please revise the learning objectives accordingly prior to submission to CSIM.
 Note that learning objectives are required for each presentation.*

**INTERACTIVITY**

**At least 25% of the total education time must be devoted to interactive learning strategies.**

1. What learning methods were selected to incorporate a minimum of 25% interactive learning? For example, discussion/Q&A periods, small group, workshops or seminars, polling/audience response system.

**EVALUATION**

**The evaluation form must include an opportunity for participants to evaluate if the learning objectives were met and also to identify learning outcomes.**

The evaluation form should include opportunities for the participant to identify what they have learned and its potential impact on stimulating further learning or for their practice (e.g.: [Personal Learning Projects (PLPs)](https://www.royalcollege.ca/ca/en/cpd/maintenance-of-certification-program/faq-moc-program.html); commitment to change). For information on evaluation, [please click here.](https://www.royalcollege.ca/ca/en/cpd/accreditation-continuing-professional-development-cpd-activities/cpd-activity-toolkit/cpd-activity-toolkit-evaluations.html)

1. Do you provide an opportunity for participants to identify if the stated learning objectives were achieved?
Yes [ ]  No [ ]  If no, please revise accordingly before you submit.

 Note that each learning objective must be listed and evaluated separately.

1. On the evaluation forms, participants must be able to reflect on what they have learned. For example, asking what the participants learned or plan to integrate into their practice. Please describe how this will be achieved:

**If applicable:**

1. Does the evaluation strategy intend to evaluate enhanced participant performance?

Yes [ ]  No [ ]  If yes, please describe the tools or strategies used:

1. Does the evaluation strategy intend to evaluate improved health care outcomes?
Yes [ ]  No [ ]  If yes, please describe the tools or strategies used:
2. Will the participants receive feedback related to their learning?

Yes [ ]  No [ ]  If yes, please describe the tools or strategies used:

1. If the evaluation strategy intends to measure changes in knowledge, skills or attitudes of learners, please describe:

**PART #3: ETHICAL STANDARDS FOR CONTINUING PROFESSIONAL EDUCATION**

Group Continuing Medical Education activities approved under Section 1 must meet the CMA Guidelines governing the relationship between physicians and the pharmaceutical industry. For more information on the guidelines regarding Industry sponsorship, see the CMA Policy [Physicians and the Pharmaceutical Industry (2007)](https://www.cma.ca/sites/default/files/2018-11/CMA_industry_interact_PD08-01-e.pdf) (sections 21-40).

All activities must comply with the [National Standard for support of Accredited CPD Activities](https://royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e). The National Standard applies to all situations where financial and in-kind support is accepted to contribute to the development, delivery and/or evaluation of accredited CPD activities.

1. The physician organization must have control over the topics and content of the activity, as well as the speakers invited to present at the activity. We comply with this standard Yes [ ]  No [ ]
2. Describe the process by which the SPC maintained control over the CPD program elements:

1. Describe the process by which the topics, content and speakers were selected for this event:

1. Please describe how the program’s content is scientifically valid and balanced.

1. Describe the process used to develop the content for this activity.

1. All accredited CPD activities must comply with the [National Standard for support of accredited CPD activities](https://royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e). If the scientific planning committee identifies that the content of the CPD activity does not comply with the ethical standards, what process would be followed? How would the issue be managed?

1. How were those responsible for developing or delivering content informed that any description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding?

1. Completed conflict disclosures from all speakers, faculty, planning committee members, moderators and facilitators are required prior to an event. Conflicts, or lack of conflicts, are to be disclosed on the second slide of the speaker’s presentation.

The summary of conflicts of the planning committee/moderators is also to be disclosed and made available to event participants; this could be done via electronic/printed handout to participants; handouts available at the registration desk; or a summary posted online. [Click here to view a sample summary](http://csim.ca/wp-content/uploads/documents/moc/MOC%20Sample%20COI%20for%20distribution.pdf).

