PROGRAM DETAILS

This application form is only meant for activities which meet the definition of faculty development as follows *"faculty development is defined as a broad range of activities used to renew or assist faculty, supervisors, preceptors, field instructors, and clinical educators in their roles. These activities are designed to improve an individual's knowledge, skills, attitudes, and behaviours related to teaching, educational administration and leadership, and scholarship."*

CFPC Mainpro+ Certification:

Please review the [CFPC Mainpro+ Certification Education Standards for Faculty Development Activities](#) to ensure that this program aligns. Note that the education standards described in this document **apply only to activities without the financial or in-kind support of for-profit organizations.**

Faculty Development Activities (Mainpro+ Certified or Certified Assessment) will have a certification period of 36 months from the date of approval.

RCPSC Section 1 Accreditation:

Please review the [RCPSC Section 1 Group Learning Standards](#)
Faculty Development Activities (Section 1) will have an accreditation period of 12 months from the date of approval and Faculty Development Activities (Section 3) will have an accreditation period of 36 months from the date of approval.

Activity Information:

Title:

Start Date:

Name of Provider Organization:
(Note: 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
(**Required For RCPSC Accreditation only)

Chair/Director Name:

Chair/Director Email:

Chair/Director Phone:

Admin Support Name:

Admin Support Email:

Admin Support Phone:

LEG-developed program: If this program is being developed by a Local Education Group, please list:

Please select the type(s) of accreditation you are seeking:

☐ CFPC Mainpro+ Certified Faculty Development Activity

☐ CFPC Mainpro+ Certified Assessment Faculty Development Activity

☐ RCPSC Section 1 Group Learning Faculty Development Activity

☐ RCPSC Section 3 Assessment or Simulation Faculty Development Activity

Please confirm that you have read the [CFPC Mainpro+ Certification Education Standards for Faculty Development Activities](#).

○ Yes

○ No

Please confirm that this a Faculty Development activity:

○ Yes

○ Maybe, unsure (Please contact the [CEPD Office](#))

○ 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

○ [   ] Any other CPD activity type (please explain)

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.

☐ CFPC Mainpro+ Certified Faculty Development Activity (One Year) – $450

☐ CFPC Certified Assessment Faculty Development Activity (Three Years) – $850

☐ RCPSC Section 1 Group Learning Faculty Development (One Year) – $450

☐ CFPC Certified and RCPSC Group Learning Faculty Development (One Year) – $850

☐ RCPSC Section 3 Self-Assessment or Simulation Faculty Development (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

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

○ Yes (Note that if you select 'yes', this cannot be reviewed as a faculty development program under the CFPC standards.)

○ No

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

Additional costs to participants (describe in detail):

[text box]

Are there any social events or activities associated with this program?

◯ Yes

◯ No

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

[text box]

LOCATION AND CREDITS

Select the program format (please click all that apply):

☐ Live (in-person)

☐ Live (virtual)

☐ 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):

☐ Ontario (Northern Ontario focused)   ☐ Northwest Territories

☐ Ontario (province wide)   ☐ Nova Scotia

☐ Alberta   ☐ Nunavut

☐ British Columbia   ☐ Prince Edward Island

☐ Manitoba   ☐ Quebec

☐ New Brunswick   ☐ Saskatchewan

☐ Newfoundland and Labrador   ☐ Yukon

Identify the faculty development domain for which this program is designed (check all that apply):

☐ Clinical Preceptor

☐ Clinical Coach (supervisor in day-to-day practice)

☐ Competency Coach (an educational advisor along the course of learner training)

☐ Teacher outside the clinical setting (design and delivery of teaching sessions outside of the clinical setting)

☐ Educational Leader

☐ Educational Scholar

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

☐ CFPC Certified Activity

☐ CFPC Certified Assessment Activity

☐ RCPSC Section 1 Group Learning (Note that if you are pursuing Section 3 accreditation, you will need to complete the Section 3 application form.)

Please upload the certificate of attendance template

What type of assessment is taking place?

○ Group Practice

○ Individual Practice

○ Organization

Identify the objective measurement of change employed in this assessment activity:

○ Fulfillment of a quality improvement cycle

○ Commitment to change contract with follow-up

○ Observation and feedback in a practice setting

○ Summative assessment of change in knowledge/skill/performance

○ Goal setting with follow-up/feedback

○ Case study with feedback provided in an online environment

○ [   ] Other, please describe:

Upload a copy of the objective measurement of change tool used for this assessment activity:

Will this activity include enhanced activities?

◯ Yes

◯ No

Select the enhanced activities you will be providing for this certified activity:

☐ A needs assessment activity that can be completed by program participants that incorporates data from their teaching practice.

