

**NOSM**  
UNIVERSITYContinuing Education  
and Professional Development

## PROGRAM DETAILS

**\*\*This application is intended for conferences, workshops, educational series, and asynchronous activities.\*\***

**If you are seeking certification for a [faculty development activity](#), a [hospital or clinical rounds, or a journal club activity](#), please use the link provided which will take to you to the correct forms.**

Please visit the [CEPD Program Development Toolbox](#) for guidance, templates, tips sheets and resources related to each section of this application. If you would like to speak with one of the CEPD team for assistance/guidance with the application questions, please email [cepdapplications@nosm.ca](mailto:cepdapplications@nosm.ca) and one of the CEPD coordinators will get back to you.

Please review the [CFPC Understanding Mainpro+](#)

[Certification](#) and the [RCPSC MOC Accreditation Standards](#) to ensure that this program aligns.

Throughout this application, you will be asked to upload the following supporting documentation:

- COI declaration forms for each SPC member
- SPC Disclosure Slides
- Budget
- Sponsor /Exhibitor prospectus, agreements and sponsor logos
- Marketing material
- Needs Assessment
- Activity Agenda
- Activity content (except for conferences)
- Activity Evaluation and Session Evaluation templates
- For certified assessment activities, the assessment tool to be used
- Certificate of Participation template

### **Activity Information:**

**Activity Title:**

**Activity Date(s):**

**Host Community/City**

**Host Venue (or asynchronous platform) for the Activity**

**Anticipated number of participants**

**Name of Provider Organization:** (Note:

A CFPC Requirement. A CPD provider organization is defined by the CFPC as one that assumes responsibility and accountability for the development, delivery, and evaluation of Mainpro+ certified CPD activities. The CPD provider organization must form a scientific planning committee— independent of sponsor influence to conduct this work.

**Name of Physician Organization:** (A RCPSC Requirement that the program must be developed or co-developed by a Physician Organization. Please complete the [Physician Organization Checklist](#) and include it with your application.)

**Chair/Director Name:**

**Chair/Director Email:**

**Chair/Director Phone:**

**Admin Support Name:**

**Admin Support Email:**

**Admin Support Phone:**

Please upload your completed Physician Organization Checklist.

Please confirm that you have read the [CFPC Understanding Mainpro+ Certification](#) guide and the [RCPSC MOC Section 1 and/or 3 standards](#).

- ☐ Yes
- ☐ No

Please select the activity type:

- ☐ Regularly Scheduled series
- ☐ A single delivery conference, scientific assembly, congress, or similar event (excludes satellite symposia and ancillary sessions)
- ☐ A single or repeating workshop
- ☐ An asynchronous/self-directed activity
- ☐ A Simulation Activity
- ☐ Any other CPD activity type

Identify the appropriate credit category (check all that apply):

\*\*\* Note that in the electronic application, the selection(s) you make here will inform the questions that appear throughout the

- ☐ CFPC Certified Activity
- ☐ CFPC Certified Assessment Activity
- ☐ RCPSC MOC Section 1 Group Learning/Self-Learning Activity
- ☐ RCPSC MOC Section 3 Self-Assessment Activity
- ☐ RCPSC MOC Section 3 Simulation Activity

We noticed that you selected CFPC Certified Activity along with RCPSC Section 3 (either simulation or self-assessment). If you are applying for section 3 credit, it may be more appropriate to request a CFPC Certified Assessment Activity. Please contact your coordinator or send an email to [cepdapplications@nosm.ca](mailto:cepdapplications@nosm.ca) if you would like assistance in determining the appropriate credit categories.

Please note that proceeding with this choice will mean that you will be asked a number of questions that are very similar and may seem repetitive in order to meet the specific accreditation standards for the options selected.

We noticed that you selected CFPC Certified Assessment Activity along with RCPSC Section 1. A Certified Assessment activity may meet the requirements for RCPSC Section 3. Please contact your coordinator or send an email to [cepdapplications@nosm.ca](mailto:cepdapplications@nosm.ca) if you would like assistance in determining the appropriate credit categories.

Please note that proceeding with this choice will mean that you will be asked a number of questions that are very similar and may seem repetitive in order to meet the specific accreditation standards for the options selected.

We attest that the SPC will maintain attendance records and provide participants with certificates of participation that include the appropriate [credit statements](#) for the respective types of credit.

☐ Yes

## Fees

Based on the credit category or categories you have selected, please confirm you are aware of, and agree to, the [accreditation fees](#) (link to fees list, opens in a new window). You will receive a confirmation upon submission, followed by an invoice. If you have any questions about these fees, please contact your coordinator or send an email to [cepdapplications@nosm.ca](mailto:cepdapplications@nosm.ca).

- ☐ CFPC Mainpro+ Certified Activity (One Year) – \$450
- ☐ CFPC Certified Assessment Activity (Three Years) – \$850
- ☐ RCPSC Section 1 Accreditation Group Learning (One Year) – \$450
- ☐ CFPC Certified and RCPSC Accreditation Group Learning (One Year) – \$850
- ☐ RCPSC Section 3 (Self-Assessment or Simulation) (Three Years) – \$850

If you would like your application reviewed within a 2 week period there will be an expedited review fee (\$250) charged.

