



ABPLM

American Board of Post-Acute and Long-Term Care Medicine, Inc.

APPLICATION FOR CMD CREDIT HOURS FOR REGIONAL SMALL-GROUP MEETINGS

This application is intended for use by small groups of CMDs who meet from time to time for informal problem solving, regulation updates, discussion about ethics, or other items pertinent to the role and responsibilities of the medical director in the long term care continuum. Applications are for those educational activities that are independent of the formal chapter meetings.

1. Name of Group Representative making application
(Organizer must be a CMD)
2. Name of AMDA Chapter to which group members belong
3. Representative Contact Information: Street Address

Office Telephone

Fax:

E-mail address:

4. The group plans to meet (please check one):

monthly every other month quarterly.

5. The group will meet for _____ (# of hours) each time, and seeks _____ of CMD credit hours for each meeting.

6. List the topic area(s) to be covered in the meeting(s) for which this application requests credit.

7. The need for the topic(s) chosen were discovered through (check all that apply):

- review of the topics in AMDA's Core Curriculum
- collaboration between the chapter and the state department of health
- review of the literature
- QA or other patient care reviews
- formal or informal requests from members
- data from outside sources (health or long term care statistics)
- emerging regulatory issues
- other (please state): _____

8. Please provide your tentative schedule for each meeting described in this application:

9. Groups participating in learning via these discussion meetings must agree to follow AMDA policy, AMA Ethical Opinion on Gifts to Physicians from Industry and on Continuing Medical Education, as well as ACCME Standards for Commercial Support in regard to seeking, disclosing, and accounting for grants provided by industry in support of the meeting(s).

These policies include freedom from bias in presentations/discussions, balance in clinical information shared with the group, and member (rather than industry) control of content. Industry should be thanked and recognized for its financial contribution, which should be solely in the form of an unrestricted grant for modest refreshments or a modest meal, as part of the disclosure to attendees.

Physicians attending these small group sessions may not accept any monetary or other payment or incentives from industry to attend. Discussions of clinical treatments should include disclosures by members of the group if they are allied to industry or discussing off-label or other uses not approved by FDA of pharmaceuticals or medical devices or products. Groups may use AMDA's Disclosure Policy and Declaration Form (see Attachment). Since there is no formal faculty, there is no need for completion of disclosure forms, but verbal disclosure should be made to the group and included in the minutes or transcripts as appropriate.

10. Within 30-days of the end of each meeting, the chapter representative must submit:

- A statement of the learners' needs and interests met by this program.
- A summary, transcript, or minutes verifying the content of the program and annotating the actual time spent on each topic.
- List of faculty or facilitator(s).
- A completed evaluation summary.
- A list of attendee's names and sign-in sheets.

11. ABPLM staff will verify hours against the meeting minutes and record credits in the learners' AMDA transcript.

My signature below attests that this group will adhere to AMDA, AMA, and ACCME policies regarding unbiased and balanced discussions as well as policies guiding the ethical use of grants from industry as described in item 9 above.

Signature of CMD submitting this application:

_____ Date _____

Print Name of CMD Signature above:

Please remit the appropriate fee based on the scale below. Fees cover processing this application and individual CMD credit certificates.

A one-time fee of \$50 covers all meetings in a 12-month period. Future applications within the year can be submitted without further payment.

Payment Information

Amount Paid: \$50

Check is enclosed payable to ABPLM
 Please bill my MasterCard Visa American Express in the amount shown above.

Card #: _____ Security Code: _____ Exp. Date: _____

Name as it appears on Card: _____

Billing address for card (street, city, state, zip code): _____

Signature: _____

Submit application and fee to: cmd@paltc.org or fax to 888-249-6533