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**Joint Providership with Grants Funding Application**

**Joint Provider Program:**

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| The American College of Allergy, Asthma & Immunology (ACAAI) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. As required by the ACCME, all activities designated by ACAAI for *AMA PRA Category 1 Credit(s)TM* must comply with the ACCME Accreditation Criteria, Policies, and Standards for Commercial SupportSM including activities planned and implemented through Joint Providership. Please follow the link for detailed information regarding accreditation requirements: <http://www.accme.org/requirements/accreditation-requirements-cme-providers/accreditation-criteria> |
| All applications for Joint Providership will be assessed based on their individual merits. The ACAAI reserves the right to accept or deny Joint Providership of individual CME activities, at its own discretion. The Joint Provider must agree to follow all policies, procedures, and formats as set forth by the ACAAI.**NOTE:** The ACAAI reserves the right to withdraw Joint Providership and CME credit if the required documentation is not submitted by the stated deadline(s).  |
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| **Fees:** |
| The application for joint providership must be accompanied by the accreditation fee of $2,500 for each jointly provided activity. $500 of the accreditation fee is non-refundable. Grant requests to pharma companies will cost $100.00 per each application. The $100 per grant request is non-refundable whether grants are accepted or declined. |
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| Send all documentation to barbaraking@acaai.org and check payment to: |
|  American College of Allergy, Asthma & Immunology Attn: Barbara King 85 W. Algonquin Road, #550 Arlington Heights, IL 60005-4460 |

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| Your Organization |
| Name:  |
| Address: |
| City: |
| State: |
| Zip Code: |
| Organization Website Address: |
| Tax ID: |

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| Activity  |
| Title: |
| Dates: |
| Venue Name: |
| Venue Address: |
| City: |
| State: |
| Zip code: |

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| Program Chair |
| Name:  |
| Phone: |
| Email: |

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| Meeting Planner/Contact person |
| Name:  |
| Phone: |
| Email: |

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| Who identified the speakers and topics or content for the program? (Check all that apply): |
|  Program Chair  Planning Committee  Activity Medical Director  Other  |

Are any employees of a pharmaceutical company and/or medical device manufacturer involved in the identification of speakers and/or topics?

No Yes (please explain involvement):

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| What is the registration fee per person?

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| Is exhibit space available at this activity? yes no |

If yes, what is the cost per exhibit space/booth?

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| Target Geographic Reach: (check one) |
|  national |
|  regional |
|  state |
|  local |

What criteria are used in the selection of speakers or content (check all that apply): Subject matter experts  Speaker evaluations  Proven teaching skills/effective communicator Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of speakers/faculty :       Speaker Criteria/Qualifications:  |
| **Course Details** |
| Anticipated Number of Attendees:  |
| Target Audience:  |
| Activity Format\* (e.g. presentation, case-based, round table, simulation): |
| What is the purpose of this CME Activity? (one paragraph) |
| Overall Needs Assessment Summary: |
| Overall Learning Objectives: |

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| **Desirable Physician Attributes**  |
| **Which desirable physician attributes (ACGME/ABMS Competencies) are addressed in the content of this activity?**  |
|  **(select all that apply):**  |
|  **Patient Care** that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health. |
|  **Medical Knowledge** about established and evolving biomedical, clinical and cognate sciences and their application in patient care. |
|  **Practice-based Learning & Improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence and improvements in their practice of medicine. |
| **Interpersonal & Communications Skills** that result in effective information exchange and teaming with patients, their families and professional associates (e.g. fostering a therapeutic relationship that is ethically sound, uses effective listening skills with nonverbal communication; working as both a team member and at times as a leader). |
|  **Professionalism** as demonstrated through an awareness of and responsibility to larger context and systems of healthcare, and the ability to call on system resources to provide optimal care (e.g. coordinating care across sites or serving as the primary case manager when care involves multiple specialties, professions or sites). |
|   **System-based Practice** as demonstrated through an awareness of and responsibility to larger context and systems of healthcare, and the ability to call on system resources to provide optimal care (e.g. coordinating care across sites or serving as the primary case manager when care involves multiple specialties, professions or sites). |