**\*\*Note that this does not guarantee accreditation should any eligibility concerns be identified.**

- ☐ I would like an expedited review. I understand this is subject to reviewer availability and does not guarantee accreditation should any eligibility concerns be identified.

## **FINANCIAL and ETHICAL CONSIDERATIONS**

Will the program receive financial or in-kind sponsorship from an external organization?

- ☐ Yes  
☐ No

Please upload a copy of the program [budget](#) for review:

What kind of sponsorship has this program received or expects to receive from a for-profit organization?

- ☐ Financial

☐ In-Kind

Select the type of organization from which the program has received or expects to receive financial sponsorship:

- ☐ Pharmaceutical industry
- ☐ Government agency
- ☐ Healthcare facility
- ☐ Medical Device company
- ☐ Medical education or communications company
- ☐ Other for-profit organization, (please enter type of organization(s))

Provide the sponsor name(s) (If the space below is not sufficient, please ensure that all for-profit sponsors are listed in the budget):

	Details	
	Sponsor Name	Fi
Sponsor #1		
Sponsor #2		
Sponsor #3		



	Details	
	Sponsor Name	Fi
Sponsor #4		

Provide the 'other' for-profit sponsor name(s) (If the space below is not sufficient, please ensure that all for-profit sponsors are listed in the budget):

	Details	
	Sponsor Name	Fi
Sponsor #1		
Sponsor #2		
Sponsor #3		
Sponsor #4		

Please describe the type of in-kind sponsorship received from the for-profit organization:

What kind of sponsorship has this program received or will receive from a not-for-profit organization?

- ☐ Financial
- ☐ In-Kind

Provide the not-for-profit sponsor name(s) (If the space below is not sufficient, please ensure that all not-for-profit sponsors are listed in the budget):

	Details	
	Sponsor Name	Fi
Sponsor #1		
Sponsor #2		
Sponsor #3		
Sponsor #4		

Describe the type of in-kind sponsorship from not-for-profit organization(s) that you have received or anticipate receiving:



Please upload the sponsorship request letter template.

Please upload the sponsorship prospectus.

Please upload the sponsorship agreement template, that demonstrates compliance with the National Standard for Support of Accredited CPD Activities.

We attest that the CPD provider organization has written agreements with all sponsor(s) outlining the terms, conditions, and purposes by which sponsorship is provided.

☐ Yes

Is this program self-funded by a for-profit organization?

- ☐ Yes, please indicate the organization(s):

- ☐ No

We attest that the provider/physician organization or SPC is responsible for paying speaker and SPC honoraria and travel (i.e. this is not being paid by sponsors). (This is a requirement related to ethical standards. Please contact [cepdapplications@nosm.ca](mailto:cepdapplications@nosm.ca) if you have questions)

- ☐ Yes
- ☐ No honoraria or expenses will be reimbursed for this activity

Will this activity have an exhibit hall/exhibitor area?

- ☐ Yes
- ☐ No

Please describe how the exhibit hall will be arranged and how the scientific planning committee has reviewed any incentives that will be offered by exhibitors (draws, swag etc). If he

activity is virtual, describe how participants will access the virtual exhibit hall.



You must attach the exhibitor prospectus to the application.

We attest that the provider/physician organization and/or scientific planning committee have measures in place to guarantee that interactions with the sponsor(s) meet professional and legal standards, including protecting privacy, confidentiality, copyright, and contractual law regulations? (This is a requirement related to ethical standards. Please contact [cepdapplications@nosm.ca](mailto:cepdapplications@nosm.ca) if you have questions.)

☐ Yes

We attest that the provider/physician organization has made sure that all sponsorship funds are paid directly to the CPD provider organization or scientific planning committee?

☐ Yes

☐ There is no sponsorship for this activity.

Registration Fees (Please indicate all fees that will be charged if there is a sliding scale. Indicate N/A if not applicable):

Physician, NOSM U Faculty

Physician, NON NOSM U

Health Science Health Professional, NOSM U Preceptor/Faculty

Health Sciences Professional, NON NOSM U

Learner, NOSM U

Learner, NON NOSM U

Administrator, NOSM U Community

Administrator, NON NOSM U

Other

Other

Please provide any additional details related to the registration fees (i.e. early-bird fee, sliding scale, single-day vs full conference fees etc)

Additional costs to participants (describe in detail):

Describe any social activities related to this program, including when the activities will take place in relation to the certified learning:

## LOCATION AND CREDITS

Select the program format:

- ☐ Live (in-person)
- ☐ Live (virtual)
- ☐ Asynchronous Online self-learning

We attest that this program is being marketed to an Ontario audience.

