

Event Application Learner Guide

To get started with the application process, you must first complete a pre-application through our website:

<https://med.emory.edu/education/cme/planning/index.html>

Emory CME office staff will review your pre-application and may request you schedule a pre-planning meeting. If the CME office and activity planner(s) are in agreement to continue, the event application will be emailed to the planning team. Once that email is received, click on the link that is in the email.

The "Request Application" page will display. Input your name, email and select the name of the CME Office Staff that you have been working with. Then push the "Start Application" button. An email will be sent to the email address provided in the "Requester Email" field, containing a link to the started application so that you can complete at a later time.

* = Required Item

Request Application

*** Requester Name (Note: Last, First)**

*** Requester Email**

Submit Application to Activity Coordinator

Name	Email
Miller, Shirley	smill25@emory.edu
Sewack, Wendy	wendy.sue.sewack@emory.edu
Stringer, Tiffney	tiffney.stringer@emory.edu
Brown, Karlotta	kcaldw2@emory.edu

*** Submit To Email:**

When an application is started, an email will be sent to the email address provided in the "Requester Email" field. This email will contain a link to the started application, in case you would like to complete the application at a later time.

Start Application

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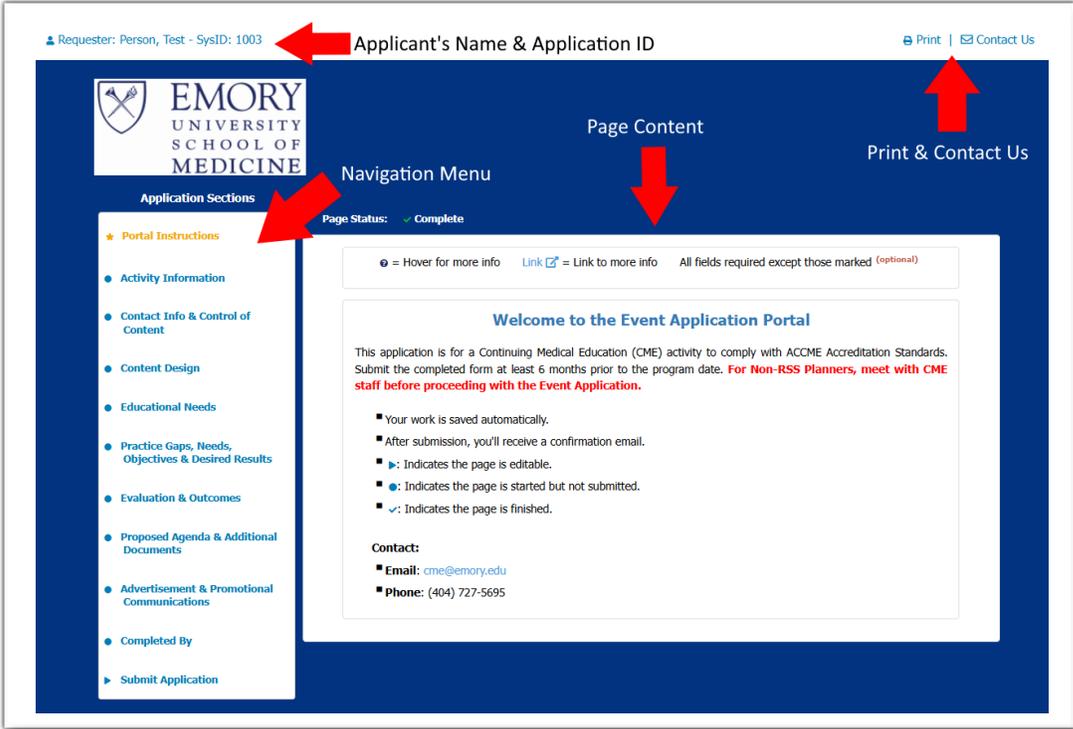
The Event Application will be created and display the Portal Instructions, which outlines important information regarding the Event Application process.

