

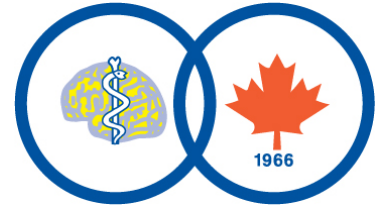


Canadian Neurological Society

Suite 709, 7015 Macleod Tr., S.W. Calgary, AB T2H 2K6 Tel: 403.229.9544 Fax: 403.229.1661

APPLICATION FORM FOR

**MAINTENANCE OF CERTIFICATION PROGRAM
SECTION 1 APPLICATION FOR APPROVAL OF
ACCREDITED GROUP LEARNING ACTIVITIES**



**Application Form for
PHYSICIAN DEVELOPED EDUCATIONAL EVENT**

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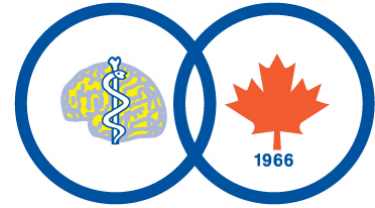


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**The CNSF Accreditation of Programs for Section 1
(Group Learning Activities)**

On January 1, 2001, the Royal College of Physicians and Surgeons of Canada established the Maintenance of Certification program. Participation in the Maintenance of Certification program is a requirement for admission to and renewal of Fellowship and for the use of the designations FRCPC and FRCSC. For more information about the Maintenance of Certification Program, and methods of tracking CPD activities, please refer to [the Royal College website](#). The Royal College of Physicians and Surgeons of Canada recognized the Canadian Neurological Society (CNS) and the Canadian Neurosurgical Society (CNSS) accreditation status.

Changes to Application Process

SEPTEMBER 2008: As per the Royal College of Physicians and Surgeons of Canada guidelines the following changes have been made to the application process:

*Physician Organizations – Developed Education Programs **REPLACES** Physician Organizations.*

*Physician Organizations – Co-Developed Education Programs **REPLACES** Non-Physician Organization.*

Implications to the change in terminology from Non-Physician Organization to Co-Developed Education Programs is that the Physician Organization, rather than the Co-Developed Planning Committee will take the responsibility for ensuring that educational requirements and ethical standards are adhered to as outlined within the Application Form for Accreditation.

Application Fee - Physician Organizations for CNSF Members: **\$550.00 (plus GST).**

Application Deadline - Physician Organizations MOC Applications MUST be submitted no later than 12 weeks (3 months) prior to the CPD start date.

Where to Submit

	
<p>If Canadian Neurological Society (CNS) submitting application MAIL with application fee to:</p> <p>Attention: CNSF MOC Representative Canadian Neurological Society C/O Canadian Neurological Sciences Federation Suite 709, 7015 Macleod Tr., S.W. Calgary, AB T2H 2K6 Tel: (403)229-9544; Fax: (403)229-1661</p>	<p>If Canadian Neurosurgical Society (CNSS) submitting application MAIL with application fee to:</p> <p>Attention: CNSF MOC Representative Canadian Neurosurgical Society C/O Canadian Neurological Sciences Federation Suite 709, 7015 Macleod Tr., S.W. Calgary, AB T2H 2K6 Tel: (403)229-9544; Fax: (403)229-1661</p>

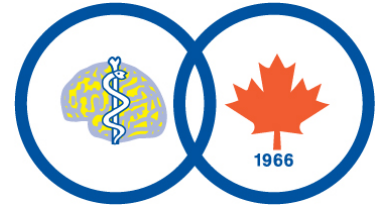


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Background Information

Physician Organizations – Developed Education Programs

Application Fee

Fees for Physician Organizations for CNSF Members: **\$550.00 (includes GST).**

Application Deadlines

Physician Organizations MOC Applications MUST be submitted no later than **12 weeks (3 months)** prior to the CPD start date.

Application Process

Step 1

The Physician Organization contacts the CNSF office and presents a synopsis of the proposed CPD activity, approximately before the date of the activity. **Synopsis should include: Event title, date and times, target audience.** The CNSF office will advise the Physician Organization if they should proceed. If the Physician Organization is to proceed follow Steps 2 -6.