- ☐ Yes, (Northern Ontario focused)
- ☐ Yes, (Ontario-wide)

Select all the provinces and/or territories in which the program will be marketed (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Ontario (Northern Ontario focused) | <input type="checkbox"/> Northwest Territories |
| <input type="checkbox"/> Ontario (province-wide)            | <input type="checkbox"/> Nova Scotia           |
| <input type="checkbox"/> Alberta                            | <input type="checkbox"/> Nunavut               |
| <input type="checkbox"/> British Columbia                   | <input type="checkbox"/> Prince Edward Island  |
| <input type="checkbox"/> Manitoba                           | <input type="checkbox"/> Quebec                |
| <input type="checkbox"/> New Brunswick                      | <input type="checkbox"/> Saskatchewan          |
| <input type="checkbox"/> Newfoundland and Labrador          | <input type="checkbox"/> Yukon                 |

Where will the activity be hosted:

Community/City

Venue (In-person or Virtual platform)



Asynchronous platform (if relevant for self-learning activities)

What type of assessment is taking place?

- ☐ Group Practice (audit)
- ☐ Individual Practice (audit)
- ☐ Simulation
- ☐ Self-Assessment
- ☐ Organization

**\*\*Assessment/Simulation programs**

Will this activity include enhanced activities for CFPC participants?

- ☐ Yes
- ☐ No

RCPSC Program Learning Time

Hours

Minutes

CFPC credit/learning hours requested:

Hours and minutes for base activity

**\*\*Certified credit time**

Hours and minutes for base assessment activity

**\*\*Certified Assessment**

Hours and minutes for Mainpro+ enhanced activities

Are you seeking accreditation for this activity for any other organization or group?

☐ Yes

☐ No

Please indicate:

Organization name:

Number of Credits

Type of credits

Is this a modular program?

☐ Yes

☐ No

Describe the methods that enable participants to demonstrate or apply knowledge, skills, clinical judgment and/or attitudes:

*RCPSC Educational Standard: Self-assessment programs must provide participants with a strategy to assess their knowledge, skills, clinical judgment and/or attitudes in comparison to an established scientific evidence base (clinical practice guidelines, meta-analysis or systematic review, etc.). A*

*All self-assessment programs must use methods that enable participants to demonstrate these abilities across the key areas of the subject area, topic or problem(s). The selected format must also enable participants to review their current knowledge or skills in relation to current scientific evidence.*

### **\*\*Assessment Programs**

Explain what process participants will use to record their answers to assessment questions.

*RCPSC Educational Standard: Recording answers to each assessment question will enable the self-assessment*

*program to provide participants with a summary of their responses to each question.*

**\*\*Assessment**

Describe the methods that enable participants to demonstrate or apply their knowledge, skills, clinical judgement or attitudes.

*RCPSC Educational Standard: Simulation-based activities must provide participants with a strategy to assess their knowledge, skills, clinical judgment and/or attitudes in comparison to established evidence (scientific or tacit). All simulation-based activities must enable participants to demonstrate and assess their abilities/competencies across the key areas of the scenario(s), topic(s) or problem(s). Participants must complete all required activities or components of the activity.*

**\*\*Simulation Programs**

Explain how the self-assessment/simulation program will provide detailed feedback to participants on their performance to enable the identification of any areas of improvement through the development of a personal learning plan.

*RCPSC Educational Standard: Providing specific feedback on which answers were correct and incorrect with references enables specialists to determine if there are important aspects of their knowledge, skills, clinical judgment or attitudes that need to be addressed through engaging in further learning activities.*

*You may also wish to include a reflective tool that provides participants with an opportunity to document:*

- *knowledge or skills that are up-to-date or consistent with current evidence;*
- *any deficiencies or opportunities they identified for further learning;*
- *what learning strategies will be pursued to address these deficiencies; and*
- *an action plan or commitment to change to address any anticipated barriers.*

**For online simulation-based activities:**

1. There must be an established process for how participants will provide responses to online scenarios. E.g., online response sheet or other web-based assessment tools.
2. Participants must be able to receive feedback after the completion of the scenario. Feedback must include references justifying the appropriate answer.

**For live simulation-based activities:**

1. There must be an established process for how participants will receive feedback on their performance. E.g., verbally, through the evaluation sheet, etc.
2. Participants must be able to receive feedback after the completion of the scenario. Feedback must include references justifying the appropriate answer.

**\*\*Simulation Programs**

Upload the Assessment Tools that will be provided to participants for RCPSC self-assessment programs.

**\*\*Simulation and Assessment**

Upload the assessment tool used to provide participants with feedback on their performance during Simulation programs.

**\*\*Simulation and**

CFPC Educational Standard: Identify the objective measurement of change employed in this certified assessment activity: **\*\*Assessment**

- ☐ Fulfillment of a quality improvement cycle
- ☐ Commitment to change contract with follow-up
- ☐ Observation and feedback in a practice setting (may be simulation)
- ☐ Summative assessment of change in knowledge/skill/performance
- ☐ Goal setting with follow-up/feedback
- ☐  Other, please describe:

CFPC Educational Standard Upload a copy of the objective measurement of change tool used for this certified assessment activity:

Enhanced Activities for Certified Activities (must have selected Certified Activities for the credit category):

CFPC Educational Standard: Providers who wish to create opportunities for participants to earn additional **optional** credits may choose to include any of the following elements in their program. Select the optional activities you wish to include and respond to the additional questions.