- The banner at the top will display your name, and the ID of the application on the left. The application ID is used as a unique identifier to your application.
- To contact the office with questions, throughout the process:
 - **Email:** cme@emory.edu by clicking the “Contact Us” in the right hand corner
 - **Phone:** (404) 727-5695; 8AM to 3 PM daily
- To print the application, click Print in the right hand corner
- The navigation menu displays on the left hand side of the screen and the page contents displays to the right of the menu. Hover over the page name in the menu, then click to navigate to that page.
- Any field throughout the application, that has an asterisk (*****) is required to be completed
- Every tab in the menu needs to be completed (checked off) in order to submit the application.

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** click on the Guide Contents listed, to navigate to those areas of the guide*



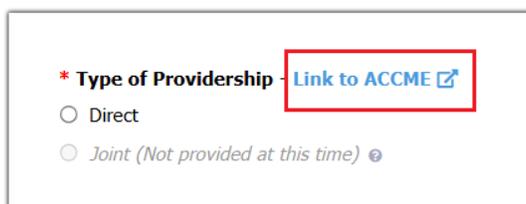
The screenshot shows the Emory University School of Medicine Event Application Portal. At the top left, it displays the requester information: "Requester: Person, Test - SysID: 1003". A red arrow points to this text with the label "Applicant's Name & Application ID". At the top right, there are links for "Print" and "Contact Us", with a red arrow pointing to them and the label "Print & Contact Us". The main header area contains the Emory University School of Medicine logo and the text "Page Content". Below the header is a "Navigation Menu" on the left side, listing various application sections. A red arrow points to the "Portal Instructions" section in the menu. The main content area shows a "Welcome to the Event Application Portal" message, including instructions for submission and contact information. A "Page Status: Complete" indicator is visible above the main content area.

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Activity Information

Complete all fields with an asterisk (*).

Click on **Link to ACCME** for further information regarding Type of Providership. **NOTE:** Direct is only provided at this time.



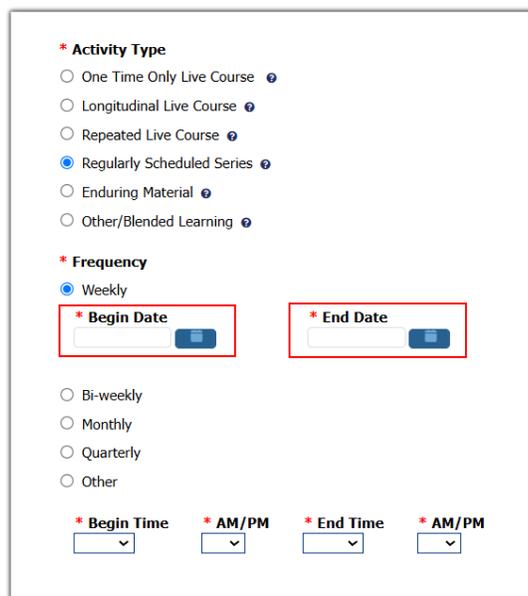
* Type of Providership - [Link to ACCME](#)

Direct

Joint (Not provided at this time) ⓘ

After clicking Activity Type, the applicable formatted date (date range versus single date) and time fields will display.

NOTE: For RSS activities that are a frequency of Weekly (ex: every Tuesday) or Bi-weekly (ex: every other Thursday), indicate the first day of the occurrence the event will take place on in the 'Begin Date' Field and the last date in the 'End Date' field.