Step 2

The Physician Organization downloads the application form for Section 1 credits from the CNSF website at www.cnsfederation.org or obtains a copy from the CNSF Secretariat Office, and completes the form with all the necessary requirements and supporting documentation.

Step 3

The Physician Organization returns the completed form to the CNSF office, signed by Planning Committee Chair, at least **12 weeks (3 months)** before the event.

Step 4

The MOC accreditors reviews the application within the **12 weeks (3 months)** period and notifies the applicants on whether the course is approved or not.

Step 5

Once the course is approved, the Physician Organization includes the following statement on all activity materials, including the certificate of attendance:

This event is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification program of the Royal College of Physicians and Surgeons of Canada. This activity is accredited for #.# MOC hours.

Step 6

The Physician Organization retains all correspondence regarding the approved CPD event because the RCPSC Credit Validation Program may request the correspondence during the following year.

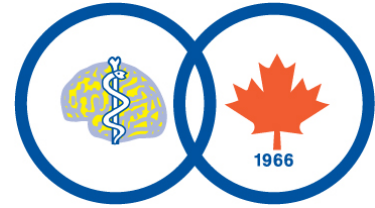


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Application Form for PHYSICIAN DEVELOPED EDUCATIONAL EVENT

Approval Criteria

Approved programs **do not need to be co-developed** by the Accredited Provider (CNS/CNSS), but they must meet the following criteria:

1. A planning committee of physician specialists representing the target audience is in place from the beginning of the process.
2. Learning objectives are defined and advertised on the program brochure.
3. The program provides 25% of time for interaction and discussion.
4. Additional Information and Requirements
 - a. The organization planning the activity is accountable for its implementation.
 - b. CNS/CNSS will usually delegate the planning and implementation of the Continuing Professional Development (CPD) activity to the Physician Organization.
 - c. The accredited provider **will not be recognized** on the program materials.
 - d. The Physician Organization accepts the responsibility to keep records of attendance and provide the attendees with certificates of attendance.
 - e. The Physician Organization will provide records of the CPD activity (materials, attendance) to the Royal College Validation program on request.
 - f. The program must abide by the Canadian Medical Association ([CMA guidelines](#)) for working with industry.
 - g. Approval of Section 1 credits will be recognized by the following statement on program materials:

This event is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification program of the Royal College of Physicians and Surgeons of Canada. This activity is accredited for #.# MOC hours.
 - h. Application Form for Accreditation

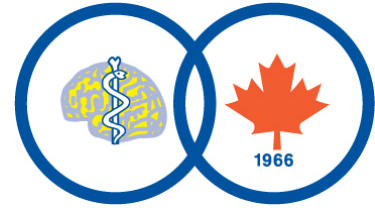


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Application Form for PHYSICIAN DEVELOPED EDUCATIONAL EVENT

Forward this completed application form, along with the required supporting documentation and payment, to the *Canadian Neurological Sciences Federation* at least **12 weeks (3 months)** prior to the start of the course. Incomplete applications will not be accepted.

Part 1 – Program Information

Event title: _____

Location of event: _____

Event date(s): _____

Part 2 – Organization Requesting Approval of CPD Program

Events submitted for approval under Section 1 must meet the requirements of the MOC application process. The application form must be completed by a member of the Physician Organization¹ that developed or co-developed this event, and forwarded to an accredited provider for their review.

Please select the option that applies to your organization:

Name of Physician Organization: _____

Physician Organization – Developed Education Event

We are a Physician Organization that is planning this educational event alone or in conjunction with another Physician Organization.

¹ Physician Organization: A not-for-profit group of health professionals with a formal governance structure, accountable to and serving, among others, specialist physicians through: Continuing professional development: * Provision of health care; and/or * Research. This definition includes (but is not limited to) the following groups: Faculties of Medicine, Hospital Departments or Divisions, Medical Societies, Medical Associations, Medical Academies, Health branch of the Canadian forces. *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.*

The term "non-physician organization" applies to all organizations that are not made up primarily of physicians; this may be an "education" or "communication" company, a CHE division of a pharmaceutical company or a disease-oriented national organization. To have a program co-developed by the CNS or CNSS, the planning committee must include a CNS or CNSS member and the CNS or CNSS must be recognized as a co-developer on all program materials. Programs planned by non-physician organizations must be co-developed by an accredited provider.