- ☐ A pre-activity needs assessment activity that incorporates data from their practice, that can be completed by registered participants in the activity.
- ☐ Practice tools and resources with follow-up about impact on practice to increase practice relevance and reinforce learning post-activity.
- ☐ An exercise that includes formal reflection on application of learning to practice over a realistic period to assess practice change.
- ☐ An objective measurement of change in performance/competence/skill.

Describe how these enhanced activities serve the program learning objectives for additional Mainpro+ credit:

Upload a copy of the activity with the Mainpro+ related enhanced elements clearly indicated for review:

Enhanced activities for Certified Assessment Activities (must have selected Certified Assessment Activity for the credit category that you will be providing for this activity):

CFPC Educational Standard: Providers who wish to create opportunities for participants to earn additional optional credits may choose to include the following elements in their activity. Select the optional activities you wish to include and respond to the additional questions. **\*\*Assessment**

- ☐ Formal reflection on the application of changes to practice because of the assessment activity.
- ☐ Completion and implementation of a practice improvement plan with follow up after a realistic period.
- ☐ Completion of a knowledge test after a realistic period.

Describe how the enhanced activities selected serve the program learning objectives for additional Mainpro+ credit:

**\*\*Assessment**

Upload a copy of the activity with the enhanced elements and time associated for completion clearly indicated for



review:

## PLANNING

We attest that the scientific planning committee (SPC) is independent (free of influence that may cause a real or perceived bias), and responsible for content development? (Being responsible for content development means that the SPC has determined the learning objectives from the needs assessment process where gaps in knowledge, skill or attitude are identified, has communicated them to speakers and content developers, and has reviewed the content to ensure alignment before delivery):

☐ Yes

Select the group(s) identified as the primary audience in the needs assessment (select all that apply):

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Academic physicians                    | <input type="checkbox"/> Researchers                 | <input type="checkbox"/> Emergency Medicine         | <input type="checkbox"/> Occupational Medicine |
| <input type="checkbox"/> Rural and Remote practising physicians | <input type="checkbox"/> Residents                   | <input type="checkbox"/> Global Health              | <input type="checkbox"/> Palliative Care       |
| <input type="checkbox"/> Urban practising physicians            | <input type="checkbox"/> Cardiovascular Health       | <input type="checkbox"/> Health Care of the Elderly | <input type="checkbox"/> Prison Health         |
| <input type="checkbox"/> Anesthesia                             | <input type="checkbox"/> Child and Adolescent Health | <input type="checkbox"/> Hospital medicine          | <input type="checkbox"/> Respiratory Medicine  |

☐Addiction Medicine

☐Chronic Pain

☐Maternity and Newborn Care

☐Sport and Exercise Medicine

☐Cancer Care

☐Dermatology

☐Men's Health

☐Women's Health

☐Interprofessional teams

☐Developmental Disabilities

☐Mental Health

☐Other:

Please identify all CFPC members on the planning committee that are actively involved, including the SPC Chair.

**Note that you MUST have a minimum of one practicing CFPC member on the committee if the activity is being marketed provincially, and you MUST have a minimum of two practicing CFPC members if the activity is being marketed to more than one province.** Please leave the other lines blank if not relevant.

	Name	Name	Contact	Faculty Appointment at NOSM University?	Community
	Last	First	Email Address		Answer 1
SPC Chair				<div>▼</div>	
CFPC Representative				<div>▼</div>	
CFPC Representative				<div>▼</div>	
CFPC Representative				<div>▼</div>	
CFPC Representative				<div>▼</div>	

	Name	Name	Contact	Faculty Appointment at NOSM University?	Community
	Last	First	Email Address		Answer 1
CFPC Representative	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text"/>

Are there RCPSC members on the planning committee?

- ☐ Yes
- ☐ No

Please list RCPSC members on the planning committee. **Note that you MUST have a minimum of one practicing RCPSC member on the committee if the activity targets RCPSC physicians.**

Please leave lines blank if not relevant.

	Name	Name	Contact	Faculty Appointment at NOSM University?	Community
	Last	First	Email Address		
SPC Chair	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	
RCPSC Representative	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	
RCPSC Representative	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	
RCPSC Representative	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	

	Name	Name	Contact	Faculty Appointment at NOSM University?	Community
	Last	First	Email Address		
RCPSC Representative	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	

Are there other target audience members on the planning committee?