☐ Teaching tools and resources with follow-up about impact on practice to increase practice relevance and reinforce learning after the program.

☐ An exercise that includes formal reflection on application of learning to teaching over a realistic period to assess practice change.

An objective measure of change in participant competence/performance:

☐ Learner outcome measurement

☐ Commitment to Change with follow-up

☐ Knowledge Test

☐ Chart audit

Select the enhanced activities that you will be providing for this certified assessment activity:

☐ Formal reflection on the application of changes to teaching, education, administration, leadership, or research because of the assessment activity.

☐ Meeting with a coach or peer related to teaching, education, administration, leadership, or research improvement plan.

☐ 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:

Program duration requested:

Total Learning Hours - full program, base activities

Session learning hours (if participants can select individual sessions within the full program)

Learning hours for enhanced activities

Please provide any additional
information that you feel is pertinent to
the program duration and allocation of
credits.

PLANNING

Is the scientific planning committee (SPC) independent
and responsible for content development?:

○ Yes
○ No

Confirm that the primary target audience is faculty,
preceptors, and/or educators:

☐ Yes
☐ No
☐ [   ] Other:

Please identify all CFPC members on the planning committee that are actively involved, including the SPC Chair. **Note that you <u>MUST</u> have at least one CFPC member on the committee.** 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				⌄	
CFPC Representative				⌄	
CFPC Representative				⌄	
CFPC Representative				⌄	
CFPC Representative				⌄	
CFPC Representative				⌄	

Are there RCPSC members on the planning committee?

○ Yes

○ No

Please list RCPSC members on the planning committee. Please leave lines blank if not relevant.

	Name	Name	Contact	Faculty Appointment at NOSM University?	Community
	Last	First	Email Address		
RCPSC				⌄	
RCPSC				⌄	
RCPSC				⌄	
RCPSC				⌄	
RCPSC				⌄	

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
	Last	First	Email Address	
MD – No College affiliation				`
Health Sciences Representative (skip if not relevant)				`
Learner Representative (skip if not relevant)				`
Patient Representative (skip if not relevant)				`
Additional representation of the target audience				`

	Name	Name	Contact	Professional College Affiliation
	Last	First	Email Address	
Additional representation of the target audience				
Additional representation of the target audience				
Other				
Other				

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

Does this activity include:

☐ Speakers

☐ Presenters

☐ Moderators

☐ Facilitators

☐ Coaches

☐ Peer Reviewers

☐ Assessors

☐ Authors

☐ [   ] Others, explain:

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

☐ Determining learning needs

☐ 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

* We attest that the conflicts of interest identified by scientific planning committee members, speakers,

moderators, facilitators, and authors will be disclosed to participants:

○ Yes

○ No

* We attest that the scientific planning committee 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

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

☐ Mainpro+ Education and Ethical Standards

☐ Program Learning Objectives determined from needs assessment

☐ Session learning objectives if relevant, (may be refined by the presenter/speaker)

☐ CFPC Conflict of Interest disclosure slide presentation requirements

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

* 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.

QUALITY CRITERIA AND DOCUMENTATION

Program keywords:

☐ Assessment

☐ Clinical reasoning

☐ Clinical teaching

☐ Coaching

☐ Evaluation

☐ Feedback

Learner in difficulty

☐

☐ Learner safety

☐ Learning plan

☐ Patient safety

☐ Reflection on own teaching

☐ Selectivity

☐ Time management

☐ Curriculum planning

Other: Please describe:

☐

Quality Criteria 1: Needs Assessment and Practice Relevance

Select the needs assessment methods used to identify the **perceived needs** of the participants:

☐ Surveys   ☐ Focus groups/interviews

☐ Evaluation of feedback from previous education events

☐ Other - Please specify:

[   ]

Select the needs assessment methods used to identify the **unperceived needs** of the participants:

☐ Literature reviews

☐ Learnerfeedback

☐ Learner assessment results

☐ Accreditation reports

☐ Medical education literature

☐ Gap analysis

☐ Interviews with stakeholders

☐ NOSM U CEPD Needs Assessment

☐ [   ] Other: Please describe

Outline the learning needs (gaps) identified and how they are linked to the program learning objectives, and how the RCPSC CanMEDs / CFPC CanMEDS-FM competencies and/or the CFPC's Fundamental Teaching Activities Framework domains are relevant to the needs assessment results:

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-FM Role(s)
Learning Objective 1		
Learning Objective 2		
Learning Objective 3		

Describe how the planning committee members were selected and how they represent the target audience (Note: this question relates to the overarching criteria of addressing the needs of the target audience and practice relevance):

Explain how the diversity of the faculty, preceptors, learners, and staff affected by the outcomes of this activity were considered in the needs assessment process. If it was not, how could it be included in future planning?