* Activity Type

One Time Only Live Course ⓘ

Longitudinal Live Course ⓘ

Repeated Live Course ⓘ

Regularly Scheduled Series ⓘ

Enduring Material ⓘ

Other/Blended Learning ⓘ

* Frequency

Weekly

Bi-weekly

Monthly

Quarterly

Other

* Begin Date

* End Date

Bi-weekly

Monthly

Quarterly

Other

* Begin Time

* AM/PM

* End Time

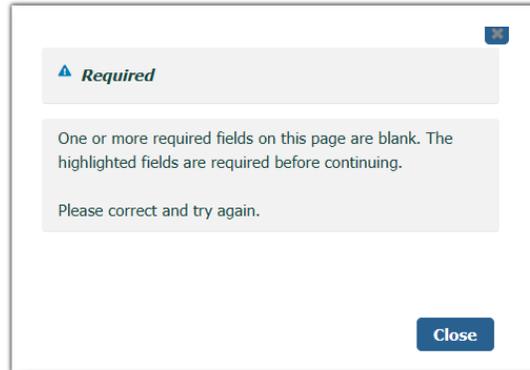
* AM/PM

Once all required fields are filled out, click the 'Page Complete' button at the bottom of the page.



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If all required fields are populated, the page will be successfully completed. If there are any required fields not populated, those field(s) will be highlighted and you will be prompted that one or more fields on the page are blank.



Contact Info & Control of Content

Complete all fields with an asterisk (*). Those marked (optional) are not required.

Utilize the grid to list all individuals involved in planning the Activity, including Activity Directors, Activity Coordinators, planners and reviewers.

All involved in planning the activity must complete a disclosure before the activity can be approved. All speaker disclosures must be received at least 30 days before the activity.

Click on the link, to be taken to our website to complete and submit a disclosure for all individuals involved in the activity.

Required Financial Disclosure Forms

Please complete and sign your disclosures for COURSE DIRECTORS, PLANNERS, REVIEWERS and ALL SPEAKERS or send them the link to complete:

<https://med.emory.edu/education/cme/planning/index.html>

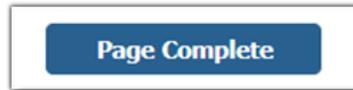


Scroll down to the CME Activity Forms area:

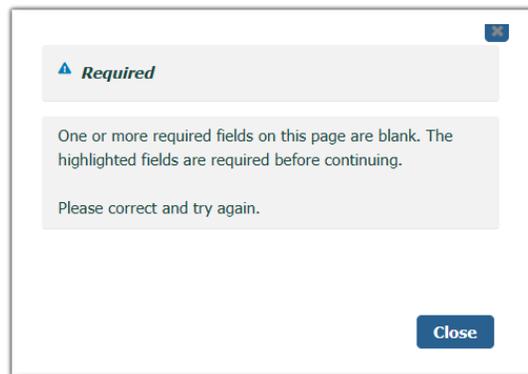
- For Course Directors, Planners, and Reviewers select the “Planner Reviewer Financial Disclosure Form”
- For Speakers, select the “Speaker Moderator Financial Disclosure Form”

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Once all required fields are filled out on the application tab, click the 'Page Complete' button at the bottom of the page.



If all required fields are populated, the page will be successfully completed. If there are any required fields not populated, those field(s) will be highlighted and you will be prompted that one or more fields on the page are blank.



Content Design

Complete all fields with an asterisk (*).

Hover over the tool tip icon (?) for more details.

* Please check one or more competencies that the activity will address (NOTE: at least one competency must come from the Interprofessional Competencies group):

Institute of Medicine Competencies

- Provide patient-centered care ? 
- Work in interdisciplinary teams
- Employ evidence-based practice
- Apply quality improvement ?
- Utilize informatics ?

Identify, respect, and care about patients' differences; coordinate continuous care; listen to, clearly inform, communicate with, and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of health lifestyles, including focus on population health

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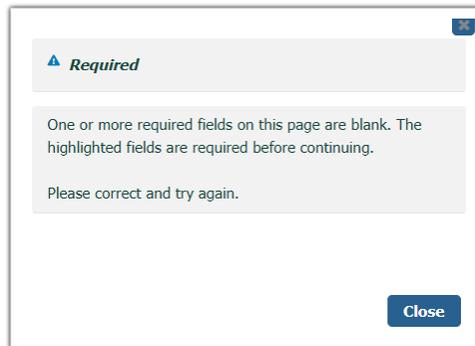
The **Optional Section** at the bottom of the page is not required to be completed in order to complete the page.