- ☐ Yes
- ☐ No

Please list planning committee information (note that if one of the categories listed is not relevant, please leave it blank. Categories are intended to guide you in your planning committee composition. If there are not enough spaces listed, please submit a list of SPC members.):

	Name	Name	Contact	Professional College Affiliation	For N
	Last	First	Email Address		
MD - No College affiliation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	
Health Sciences Representative (skip if not relevant)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	

	Name	Name	Contact	Professional College Affiliation	Fe . N
	Last	First	Email Address		
Learner Representative (skip if not relevant)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="▼"/>	
Patient Representative (skip if not relevant)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="▼"/>	
Additional representation of the target audience	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="▼"/>	
Additional representation of the target audience	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="▼"/>	
Additional representation of the target audience	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="▼"/>	
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="▼"/>	
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="▼"/>	

Please clarify planning committee roles of members with 'other' listed as the College affiliation:



Does this activity include:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Speakers/Presenters | <input type="checkbox"/> Coaches                  | <input type="checkbox"/> Authors   |
| <input type="checkbox"/> Moderators          | <input type="checkbox"/> Peer Reviewers/Assessors | <input type="checkbox"/> Others, explain:  |
| <input type="checkbox"/> Facilitators        |   | <div data-bbox="1117 714 1442 793" style="border: 1px solid black; height: 38px; width: 200px;"></div> |

We attest that the scientific planning committee was actively involved in:

- ☐ Determining learning needs
- ☐ Determining intended target audience (vs welcome to attend)
- ☐ Selecting topics
- ☐ Determining program content
- ☐ Selecting and training speaker/presenters (if applicable)
- ☐ Reviewing evaluation(s)
- ☐ Reviewing Conflict-of-Interest disclosure forms and mitigating potential bias

Describe how the planning committee was selected, and how they represent the target audience and scope of practice (i.e. professionally/discipline, geographically, community/patient

perspectives whose outcomes may be impacted, diversity of the providers and patients they serve):



The scientific planning committee, speakers, moderators, facilitators, and authors have read the [terms of conflict of-interest \(COI\) declaration](#) and completed the [COI Declaration form](#) and potential conflicts of interest will be disclosed to participants.

- ☐ Yes
- ☐ No

Upload completed COI declaration forms for all SPC members. (You are only able to upload one file, so please combine the completed forms into a zipped folder.)

Describe the scientific planning committee's process for selecting speakers and/or presenters/facilitators/coaches/peer reviewers/assessors:

The scientific planning committee has developed a process for managing disclosures of conflict of interest and mitigating bias for speakers and/or presenters/facilitators/coaches/peer reviewers/assessors.

- ☐ Yes
- ☐ No

Upload the planning committee's three-step [conflict-of-interest disclosure slides](#):

We attest that there is a communication plan in place to make sure that presenters, speakers and facilitators are aware of:

- ☐ CFPC Mainpro+ and/or RCPSC MOC Education and Ethical Standards
- ☐ Program Learning Objectives determined from needs assessment
- ☐ Session learning objectives if relevant, (may be refined by the presenter/speaker)
- ☐ CFPC and/or RCPSC Conflict of Interest disclosure slide presentation requirements



- ☐ All applicable ethical standards, including the National Standard for Support of Accredited CPD Activities

Upload speaker communication template (Speaker letter or email. See this [speaker package template](#) for examples of things you may want to include. We encourage you to always include a speaker letter and a [speaker release](#)):

We attest that:

- ☐ This activity will not include content created by Healthcare Pharmaceutical Industry (HPI) organizations or agencies working on their behalf.
- ☐ We will adhere to all ethical and administrative standards for promoting and marketing this activity.

Program Keywords: These selections are included in reporting to the CFPC when setting up CERT+ IDs. They may also be used to assist potential participants search for activities aligned with their personal learning needs:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Academic medicine  | <input type="checkbox"/> Clinical practice guidelines | <input type="checkbox"/> Ethics                  | <input type="checkbox"/> Home care        |
| <input type="checkbox"/> Addiction medicine | <input type="checkbox"/> Communication                | <input type="checkbox"/> Evidence-based medicine | <input type="checkbox"/> Hospitalist care |