Because you have identified that this is a **Certified Assessment Activity**, please describe how you validated the chosen assessment method:

Because you have identified that this is a **Certified Assessment Activity**, please describe how assessors, if they are used, are trained. Please indicate n/a if there are no assessors.:

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

Quality Criterion 2: Active Learning, Engagement and program Format

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

- ☐ Audience question and answer period
- ☐ Audience response systems
- ☐ Case discussions
- ☐ Quizzes and multiple-choice questions
- ☐ Discussion boards
- ☐ Small group breakouts
- ☐ Game-based learning/immersive scenarios
- ☐ Role playing
- ☐ Artificial Intelligence (AI) enabled tools
- ☐ Simulation/immersive scenarios
- ☐ Learning circles
- ☐ Creative arts (therapeutic arts/storytelling)
- ☐ [   ] Other-Please specify:

Because you have identified that this is a **Certified Assessment Activity**, please identify the data source(s)

that participants will use for review and reflection:

☐ Teaching assessments

☐ Learner feedback

☐ Patient feedback on learner performance

☐ Accreditation reports/standards

☐ [   ] Other-Please describe:

Because you have identified this as a **Certified Assessment Activity**, please identify the form(s) of feedback that will be used in this assessment activity:

☐ Self-Assessment of practice questionnaire with results compared to standards

☐ Teaching assessment review exercise

☐ Peer observation of teaching with feedback

☐ Debrief and feedback from simulation

☐ Feedback from coaches, peers, learners, or mentors

☐ [   ] Other-please describe:

Because you have indicated that this is a **Certified Activity**, please upload a copy of the agenda or lesson

plan(s) that outline the time spent in each component of the activity, as well as the interactive elements.

Because you have identified that this is a **Certified Assessment Activity**, please upload a copy of the assessment tool/format used.
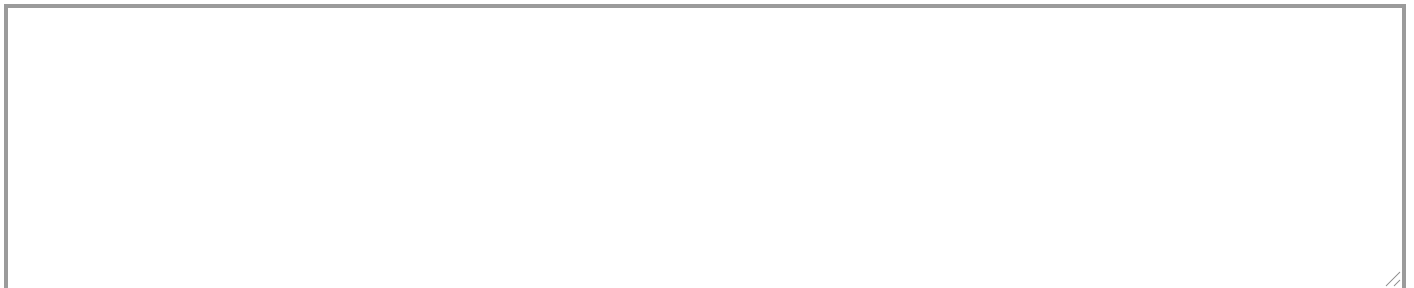
Because you have identified that this is a **Certified Assessment Activity**, please describe how learning outcomes can be measured and achieved within the assessment activity timeframe:

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

Explain how you have 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 learning objectives and program content reflects the diverse perspectives relevant to the content/topic

discussed. If you have not considered this, please identify how you might do so for future activities:

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

[text box]

Quality Criterion 3: Incorporation of Evidence

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

☐ Pedagogical literature

☐ Social sciences literature

☐ Humanities literature

☐ Business literature

☐ Educational theory

☐ [text box] Other-please specify:

Describe how evidence was identified and selected for this activity:

```

```

Quality Criterion 4: Evaluation and Outcome Assessment

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

```

```

Describe how participants will be engaged in evaluating the proposed activity and any individual sessions (where relevant):

Describe how evaluation feedback is used, who reviews it, how often it is reviewed, and how it is used for quality improvement:

Upload a copy of the evaluation form/format that includes:

- Collection of data that can be disaggregate to guarantee feedback from equity-seeking learners
- Participant feedback about the facilitation and delivery of the activity and how well the instructors/facilitators created a safe, accessible, and productive learning environment
- (For Certified Assessment Activities) An objective measurement of change in competence or

performance for participants
- Self-reported change in teaching, education, administration, leadership, and research competencies through the Fundamental Teaching Activities Framework and/or CanMEDS-FM Roles (as identified in the learning objectives)
- Evaluation of learning confidence in achieving/implementing program learning objectives
- Evaluation of potential biases within the activity

Powered by Qualtrics