Describe how you will disclose to participants all financial affiliations (within the past two years) of faculty, moderators **and** members of the planning committee, **regardless of its connections to the topics discussed or mentioned during the even**t to the following groups:

* + The physician organization:
	+ The learners attending the CPD activity:

Note: if there is no conflict to declare, this must also be declared.

1. Describe how conflict of interest information is collected:

1. Describe how conflict of interest information will be disclosed to participants and planning committee:

1. If a conflict of interest is identified, what are the scientific planning committee’s methods to manage potential of real conflicts of interests

1. Will the program be covering travel, accommodation or other personal expenses for participants?

Yes [ ]  No [ ]  N/A [ ]

**NOTE:** If a program is covering travel, accommodation or other personal expenses to participants, and is receiving industry funding, the program is noteligible for Section 1 credits. For further information, please refer to Section 32 of the[CMA Guidelines for Physicians in Interactions with Industry (2007)](https://www.cma.ca/sites/default/files/2018-11/CMA_industry_interact_PD08-01-e.pdf) and the Royal College interpretation which states: “*All accredited group CME/CPD events cannot provide funding for physicians or their families to travel to attend events or to pay for their lodging or other related costs.”*

1. No drug or product advertisement may appear on or with any of the written material for this event.

We comply with this standard Yes [ ]  No [ ]

1. Generic names should be used on all presentations and written materials. If trade names are used they should be accompanied by the generic name.

We comply with this standard Yes [ ]  No [ ]

1. Describe the process to advocate speakers’ adherence to using generic names of medications and/or devices included within all presentations or written materials.

1. Describe how the physician organization has ensured that product specific advertising, promotional materials or other branding strategies have not been included on, appear within, or be adjacent to any educational materials, activity agendas, programs or calendars of events, and/or any webpages or electronic media containing educational material.

1. Exhibits and commercial advertisements / sponsor recognition must be in a location that is separate from education activities. For example, the exhibits and sponsor signage are not to be in the same room where educational sessions are occurring, and are not on the same webpage which includes learning objectives, session streams, or other educational content. Please describe how this will be achieved:

1. Exhibitor incentives (including prize draws, food items, pens, etc.) must be approved by the physician organization. If incentives will be provided to participants prior to or during the activity, how were these incentives reviewed and approved by the physician organization?

1. What strategies were used by the scientific planning committee or the physician organization to prevent the scheduling of unaccredited CPD activities occurring at times and locations where accredited activities were scheduled?

1. Name of organization issuing any honoraria / expense reimbursement:
2. How are payments of travel, lodging, out-of-pocket expenses, and honoraria made to members of the scientific planning committee, speakers, moderators, facilitators and/or authors?

* + If the responsibility for these payments is delegated to a third party, please describe how the CPD provider organization or SPC retains overall accountability for these payments.

**EVENTS RECEIVING SPONSORSHIP/FUNDING**

1. Has the CPD activity been sponsored or supported in any way (financial or in-kind; by a for-profit or a non-profit organization) by one or more sponsors? Yes [ ]  No [ ]
If yes, please complete questions 2-7 below.

Note that the physician organization is responsible to receive the financial and in-kind support.

1. Have the terms, conditions and purposes by which sponsorship is provided been documented in a written agreement that is signed by the CPD provider organization and the sponsor? Yes [ ]  No [ ]
If yes, please attach.

If no, this is a mandatory requirement under the [National Standard for support of Accredited CPD Activities](https://royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e). Please obtain a written agreement and submit with this application.

1. Please check all sources of sponsorship that apply:

[ ]  Government agency

[ ]  Health care facility

[ ]  Not-for-profit organization

[ ]  Medical device company

[ ]  Pharmaceutical company

[ ]  Education or communications company

[ ]  Other:

1. If yes to any form of support, please complete the following:

|  |  |
| --- | --- |
|  | **TYPE OF SUPPORT** |
| **Sponsor name(s)**(list all or attach) | **Financial support**Amount received or anticipated to receive: | **In-kind support**Describe: | **Indicate if the sponsor is “For-profit”** **OR “Non-profit”** |
|       |       |       |       |
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1. All funds received in support of this activity must be provided in the form of an educational grant payable to the physician organization. We comply with this standard Yes [ ]  No [ ]

To whom has the Educational Grant been made payable:

1. How has the physician organization ensured that their interactions with sponsors have met professional and legal standards including the protection of privacy, confidentiality, copyright and contractual law regulations?