<input type="checkbox"/> Administration	<input type="checkbox"/> Community medicine	<input type="checkbox"/> Faculty development	<input type="checkbox"/> Imaging techniques Immunology
<input type="checkbox"/> Adolescent medicine	<input type="checkbox"/> Critical care	<input type="checkbox"/> Family practice/general practice/primary care	<input type="checkbox"/> Indigenous health
<input type="checkbox"/> Allergy	<input type="checkbox"/> Culture	<input type="checkbox"/> Forensic medicine	<input type="checkbox"/> Infectious disease
<input type="checkbox"/> Allied health professionals	<input type="checkbox"/> Dentistry/oral medicine	<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> International medicine
<input type="checkbox"/> Alternative/complementary medicine	<input type="checkbox"/> Dermatology	<input type="checkbox"/> General surgery	<input type="checkbox"/> Laboratory medicine
<input type="checkbox"/> Anesthesia and analgesia	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Genetics	<input type="checkbox"/> Legal/medical legal
<input type="checkbox"/> Basic sciences	<input type="checkbox"/> Domestic violence	<input type="checkbox"/> Geriatric medicine/care of the elderly	<input type="checkbox"/> Lifestyle
<input type="checkbox"/> Behavioural science	<input type="checkbox"/> Drugs	<input type="checkbox"/> Global health	<input type="checkbox"/> Management
<input type="checkbox"/> Cancer care	<input type="checkbox"/> Emergency medicine	<input type="checkbox"/> Gynecology	<input type="checkbox"/> Medical careers
<input type="checkbox"/> Cardiovascular medicine	<input type="checkbox"/> Endocrinology	<input type="checkbox"/> Health economics	<input type="checkbox"/> Medical education
<input type="checkbox"/> Child abuse	<input type="checkbox"/> ENT	<input type="checkbox"/> Health policy	<input type="checkbox"/> Medical informatics
<input type="checkbox"/> Chiropractic medicine	<input type="checkbox"/> Environmental medicine	<input type="checkbox"/> Hematology	<input type="checkbox"/> Medical students and residents
<input type="checkbox"/> Chronic disease management	<input type="checkbox"/> Epidemiology	<input type="checkbox"/> History	<input type="checkbox"/> Men's health



## QUALITY CRITERIA AND DOCUMENTATION – Certified and MOC Section 1 Activities

### QUALITY CRITERIA – CERTIFIED AND SECTION 1 ACTIVITIES Needs Assessment and Practice Relevance

Keep in mind the [RCPSC CanMEDS](#) and [CFPC CanMEDS – FM Competency Framework for Roles and associated competencies](#)

Please also consider the [CanMEDS – FM Indigenous Health Supplement to the CanMEDS FM](#) competency framework which helps family physicians provide high-quality care that aligns with the needs and circumstances of Indigenous peoples living in Canada.

**If you are unsure about how to proceed with regard to needs assessment and perceived/unperceived needs, please email [cepdapplications@nosm.ca](mailto:cepdapplications@nosm.ca) and one of our coordinators will be happy to assist.**

Select the needs assessment methods used to identify the **perceived needs** of the participants (Please visit the [CEPD Needs Assessment Portal](#) and the [CEPD CME Needs Assessment report](#) for northern ON to assist with identifying perceived needs for your target audience):

☐ Surveys

☐ [CEPD CME Needs Assessment Report](#)

Evaluation of feedback from previous education events

☐

Focus groups/interviews

☐

[CEPD Needs Assessment Portal](#)

[Resources](#): Please indicate the

☐

resources used:

Other – Please specify:

☐


Select the needs assessment methods used to identify the **unperceived needs** of the participants (Please visit the [CEPD Needs Assessment Portal](#) and the [CEPD CME Needs Assessment report](#) for northern ON to assist with identifying unperceived needs for your target audience):

☐ Literature reviews

☐ Referral patterns

☐ Critical events reports

Reports of near misses

☐

Epidemiological data analysis

☐

☐ Gap analysis

☐ Patient feedback/input from people with lived experience

☐ [CEPD CME Needs Assessment Report](#)

[CEPD Needs Assessment Resources](#):

Please indicate the resources used:

☐


Other: Please specify:

☐


Outline the needs identified from data collected and how this led to identifying knowledge, skills, or behaviour gaps in [RCPSC CanMEDS](#) and/or [CFPC CanMEDS-FM competencies](#):

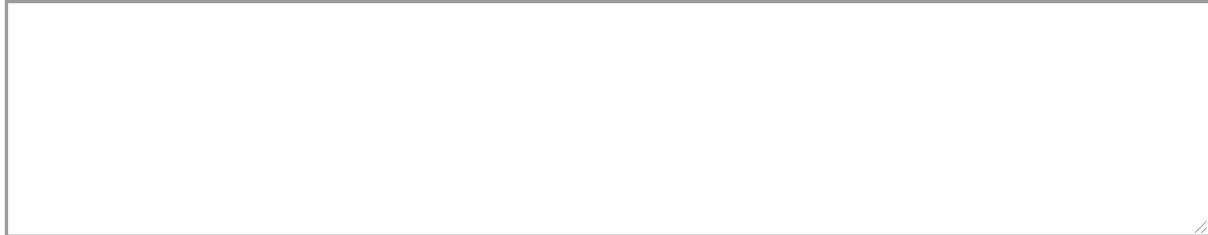
Upload a summary of the needs assessment used. (The [CEPD Needs Assessment summary template](#) may be used):

List the program learning objectives derived from the needs assessment results and the most applicable CanMEDS–FM competencies addressed by the learning objectives. Note that session/module specific learning objectives must be included in the agenda/program outline.

*For assistance with writing your learning objectives in an actionable, measurable and learner centred way, please visit the [CEPD Office developed ChatGPT Learning Objective Tool](#):*

	Learning objective	Related CanMEDs Role(s)
Learning Objective 1		
Learning Objective 2		
Learning Objective 3		

Include, if applicable, an explanation of how the diversity of patient populations was addressed/considered in the needs assessment process. If this was not part of the needs assessment process, how this could be included in future activities?