Optional Section

Once all required fields are filled out, click the 'Page Complete' button at the bottom of the page.

Page Complete

If all required fields are populated, the page will be successfully completed. If there are any required fields not populated, those field(s) will be highlighted and you will be prompted that one or more fields on the page are blank.



Educational Needs

Complete all fields with an asterisk (*).

To upload Documentation:

Click on the "Select files and upload". The file selection window will display. Select the file you would like to upload. You can select Ctrl + click to choose multiple files

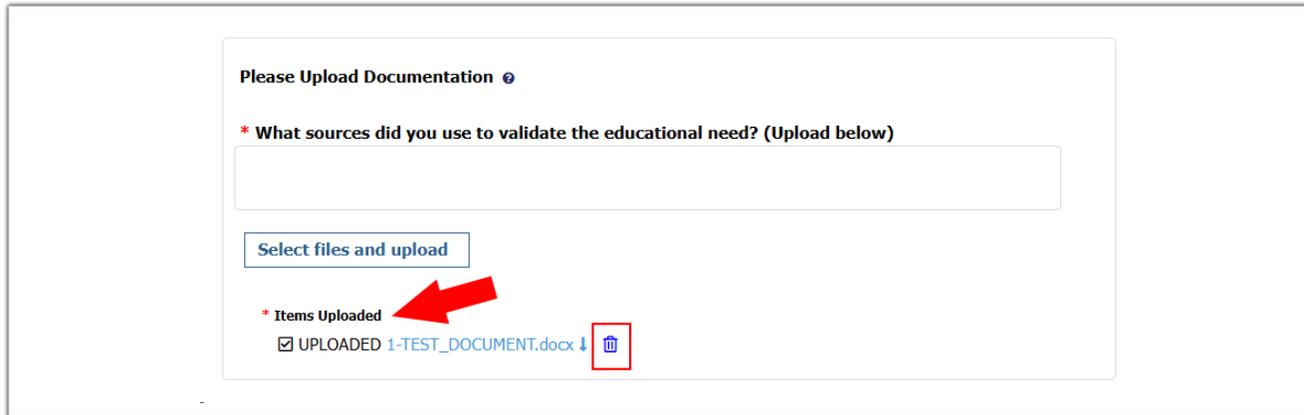


A screenshot of a form titled "Please Upload Documentation". It contains a required field with the label "* What sources did you use to validate the educational need? (Upload below)". Below the field is a "Select files and upload" button, which is highlighted with a red arrow. At the bottom, there is a section for "* Items Uploaded".

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After the file is uploaded successfully, it will be listed in the “*Items uploaded” area.

- The trashcan icon next to the file name, will delete the uploaded file.
- The down arrow icon is to download the file



Please Upload Documentation ⓘ

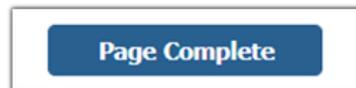
* What sources did you use to validate the educational need? (Upload below)

Select files and upload

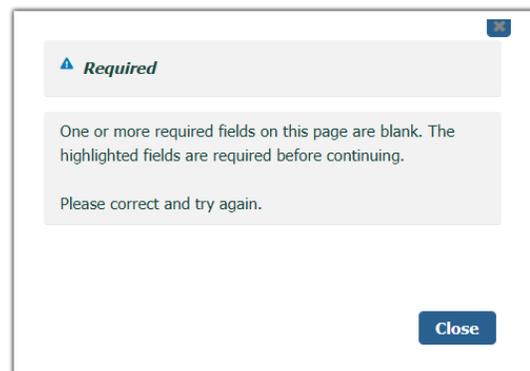
* Items Uploaded

UPLOADED 1-TEST_DOCUMENT.docx ↓ 

Once all required fields are filled out, click the ‘Page Complete’ button at the bottom of the page.



If all required fields are populated, the page will be successfully completed. If there are any required fields not populated, those field(s) will be highlighted and you will be prompted that one or more fields on the page are blank.