1. **IMPORTANT NOTE: Accreditation statements cannot be located near any sponsorship recognition. Sponsorship recognition cannot be located within the scientific content and must use the standard sponsor recognition statement: “This program has received an educational grant or in-kind support from (names of funding organizations).”**

**The accreditation statement is to be located within the program.**

We comply with this standard Yes [ ]  No [ ]

**VIRTUAL/HYBRID EVENTS:**

1. Is this activity online? Yes, online-only [ ]  Yes, hybrid event [ ]  No, in-person only [ ]
2. Asynchronous group learning activities delivered online must provide an opportunity for interaction between participants and course faculty/facilitators and enable participants to observe the interaction of other participants with the course faculty/facilitator. Please describe how this will be achieved:
3. Participants must log on to the interactive component to claim credit under Section 1. Please describe how this will be achieved:
4. Certificates of completion should only be given to participants after they have logged on to the interactive component for the course. Please describe how this will be achieved:

**CPD ACCREDITATION AGREEMENTS**

The Royal College has several international CPD accreditation agreements. These agreements allow physicians and/or other health professionals to claim or convert select Royal College MOC credits to other CPD system credits. Details about the specific agreements are available on the [Royal College website](https://www.royalcollege.ca/ca/en/cpd/royal-college-accredited-cpd-providers/international-accreditation-agreements.html).

Should you wish for this CPD activity to be eligible for credit within any of these systems, please check all that apply:

[ ]  American Medical Association (AMA PRA Category 1 Credit™)

[ ]  European Union of Medical Specialists (UEMS)

[ ]  Qatar Council for Healthcare Practitioners (QCHP)

**PART #4: SUBMITTING YOUR APPLICATION PACKAGE**

* **ALL documents listed below are REQUIRED and must be included with the complete
application form.**
* **Applications should be submitted as early as possible prior to the event start date to allow sufficient
time for a complete review.**
* **Applications will not be reviewed until all documentation and the application fee are received**.
* The review commences on the date the full and complete application package and deposit is received. The application fee is non-refundable even in the event the application is declined.

**Your application must include the following documents:**Each item is to be sent as its own attachment, clearly named and numbered (e.g.: “5-Budget\_ABCMeeting2022.pdf”).

*Acceptable document formats: Word (.doc/.docx); PDF (.pdf); Excel (.xls/.xlsx).*

|  |  |
| --- | --- |
| * 1. Completed application form emailed to info@csim.ca
 | [ ]  Yes  |
| * 1. Detailed program
 | [ ]  Yes  |
| * 1. Learningobjectives for each presentation
 | [ ]  Yes OR[ ]  Included in program  |
| * 1. Detailed budget and sponsorship information ([Budget template](http://csim.ca/wp-content/uploads/documents/moc/Budget_for_the_Learning_Activity.pdf)) **ALL applications must use this budget template.**
 | [ ]  Yes  |
| * 1. A copy of the evaluation form (each presentation is to be evaluated; submit one sample)

*Please use or review the* [*sample evaluation form*](http://csim.ca/wp-content/uploads/documents/moc/Evaluation%20Form.pdf) *to ensure that all questions are included.* | [ ]  Yes  |
| * 1. A copy of the information/confirmation email/letter sent to speakers (submit one sample)
 | [ ]  Yes  |
| * 1. Completed [conflict disclosures](http://csim.ca/wp-content/uploads/documents/moc/ConflictDisclosureForm.pdf) for all faculty/speakers, moderators, and planning committee members. ***Please name files consistently and clearly (“Smith\_John\_COI.pdf”)If there are disclosure forms yet to be completed, please describe in the cover email***
 | [ ]  Yes  |
| * 1. Conflict disclosure summary ([Summary example](http://csim.ca/wp-content/uploads/documents/moc/MOC%20Sample%20COI%20for%20distribution.pdf))
 | [ ]  Yes  |
| * 1. Certificate of attendance/participation ([Certificate example](http://csim.ca/wp-content/uploads/documents/moc/COA%20Sample.pdf))
 | [ ]  Yes  |
| * 1. Registration form (if online only, url: )