## **QUALITY CRITERIA – CERTIFIED AND MOC SECTION 1 ACTIVITIES**

### **Active Learning, Engagement and program format**

Describe how the activity design and format are appropriate for the content and allow the participant to achieve the learning objectives (See the [Content Design and Delivery Tips sheet](#) in the [CEPD Program Development Toolbox](#). For Asynchronous activities, the [Best Practices for Module Development Tips Sheet](#) may be helpful):

Select the method(s) used to meet the 25% interactivity requirement:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Audience question and answer period   | <input type="checkbox"/> Small group breakouts                      | <input type="checkbox"/> Simulation/immersive scenarios   |
| <input type="checkbox"/> Audience response systems             | <input type="checkbox"/> Game-based learning/immersive scenarios    | <input type="checkbox"/> Learning circles   |
| <input type="checkbox"/> Case discussions                      | <input type="checkbox"/> Role playing                               | <input type="checkbox"/> Creative arts (therapeutic arts/storytelling)  |
| <input type="checkbox"/> Quizzes and multiple-choice questions | <input type="checkbox"/> Artificial intelligence (AI) enabled tools | <input type="checkbox"/> Other-Please specify:<br><div style="border: 1px solid black; height: 30px; width: 100%;"></div> |
| <input type="checkbox"/> Discussion boards                     |   |   |

Explain how participation is tracked, and how participants can receive answers to questions about the activity content:

Explain how the planning committee has considered information and perspectives from various cultural, social, and demographic backgrounds to enrich the learning experience. If you have not considered these, please identify how you might do so for future activities:


Explain the specific strategies used to make sure the activity content reflects the diverse perspectives relevant to the content/topic discussed. If you have not considered this, explain why not and how you might incorporate this in future activities:



Describe your approach to designing instructional and learning activities that accommodate diverse learning preferences, abilities, challenges, interests, and background knowledge. If you have not incorporated this approach, explain why not and how you might do so for future activities:



Provide examples of how you created an inclusive learning environment that considers accessibility needs of diverse participants:



## **QUALITY CRITERIA – CERTIFIED AND MOC SECTION 1 ACTIVITIES**

### **Incorporation of Evidence**

Select the source(s) of evidence used to design and support the activity content:

- ☐ Systematic reviews of studies with/without meta-analysis
- ☐ Observational Studies (i.e. case studies or case reports)
- ☐ Randomized control trials and non-inferiority studies
- ☐ Clinical guidelines or resources that summarize evidence
- ☐ Pedagogical literature
- ☐ Social sciences literature
- ☐ Humanities literature
- ☐ Business literature
- ☐ Educational theory
- ☐  Other—please specify:

Describe how evidence was identified and selected for this activity: **Relates to instruction to speaker**

Will this activity include discussion of off-label or unapproved options:

- ☐ Yes, (please explain the relevance of these treatments over approved options):

- ☐ No

## QUALITY CRITERIA – CERTIFIED AND MOC SECTION 1 ACTIVITIES

### Evaluation and Outcome Assessment

Select the evaluation formats used in this activity:

- ☐ Evaluation form
- ☐ Observation and feedback on performance
- ☐ Project completion/grading
- ☐ Exam/quiz/test
- ☐ Other - please specify:

Describe the evaluation strategy selected and how it serves as a measure of learning objective effectiveness and learner competence:

Upload a copy of the evaluation form, which includes (Use the [Evaluation template](#) provided in the [CEPD Program Development Toolbox](#) as a guide to developing your evaluation form):

- ✓ A self-reported change in knowledge/skill/performance
- ✓ Evaluation of bias related to financial interests as well as other types of bias (e.g., gender, speaker, race, content, etc.)
- ✓ Evaluation of learning activity effectiveness (e.g., format, design, facilitators, relevance, etc.)
- ✓ Evaluation of learner confidence in achieving/implementing program learning objectives
- ✓ Collects data that can be disaggregated to make sure that feedback from equity-seeking learners can be highlighted and analyzed
- ✓ Collects learners' feedback about the activity facilitation and delivery, as well as how well the instructors or facilitators created a safe, accessible, and productive learning environment for exploring and advancing knowledge and skills

Describe how evaluation feedback is used, who reviews it, how often it is reviewed, and how it is used for quality improvement (See the [Evaluations Tip sheet](#) in the [CEPD Program Development Toolbox](#)):

## QUALITY CRITERIA AND DOCUMENTATION – Certified Assessment & Section 3 Activities

**\*\*Assessment  
Activities**

### QUALITY CRITERIA – CERTIFIED ASSESSMENT AND SECTION 3 ACTIVITIES

#### Needs Assessment and Practice Relevance

Keep in mind the [RCPSC CanMEDS](#) and [CFPC CanMEDS – FM Competency Framework for Roles and associated competencies](#)

Please also consider the [CanMEDS – FM Indigenous Health Supplement to the CanMEDS FM](#) competency framework which helps family physicians provide high-quality care that aligns with the needs and circumstances of Indigenous peoples living in Canada.