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Practice Gaps, Needs, Objectives & Desired Results

Complete all fields with an asterisk (*).

The first table is an example to give guidance for filling out the table(s) below.

Professional Practice Gaps	Educational Needs	Designed to change:	Learning Objectives	Desired Results
<p>Fibromyalgia continues to be a common condition encountered by healthcare professionals but is often under recognized. Clinicians are not currently up-to-date on current evidence for best practices in the treatment of Fibromyalgia.</p>	<p>Learners are not aware of new methods for diagnosis and/or treatment...</p> <p>Learners are not properly applying evidence-based guidelines into practice...</p>	<p><input type="checkbox"/> Learner Knowledge/Competence</p> <p><input type="checkbox"/> Learner Performance</p> <p><input type="checkbox"/> Patient Health</p> <p><input checked="" type="checkbox"/> Community/Population Health</p>	<p>"Following the activity, participant should be able to..."</p> <p>1. Treat patients with X in a timelier matter...</p> <p>2. Apply correct techniques...</p> <p>3. Recognize X more prompt...</p> <p>Tips to writing learning objectives</p>	<p>Improved selection and prescription of appropriate medications and treatment for patients with Fibromyalgia.</p> <p>I.e. Improved knowledge, increased competence, increased performance, increased patient outcomes.</p>

Each column in the 2nd table is required to be completed.

If additional tables are needed, check the "Create Additional Table for Needs/Gaps" box.

Professional Practice Gaps	Educational Needs	Designed to change:	Learning Objectives	Desired Results
		<p><input type="checkbox"/> Learner Knowledge/Competence</p> <p><input type="checkbox"/> Learner Performance</p> <p><input type="checkbox"/> Patient Health</p> <p><input type="checkbox"/> Community/Population Health</p>		

 Create Additional Table for Needs/Gaps

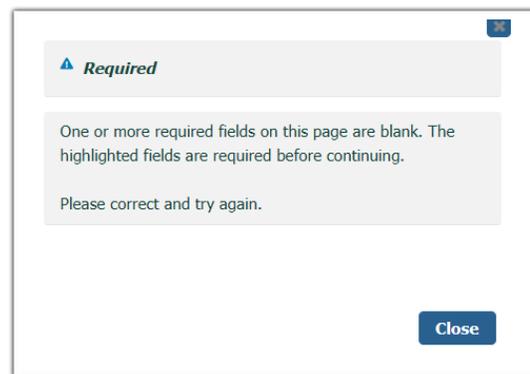
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Once all required fields are filled out, click the 'Page Complete' button at the bottom of the page.



Page Complete

If all required fields are populated, the page will be successfully completed. If there are any required fields not populated, those field(s) will be highlighted and you will be prompted that one or more fields on the page are blank.



Evaluation & Outcomes

Complete all fields with an asterisk (*).

You can access additional information and examples by clicking on "See Example".

The OCME has two evaluation tools that we will use for all events to test for Competence -

- 1. a survey at the conclusion of the event (see example [☞](#))**
- 2. a 3-month post-event survey (see example [☞](#))**



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Indicating **Yes** that you want to add additional assessments will display additional analysis and evaluation options to select. **NOTE:** If you choose this response, the planning team will be responsible for uploading any additional assessments, conducting the additional assessments, and reporting your findings to the CME office. The CME office can assist with additional evaluations for an additional fee.

*** Do you want to add additional questions to the above surveys?**

Yes

No

Then upload the additional surveys or assessments below. To upload:

Click on the “Select files and upload”. The file selection window will display. Select the file you would like to upload. You can select Ctrl + click to choose multiple files

You must upload a copy of the evaluation form or plan for each additional evaluation type selected  (optional)

Select files and upload



Items Uploaded

After the file is uploaded successfully, it will be listed in the “*Items uploaded” area.