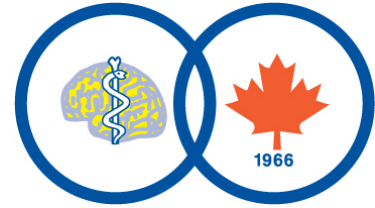


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Please list below all of the organizations developing this educational event.

Physician Organizations: _____

Part 3 – Chair of Planning Committee

The chair² of the planning committee must submit this application.

Date Application Submitted: _____

I am a CNS member CNSS member and my membership ID # is _____

Name: _____

Address: _____
_____ POSTAL CODE _____

Tel: (_____) _____ Fax: (_____) _____

E-mail: _____

² The Chair of planning committee MUST be a CNS or CNSS member in good standing.

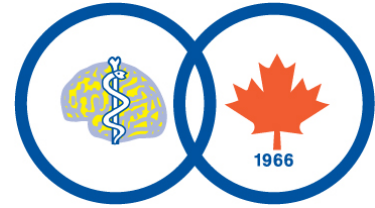


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Application Form for PHYSICIAN DEVELOPED EDUCATIONAL EVENT

Part 4 – Mandatory Education Requirements

All education requirements in this section must be met, and required supporting documentation³ submitted (draft program, evaluation form/tools, budget identifying all sources of revenue), in order for the program to be approved under Section 1 of the MOC program.

CRITERIA 1: The event must be planned to address the identified needs of the target audience.

Please provide an explanation or supporting documentation for each of the following questions:

1. Who is the **target audience** for this activity? Please indicate specific specialties and, if applicable, indicate other health professionals for whom the program is intended.
2. Who are the **members of the planning committee** and how are they representative of the target audience? Please list planning committee names and contact information identifying the chair and CNS representative on the committee.
3. What **sources of information** were selected by the planning committee to define the content of this program? For example, review of the scientific or education literature, clinical practice guidelines, needs assessment, surveys or focus groups.
4. What **gaps in knowledge, attitudes, skills or performance** did the planning committee identify for this event? Examples of strategies to assess these needs can include assessment of physician performance from hospitals, provincial or national databases, self-assessment programs, chart reviews, 360-degree assessments, case scenarios, audits of practice and/or quality improvement activities.

³ To assist you during the application process, the CNSF Secretariat office has developed CPD Toolkits online at www.cnsfederation.org

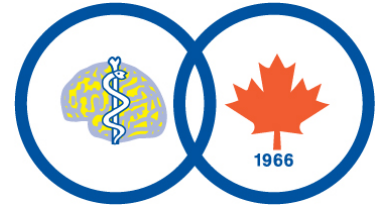


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Application Form for PHYSICIAN DEVELOPED EDUCATIONAL EVENT

CRITERIA 2: Learning objectives that address identified needs must be created for the overall event and individual sessions. The learning objectives must be printed on the program brochure and/or handout materials.

Please include a program brochure for this event that includes overall and session specific learning objectives. Please respond to the following questions:

1. What learning objectives were developed for:
 - i. The overall event?

 - ii. Specific sessions?

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

3. Do the learning objectives express what the participants will be able to know or achieve by participating in the event? Yes No

4. How are the learning objectives linked to the evaluation strategies for this event? For example, does the evaluation form list the learning objectives or pose questions to participants about whether the learning objectives were met?

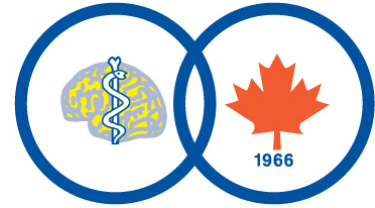


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Application Form for PHYSICIAN DEVELOPED EDUCATIONAL EVENT

CRITERIA 3: At least 25% of the total education time must be devoted to interactive learning.

Please include a copy of the proposed event schedule, with times, indicating discussion periods, workshops, small group sessions, etc.

1. What learning methods have been incorporated to promote interactive learning? For example, discussion periods, small group (less than 16 participants) workshops or seminars, audience response system (touch pads)?