*If the current registration form is not yet available, please forward the draft version or the previous meeting’s form.* | [ ]  Yes  |
| * 1. Evaluation summary of this program from last year
 | [ ]  YesOR[ ]  Inaugural / not annual |
| * 1. Needs Assessment Material (e.g. survey, past evaluation results, etc)
 | [ ]  Yes  |
| * 1. Minutes or notes from planning committee meeting
 | [ ]  Yes |
| * 1. Sponsorship / exhibitor prospectus
 | [ ]  Yes OR[ ]  N/A no sponsorship |
| * 1. Signed written agreement between the physician organization and the sponsor
 | [ ]  Yes OR[ ]  N/A no sponsorship |
| * 1. *For applications co-developed with CSIM only*: a copy of the planning committee minutes
 | [ ]  Yes OR[ ]  N/A |

**GENERAL INFORMATION**

* Applications may NOT be submitted after an event. Accreditation cannot be granted retroactively.
* The organization that developed the activity is responsible for maintain all records (including attendance records) for a five-year period.
* The non-accredited provider is to maintain records of CPD activity (materials, attendance) and submit information to the Validation Program on request by the Royal College.
* Click here to view [The Role of the CSIM in the Approval and Co-Development of CPD Activities](http://csim.ca/wp-content/uploads/documents/moc/Guidelines-for-Accreditation-of-CPD-Activities-CSIM.pdf)
* [General Maintenance of Certification information](https://www.royalcollege.ca/ca/en/cpd/maintenance-of-certification-program.html) can be found on the Royal College website.
* Notice of approval of this activity will be forwarded to the Royal College of Physicians and Surgeons of Canada in order to have your event listed on the Royal College web site.
* [Guidelines for Accredited Providers of CPD Activities](https://www.royalcollege.ca/ca/en/cpd/royal-college-accredited-cpd-providers/becoming-cpd-provider-accreditation-standards.html).
* It is not permissible to use the CSIM logo.
* [Click here for the Royal College Accreditation Tool Kit](https://www.royalcollege.ca/ca/en/cpd/accreditation-continuing-professional-development-cpd-activities/cpd-activity-toolkit.html) which includes forms and samples such as:
* [Creating learning objectives](http://www.royalcollege.ca/rcsite/cpd/accreditation/toolkit/cpd-activity-toolkit-creating-learning-objectives-e)
* [Educational delivery methods](http://www.royalcollege.ca/rcsite/cpd/accreditation/toolkit/cpd-activity-toolkit-educational-delivery-method-e)
* [Evaluations](http://www.royalcollege.ca/rcsite/cpd/accreditation/toolkit/cpd-activity-toolkit-evaluations-e)
* [Needs assessment](http://www.royalcollege.ca/rcsite/cpd/accreditation/toolkit/cpd-activity-toolkit-needs-assessment-e)
* [Relationships with speakers and sponsors](http://www.royalcollege.ca/rcsite/cpd/accreditation/toolkit/cpd-activity-toolkit-relationships-with-speakers-financial-sponsors-e)
* [Sample Conflict of Interest Form](http://www.royalcollege.ca/rcsite/documents/continuing-professional-development/conflict-interest-declaration-e.docx)
* [Sample Certificate of Attendance](http://www.royalcollege.ca/rcsite/documents/continuing-professional-development/certificate-of-attendance-b.docx)
* [Sample Certificate of Attendance (multiple accreditation statements)](http://www.royalcollege.ca/rcsite/documents/continuing-professional-development/certificate-of-participation-multiple-accreditation-statements-e.docx)
* [Sample Participant Transcript](http://www.royalcollege.ca/rcsite/documents/continuing-professional-development/participant-transcript-template-e.xlsx)
* [Web-based CPD events](http://www.royalcollege.ca/rcsite/cpd/accreditation/toolkit/requirements-web-based-cpd-activities-e)
* [Frequently asked questions](http://www.royalcollege.ca/rcsite/cpd/accreditation/toolkit/faqs-on-accreditation-e)

**SECTION 3 SELF-ASSESSMENT PROGRAMS (SAPS)**

To download CSIM’s SAP Application Form, please [click here](https://csim.ca/education-moc/).