- The trashcan icon next to the file name, will delete the uploaded file.
- The down arrow icon is to download the file

You must upload a copy of the evaluation form or plan for each additional evaluation type selected  (optional)

Select files and upload

Items Uploaded

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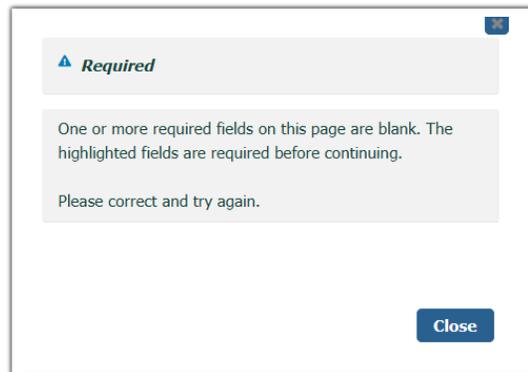
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Selecting **No** to not wanting to add additional questions to the above surveys will not display anything additional to select and you do not have to upload any additional evaluation types.

Once all required fields are filled out, click the 'Page Complete' button at the bottom of the page.



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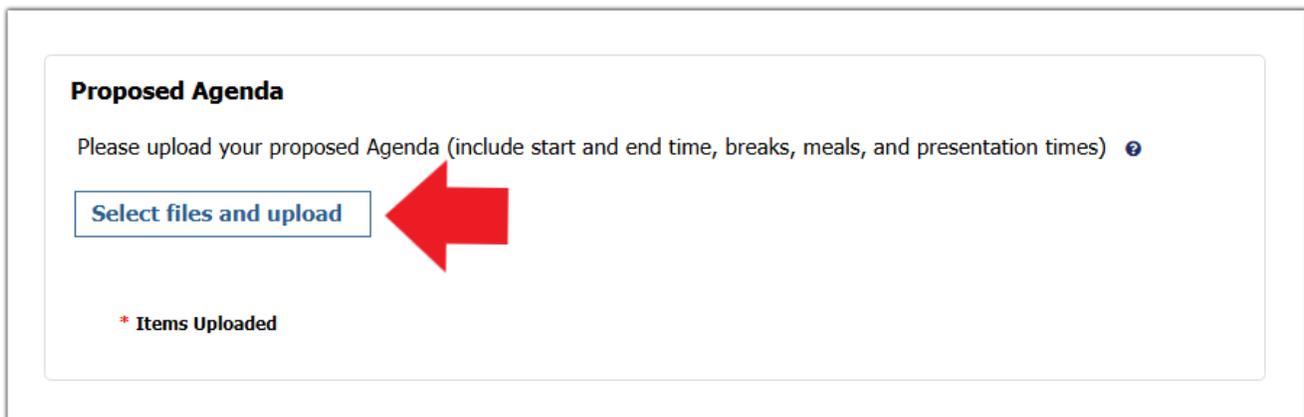


Proposed Agenda & Additional Documents

Upload a file for the upload that has an asterisk (*).

To upload:

Click on the "Select files and upload". The file selection window will display. Select the file you would like to upload. You can select Ctrl + click to choose multiple files



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After the file is uploaded successfully, it will be listed in the “*Items uploaded” area.

- The trashcan icon next to the file name, will delete the uploaded file.
- The down arrow icon is to download the file

Proposed Agenda

Please upload your proposed Agenda (include start and end time, breaks, meals, and presentation times) ⓘ

Select files and upload

* Items Uploaded

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The **Additional Documents** area is for any additional materials that are needed to be submitted with the application. This (optional) upload isn't required to complete the page successfully.