CRITERIA 4: The event must include an evaluation of the event's established learning objectives and the learning outcomes identified by participants.

The evaluation strategies for events approved under Section 1 must include an assessment of the achievement of the identified learning objectives and provide opportunities for participants to identify what they have learned and its potential impact for their practice.

Please provide a copy of the evaluation form(s) developed for this event, and respond to the following questions.

1. Do you provide an opportunity for participants to identify if the stated learning objectives were achieved? Yes No
2. Are there opportunities for participants to identify and/or reflect on what they have learned? One example of this would be a question asking what the participants learned or plan to integrate into their practice. Yes No
3. Does the evaluation strategy intend to measure improved participants' performance? Yes No
4. If yes, please describe the tools or strategies used. Does the evaluation strategy intend to measure improved health-care outcomes? Yes No
5. If yes, please describe the tools or strategies used. Will the participants receive feedback related to their learning? Yes No
6. If yes, please describe the tools or strategies used.

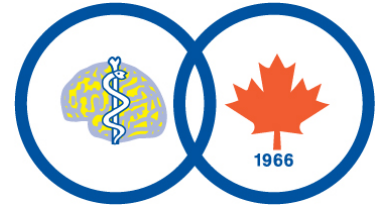


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Part 5 – Ethical Standards for Continuing Professional Education

Group CPD events approved under Section 1 must meet the CMA Guidelines governing the relationship between physicians and the pharmaceutical industry. The Code of Ethic for parties involved in Continuing Medical Education of the Conseil de l'éducation médicale continue du Québec (CEMCQ)⁴ must be met in the province of Québec; and the CPD event or program evaluation form must include the following questions: "Did the activity comply with the Code of Ethics for parties involved in Continuing Medical Education?" For more information on this Code, please visit the following Web site address: http://www.cemcq.qc.ca/en/documents/guide_ethique.pdf

Each of the following ethical standards MUST be met for this event to be approved under Section 1:

1. The **Physician Organization(s)** must have control over the topics, content and speakers selected for this event.

We comply with this standard:

Yes No

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

2. The **Physician Organization(s)** must assume responsibility for ensuring the scientific validity and objectivity of the content of this event.

We comply with this standard:

Yes No

Describe the process to ensure validity and objectivity of the content for this event.

3. The **Physician Organization(s)** must disclose to participants all financial affiliations of faculty, moderators or members of the planning committee (within the past two years) with any commercial organization(s), regardless of its connection to the topics discussed or mentioned during this event.

We comply with this standard:

Yes No

Describe how conflict of interest information is collected and disclosed⁵ to participants.

⁴ The CEMCQ has changed its name. While documents still refer to the CEMCQ, future documents will include the new name of the organization: *Conseil québécois de développement professionnel continu des médecins (CQDPCM)*. Note: Any financial assistance provided (for travel or accommodation) to reimburse physicians or their families for attending an educational event would result in nonapproval of this application. For more information on the CMA guidelines regarding financial support from industry, please see the CMA Policy: Physicians and the Pharmaceutical Industry (Update 2001). To view these guidelines, please visit the following Web site address: <http://policybase.cma.ca/dbtw-wpd/PolicyPDF/PD01-10.pdf>

⁵ Faculty, moderators or members of the planning committee are required to disclose on the second slide of your PowerPoint presentation/ verbally at the beginning of your presentation.

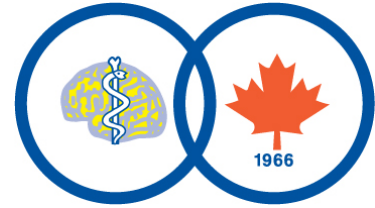


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Application Form for PHYSICIAN DEVELOPED EDUCATIONAL EVENT

4. All funds⁶ received in support of this event must be provided in the form of an educational grant payable to the Physician Organization(s).

We comply with this standard:

MOC Section 1 Application Form – 2008-09(V5) 6

Yes No

5. Provide a copy of the budget that identifies each source of revenue and expenditure for this event. In addition, please describe how the Physician Organization(s) assumes responsibility for the distribution of these funds, including the payment of honoraria to faculty.

6. No drug or product advertisements may appear on, or with, any of the written materials (preliminary or final programs, brochures, or advanced notifications) for this event.