[Click here for Royal College information on self-assessment programs](https://www.royalcollege.ca/ca/en/cpd/accreditation-continuing-professional-development-cpd-activities/cpd-accreditation-self-assessment-programs-saps.html)

**SECTION 3 SIMULATION ACTIVITIES**

For a copy of CSIM’s Simulation Activity Application Form, please [click here](https://csim.ca/education-moc/).

[Click here for Royal College information on accredited simulation activities](https://www.royalcollege.ca/ca/en/cpd/accreditation-continuing-professional-development-cpd-activities/cpd-accreditation-simulation-based-learning-activities.html)

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| **CSIM CPD SUB-COMMITTEE MISSION STATEMENT***“Our ultimate goal is to go beyond the simple transmission of information. Our goal is to make a lasting impact on the knowledge, skills and attitudes of clinicians and future clinicians; to narrow the theory to practice gap; to improve the health of all Canadians.”* |

**PART #5: DECLARATION**

**Please review and check the following statements:**

* An invoice for the non-refundable application fee will be forwarded upon receipt of the package. The review cannot commence until this fee is received.

[ ]  I agree to this statement.

* Speaker(s) will be instructed to disclose any conflicts in their second slide. If there is nothing to disclose, this must also be stated – [Sample Conflict of Interest Form](https://www.royalcollege.ca/ca/en/cpd/accreditation-continuing-professional-development-cpd-activities/cpd-activity-toolkit/cpd-activity-toolkit-relationships-with-speakers-financial-sponsors.html).

[ ]  I agree to this statement.

* It is **not** permitted to advertise that an application for accreditation has been made or listing the accreditation statement on programming/marketing materials. Indicating that an activity is “pending approval” is strictly prohibited [ ]  I have reviewed this statement and comply.
* [ ]  I have reviewed the [National Standard for support of accredited CPD activities](https://www.royalcollege.ca/en/cpd/royal-college-accredited-cpd-providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities.html).
* [ ]  I have reviewed the CMA Policy: [“Physicians and the Pharmaceutical Industry (2007)](https://www.cma.ca/sites/default/files/2018-11/CMA_industry_interact_PD08-01-e.pdf).
* I confirm that the requested documentation is complete and attached, and understand that failure to include **all** documentation may result in this application being rejected.

[ ]  I agree to this statement.

**DECLARATION:** As the chair of the scientific planning committee (or equivalent), I accept responsibility for the accuracy of the information provided in response to the questions listed on this application, and to the best of my knowledge, I certify that the CMA Policy: [“Physicians and the Pharmaceutical Industry (2007)](https://www.cma.ca/sites/default/files/2018-11/CMA_industry_interact_PD08-01-e.pdf), and [National Standard for support of Accredited CPD Activities](https://www.royalcollege.ca/en/cpd/royal-college-accredited-cpd-providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities.html) have been met in preparing for this event.

|  |  |
| --- | --- |
| **Chair of the planning committee:** (print name)**Signature:** Electronic/typed signatures are acceptable.**Date:**  | **Head of the physician organization:** (print name)**Signature:** Electronic/typed signatures are acceptable.**Date:** |

*Please advise the CSIM office promptly if you do not receive a Notice of Receipt of Submission
within 72 hours of submission. It is the applicant's responsibility to ensure the completed
application has been received.*

*Version at August 2023. Subject to change at any time without notice.*

*Please ensure you are using the most recent version of the form available at* [*https://csim.ca/education-moc/*](https://csim.ca/education-moc/)*.*