Proposed Agenda

Please upload your proposed Agenda (include start and end time, breaks, meals, and presentation times) ⓘ

Select files and upload

* Items Uploaded

Additional Documents (optional) 

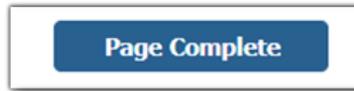
Please upload any additional documents ⓘ

Select files and upload

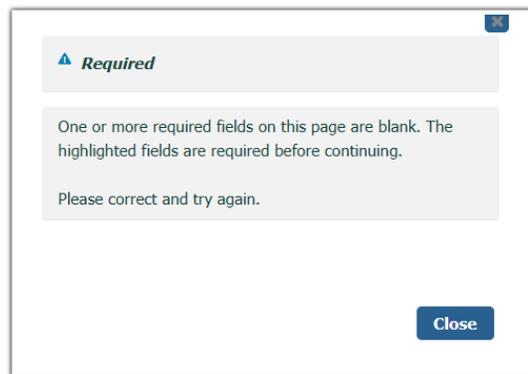
Items Uploaded

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Once all required fields are filled out, click the 'Page Complete' button at the bottom of the page.



If all required fields are populated, the page will be successfully completed. If there are any required fields not populated, those field(s) will be highlighted and you will be prompted that one or more fields on the page are blank.

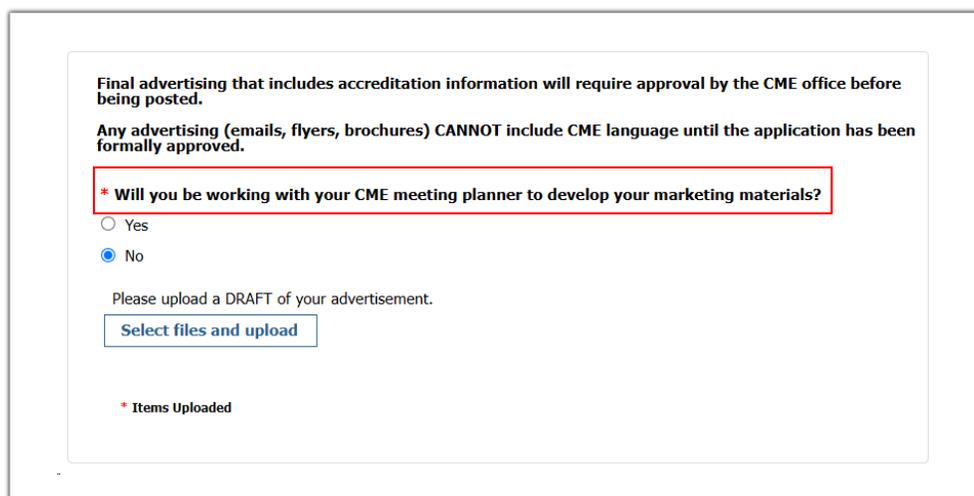


Advertisement & Promotional Communications

Complete all fields with an asterisk (*).

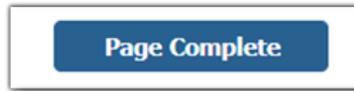
Upload the proposed advertisement (emails, flyers, brochures), **WITHOUT** CME Language if you are not working with your CME Planner to develop marketing materials.

If you are working with your CME Planner to develop marketing materials, you do not have to upload anything at this time.

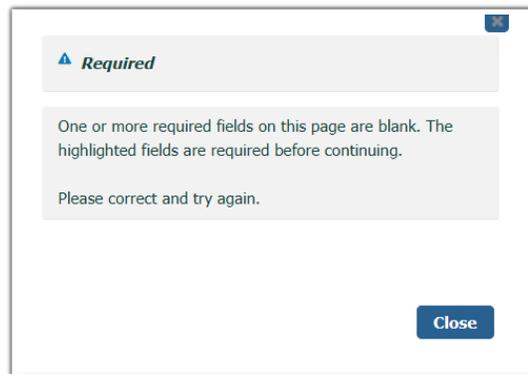


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Once all required fields are filled out, click the 'Page Complete' button at the bottom of the page.



If all required fields are populated, the page will be successfully completed. If there are any required fields not populated, those field(s) will be highlighted and you will be prompted that one or more fields on the page are blank.



Completed By

Complete all fields with an asterisk (*). All fields are required on this page.

Every checkbox is required in order to complete the page.