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| (Moore’s) Levels of Outcomes (select all that apply; Levels 1-4 required by ACCME; Level 5 recommended and may be required by certain potential grantors):  |
|   Level 1: Participation |
|   Level 2: Satisfaction |
|   Level 3A: Learning - Declarative knowledge |
|   Level 3B: Learning - Procedural knowledge |
|   Level 4: Competence (Knowledge + New Strategies to apply in practice) |
|   Level 5: Performance |
|   Level 6: Patient Health |
|   Level 7: Community (*Population Health; geographic or by disease state*) |

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|  | **Please include at least 1 source/reference for each item.** |  | **Type of Gap/Need** *(select all that apply)*  |  |  |
| **Practice** **Gap** *Defined as: the difference between ACTUAL (what is) and IDEAL (what should be). Ask yourself, “What is the problem in practice?” It can be clinical or practice management related.* |
| **Educational Need** *Defined as: the need for education on a specific topic identified by a gap in professional practice. What should you teach to close the gap?* |
| **Learning Objectives** *Specify all learning objectives that should be accomplished after the activity. Objectives should bridge the gap between the identified need and the desired result.* |
| **Desired Results *(provide one for each practice gap)*** *Desired results are what you expect the learner to do in his or her practice setting. How will the information presented impact the clinical practice and/or behavior of the learner?* |
| **Therapeutic Area:** List 1 per gap:⦁ HAE ⦁ Bronchial-Thermoplasty ⦁ Allergic Rhinitis ⦁COPD⦁ Allergic Conjunctivitis ⦁ Exercise-Induced Bronchospasm⦁ Allergy Immunotherapy ⦁Ocular Allergy⦁ Allergy/Respiratory ⦁ Primary Immunodeficiency Disease⦁ Anaphylaxis ⦁ Rhinosinusitis⦁ Asthma |
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| **Practice Gap 1:** Competence = ability to apply knowledge, skills & judgment in practice. Performance = what one actually does in practice. Patient Outcomes = measureable results in treatment. | Explain: |
| **Therapeutic Area:** |  |
| **References** |  |
| **Educational Need**  |  |
| **Learning Objectives** |  |
| **Desired Results *provide one for each practice gap*** |  |
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| **Practice Gap 2:** Competence = ability to apply knowledge, skills & judgment in practice. Performance = what one actually does in practice. Patient Outcomes = measureable results in treatment. | Explain: |
| **Therapeutic Area:** |  |
| **Educational Need**  |  |
| **Learning Objectives** |  |
| **Desired Results *provide one for each practice gap*** |  |
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| **Practice Gap 3:** Competence = ability to apply knowledge, skills & judgment in practice. Performance = what one actually does in practice. Patient Outcomes = measureable results in treatment. | Explain: |
| **Therapeutic Area:** |  |
| **Educational Need**  |  |
| **Learning Objectives** |  |
| **Desired Results *provide one for each practice gap*** |  |
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| **Practice Gap 4:** Competence = ability to apply knowledge, skills & judgment in practice. Performance = what one actually does in practice. Patient Outcomes = measureable results in treatment. | Explain: |
| **Therapeutic Area:** |  |
| **Educational Need**  |  |
| **Learning Objectives** |  |
| **Desired Results *provide one for each practice gap*** |  |
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| **Practice Gap 5:** Competence = ability to apply knowledge, skills & judgment in practice. Performance = what one actually does in practice. Patient Outcomes = measureable results in treatment. | Explain: |
| **Therapeutic Area:** |  |
| **Educational Need**  |  |
| **Learning Objectives** |  |
| **Desired Results *provide one for each practice gap*** |  |
| **\*Educational Method (see below)** |  |
| **Practice Gap 6:** Competence = ability to apply knowledge, skills & judgment in practice. Performance = what one actually does in practice. Patient Outcomes = measureable results in treatment. | Explain: |
| **Therapeutic Area:** |  |
| **Educational Need**  |  |
| **Learning Objectives** |  |
| **Desired Results *provide one for each practice gap*** |  |

**Commercial Support List:**

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| Name of Commercial Support | Grant Request $ Amount | Therapeutic area |
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