We comply with this standard:

Provide a copy of the preliminary program, brochure, or advanced notifications for this event.

Yes No

7. Generic names should be used rather than trade names on all presentations and written materials.

We comply with this standard:

Describe the process to advocate speakers' adherence to using generic rather than trade names of medications and/or devices included within all presentations or written materials.

Yes No

8. Please identify all organizations that are providing funding for this event. If necessary, please use an additional page.

9. Please provide details and names on all funding that has not been addressed above.

⁶ As of January 1, 2010 the Royal College of Physician and Surgeons of Canada guidelines stipulate that Section 1 Accredited Events CAN NOT BE tagged to industry. Please ensure that your promotional materials do not include industry sponsors. E.G. The following or similar statement is not allowed, "This Conference is sponsored by XYZ Industry." Physician organizations may recognize leveled sponsors e.g. Gold, Silver, Bronze.

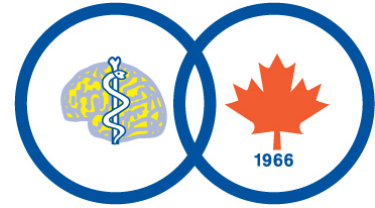


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Supporting Documents to be sent in with this application form

Detailed Program/Course Schedule	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Evaluation Form/Tool	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Budget	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disclosure Forms		
Planning Committee	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Faculty	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Moderators	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Documentation re: Ethical Standards	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part 6 – Declaration

Declaration: As the chair of the planning committee, 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's guidelines, entitled, CMA Policy: Physicians and the Pharmaceutical Industry (Update 2001)*, have been met in preparing for this event. If this event is held in Quebec, we are aware that it is mandatory to adhere to *the Conseil de l'ÉMC du Québec's Code of Ethics entitled, Code of Ethic for parties involved in Continuing Medical Education*.

Signature (or equivalent) of the chair of the planning committee requesting approval

Physician's Name

Signature

Date Signed

Note: Applicants should keep a list of attendees for record purposes for a period of 5 years.

Applicants: Please complete *Part A* of the following page (notification of review of a group learning activity). This information will be forwarded to the Royal College of Physicians and Surgeons of Canada by your accredited CPD provider upon final review of your event. In the instance that your event is approved, the information provided on the notification form will be used to list your event on the Royal College Web site.

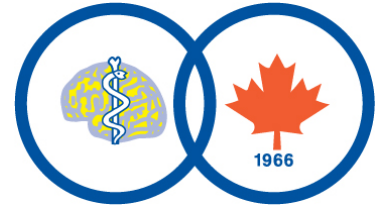


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Part 7 – Accreditation Application Fee

Please note application fees are non-refundable. Fees cover the administrative costs associated with reviewing the program. All applications must be accompanied by a cheque made payable to the Canadian Neurological Sciences Federation.

Applications received without payment will not be processed.

**Physician Organization – Developed Education Program
\$550 (plus GST)**



Part 8 – Contact Information

For additional information contact:

Lisa Bicek, Professional Development Coordinator

Tel: (403)229-9544 Fax: (403)229-1661
lisa-bicek@cnsfederation.org

Forward this completed application form with non-refundable application fee made payable to the Canadian Neurological Sciences Federation, along with the required supporting documentation.

	
<p>If Canadian Neurological Society (CNS) submitting application MAIL with application fee to:</p> <p>Attention: CNSF MOC Representative Canadian Neurological Society C/O Canadian Neurological Sciences Federation Suite 709, 7015 Macleod Tr., S.W. Calgary, AB T2H 2K6 Tel: (403)229-9544; Fax: (403)229-1661</p>	<p>If Canadian Neurosurgical Society (CNSS) submitting application MAIL with application fee to:</p> <p>Attention: CNSF MOC Representative Canadian Neurosurgical Society C/O Canadian Neurological Sciences Federation Suite 709, 7015 Macleod Tr., S.W. Calgary, AB T2H 2K6 Tel: (403)229-9544; Fax: (403)229-1661</p>

Incomplete applications will not be accepted.

Approved CPD events must have the following statement on the program brochure and materials:
This event is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification program of the Royal College of Physicians and Surgeons of Canada. This activity is accredited for #.# MOC hours.