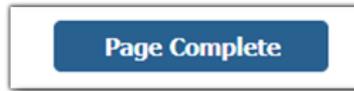
- * I will ensure that all planners and faculty disclose relevant financial relationships with ineligible companies.
- * I will ensure that all relevant financial relationships from planners or speakers will be disclosed to all learners prior to the start of the activity.
- * I will ensure that disclosure of all in-kind or commercial support is disclosed to the audience and documentation of such disclosure will be provided to the CME Office
- * I will ensure that all letters of agreement for educational grant(s) will be signed by a CME staff representative prior to the program start date.
- * I certify that this application was completed accurately and attest to the validity of the information contained in the application.

* **Signature with Credentials** * **Date Signed**

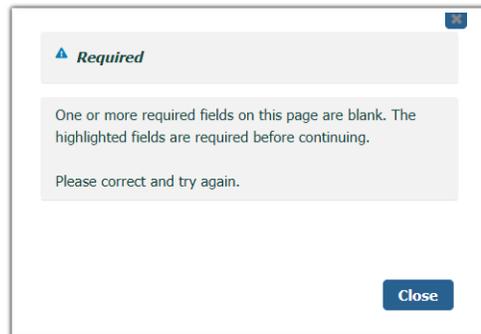
* **Phone number** * **E-mail**

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Once all required fields are filled out, click the 'Page Complete' button at the bottom of the page.



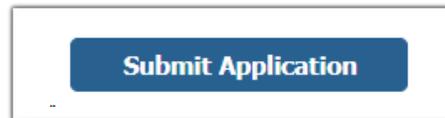
If all required fields are populated, the page will be successfully completed. If there are any required fields not populated, those field(s) will be highlighted and you will be prompted that one or more fields on the page are blank.



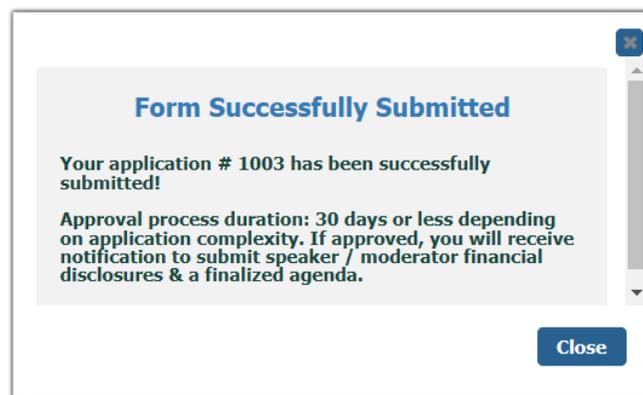
Submit Application

Every tab in the menu needs to be completed (checked off) in order to submit the application.

When you are ready to submit the application, click "Submit Application" button.

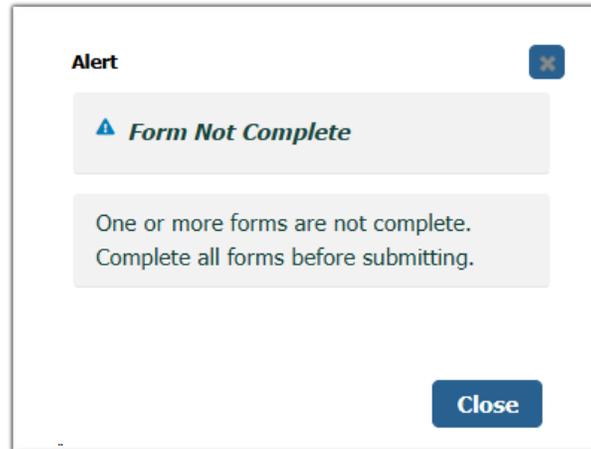


If all tabs are checked off in the menu, the application will be successfully submitted to the CME Office and you will receive a dialog box confirming it was successfully submitted and will be sent an email confirmation for your submitted application.



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If there are any tabs not completed, you will be prompted that one or more forms are not complete. Complete those form before attempting to submit again.



To contact the office with questions, throughout the process:

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- **Phone:** (404) 727-5695