Select the needs assessment methods used to identify the need for the **assessment activity**:

- |                            |                                |                                   |                               |
|----------------------------|--------------------------------|-----------------------------------|-------------------------------|
| Regulatory<br>requirements | Strategic/operational<br>plans | Surgical<br>procedures/checklists | Other –<br>please<br>specify: |
| <input type="checkbox"/>   | <input type="checkbox"/>       | <input type="checkbox"/>          | <input type="checkbox"/>      |

- ☐ Safety protocols
- ☐ Practice/guideline changes
- ☐ Student/patient feedback

Outline the needs identified from the data collected and how this led to the **assessment** chosen:

Upload a summary of the needs assessment used. (The [CEPD Needs Assessment summary template](#) may be used):

List the program learning objectives derived from the needs assessment results and the most applicable [RCPSC CanMEDS](#) and [CFPC CanMEDS-FM competencies](#) addressed by the learning objectives. Note that session/module specific learning objectives must be included in the agenda/program outline.

*For assistance with writing your learning objectives in an actionable, measurable and learner centred way, please visit the [CEPD Office developed ChatGPT Learning Objective Tool](#):*

	Objective	Related CanMEDs (FM) Role(s)
Learning Objective 1	<div></div>	<div></div>
Learning Objective 2	<div></div>	<div></div>

	Objective	Related CanMEDs (FM) Role(s)
Learning Objective 3	<input type="text"/>	<input type="text"/>

Describe how **assessors**, if they are used, are selected and trained:

Explain, if applicable, how the diversity of patient populations were addressed/considered in the needs assessment process. If this was not part of the needs assessment process, how this could be included in future activities?

**Assessment**

## **QUALITY CRITERIA - CERTIFIED ASSESSMENT & SECTION 3 ACTIVITIES**

### **Active Learning, Engagement and program format**

Select the practice data sources that participants used:

- ☐ EMR data/patient records **\*\*Assessment**
- ☐ Teaching assessments
- ☐ Patient feedback
- ☐ 360 feedback
- ☐ Other - please specify:



Describe how you determined that the activity time frame is feasible for meeting the learning objectives:

**\*\*Assessment**

Explain how information and perspectives from various cultural, social, and demographic backgrounds were incorporated to enrich the assessment experience:

**\*\*Assessment**



How was this **assessment activity** designed to accommodate diverse learning preferences, abilities, challenges, interests, and background knowledge? Specify the strategies used to ensure the assessment activity reflects the diverse perspectives relevant to the activity's focus:



How did you make sure this **assessment activity** considered the accessibility needs of diverse participants?



Please upload an example of the assessment tool/format.

**\*\*Assessment Activities  
only**

**QUALITY CRITERIA – CERTIFIED ASSESSMENT & SECTION 3  
ACTIVITIES**  
**Incorporation of Evidence**

Describe the sources of evidence used to design and validate this assessment activity:

Will this activity include discussion of off-label or unapproved treatments:

- ☐ Yes, (please explain the relevance of these treatments over approved options):

- ☐ No

## QUALITY CRITERIA - CERTIFIED ASSESSMENT & SECTION 3 ACTIVITIES

### Evaluation and Outcome Assessment

**\*\*Assessment Activities  
only**

Select the objective measurements of change used for this activity:

- ☐ Fulfillment of a quality improvement cycle
- ☐ Commitment to change contract with follow up
- ☐ Observation and feedback in a practice setting (may be simulation)
- ☐ Summative assessment of change in knowledge/skill/performance

☐ Other - please specify:



Describe how the evaluation strategy was selected and how it serves as a measure of learning objective effectiveness and learner competence:



Upload a copy of the evaluation form, which includes:

- ✓ An objective measurement of change in competence and/or clinical performance for learners
- ✓ Evaluation of assessment activity effectiveness (e.g., format, design, assessors, coaches, relevance etc.)
- ✓ Evaluation of bias related to financial interests as well as other types of bias (e.g., gender, speaker, race, content, etc.)
- ✓ Evaluation of learner confidence in achieving/implementing program learning objectives
- ✓ Collects data that can be disaggregated to make sure that feedback from equity-seeking learners can be highlighted and analyzed
- ✓ Collects learners' feedback about the facilitation and the

delivery of the activity

## Required Supplemental Documents

Summary of previous activity evaluation

Program Agenda (Should include learning objectives for the full activity and each session/module. It should also outline the time spent in each component of the activity, and the interactive elements. For guidance, see the [Conference Agenda template](#) in the [CEPD Program Development Toolbox](#))

Program invitation or brochure (See the [Poster sample](#) provided in the CEPD Program Development Toolbox)

Sponsor branding (known at the time of the application)

Program/activity content (Full content review required for all activities EXCEPT conferences)

Assessment Tool with a description of how it will be used.

Any other relevant material (Please label it well)

Any other relevant material (Please label it well)

Any other relevant material (Please label it well)

Any other relevant material (Please label it well)

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