

PROGRAM DETAILS

This application form is only meant for rounds and journal club (not educational series or repeating workshops). If you are seeking certification for a faculty development activity, a conference, workshop, asynchronous, or educational series type of activity, please use the appropriate form located on the [Accredit Your Program](#) page.

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

Please review the [CFPC Understanding Mainpro+ Certification](#) to ensure that this program aligns.

Note that for this application you will need to upload the following documentation:

- Certificate/Letter of Attendance template
- List of Topics (for the upcoming year, or for the past year)
- Activity Schedule for the year (Dates, Times, Locations, and speakers and topics known at the time of application)
- Session Agenda with description, learning objectives, speaker etc

- Evaluation (Program and Session template)

Activity Information:

Activity Title:

Activity Start Date:

If this is a renewal of a previously certified activity, please enter the expiration date of the current certification period.

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.

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 confirm that you have read the [CFPC Understanding Mainpro+ Certification](#).

- ☐ Yes
☐ No

Please select the activity type:

- ☐ Hospital/Clinical Rounds
☐ Journal Club

Fees

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 Activity (One Year) – \$450

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

☐ 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
- ☐ Both
- ☐ None

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

- ☐ Health care / pharmaceutical industry (HPI)
- ☐ Other for-profit organization

Provide the HPI 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		

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

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		

Details	
Sponsor Name	
Sponsor #4	<div><div></div></div>

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

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

- ☐ Financial
- ☐ In-Kind
- ☐ Both
- ☐ None

Provide the not-for-profit sponsor name(s):

	Details	Fi
	Sponsor Name	
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:

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

- ☐ Yes
- ☐ No

Upload a copy of your sponsor agreement(s) to guarantee compliance with the National Standard for Support of Accredited CPD Activities.

Does the CPD provider 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?

- ☐ Yes
- ☐ No

Has the CPD provider organization made sure that all sponsorship funds are paid directly to the CPD provider organization/scientific planning committee or third-party non-commercial interest designated by the CPD provider organization?

- ☐ Yes
- ☐ No

Registration Fee: (Indicate N/A if not applicable)

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 (please click all that apply):

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

Is this program being marketed to an Ontario audience?

- ☐ Yes
- ☐ No

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

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

Opportunity to Share Expertise and Build Community

To support communities and Local Education Groups across northern Ontario, CEPD has developed a [Rounds Collective website](#), where accredited rounds providers are able to advertise their own activities to a broader northern audience, and where they may access rounds being offered by other providers.

The intent of the collective is to share the local expertise and content being offered around common issues, and to create a supportive network across communities, particularly for rural and remote communities that may not have the human resources to develop the relevant content. We hope that this contributes to the development of a broader community of practice across the northern Ontario communities.

Participation in the Rounds collective is optional, and planning committees decide which rounds they'd like to share vs which

ones they'd like to keep local to their own community.

Please indicate below if you'd like to have a member of the CEPD team reach out to discuss having your rounds included in the Rounds Collective.

- ☐ Yes, please contact me about participating in the Rounds Collective
- ☐ No, we are not interested in including our rounds in the Rounds Collective, but we understand that we can access the rounds developed by other providers in the Collective at any time.
- ☐ We are already part of the Rounds Collective and would like to continue participating

Credits:

Provide the total education content time included in the proposed program (excluding breaks, meals, opening and closing remarks, and time allotted to complete evaluations). For recurring activities, enter the hours equal to the total number of sessions to be delivered. You must submit the **program** agenda (agenda for the year) for confirmation purposes.

Number of sessions

Hours per session rounded to the nearest
15 minutes (e.g., 1.5)

Total education content time (Number of sessions multiplied by the hours per session)

How many times will certificates of participation be issued?

- ☐ After each session
- ☐ Twice per year
- ☐ Once per year
- ☐ Other (explain):

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

- ☐ Yes
- ☐ No

Please indicate:

Organization name:

Number of Credits (annual total)

Type of credits

PLANNING Block for CFPC application

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

- ☐ Academic family physicians
- ☐ Rural and Remote practising family physicians
- ☐ Urban practising family physicians
- ☐ Researchers
- ☐ Residents
- ☐ Interprofessional teams, please identify types of health professionals:

- ☐ Family Physicians with a Community of Practice in:

- ☐ Royal College Physicians with a specialty in:

Please identify all CFPC members on the planning committee that are actively involved, including the SPC Chair. **Note that you MUST 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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<div>▼</div>	<input type="text"/>
CFPC Representative	<input type="text"/>	<input type="text"/>	<input type="text"/>	<div>▼</div>	<input type="text"/>
CFPC Representative	<input type="text"/>	<input type="text"/>	<input type="text"/>	<div>▼</div>	<input type="text"/>
CFPC Representative	<input type="text"/>	<input type="text"/>	<input type="text"/>	<div>▼</div>	<input type="text"/>
CFPC Representative	<input type="text"/>	<input type="text"/>	<input type="text"/>	<div>▼</div>	<input type="text"/>
CFPC Representative	<input type="text"/>	<input type="text"/>	<input type="text"/>	<div>▼</div>	<input type="text"/>

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?	Description of how the member represents the target audience
	Last	First	Email Address		Specialty; community; member of under-represented group; patient; etc.
RCPSC Representative	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text"/>
RCPSC Representative	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text"/>
RCPSC Representative	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text"/>
RCPSC Representative	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text"/>
RCPSC Representative	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text"/>



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"/>	<div>▼</div>	
Health Sciences Representative (skip if not relevant)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<div>▼</div>	
Learner Representative (skip if not relevant)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<div>▼</div>	
Patient Representative (skip if not relevant)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<div>▼</div>	
Additional representation of the target audience	<input type="text"/>	<input type="text"/>	<input type="text"/>	<div>▼</div>	
Additional representation of the target audience	<input type="text"/>	<input type="text"/>	<input type="text"/>	<div>▼</div>	
Additional representation of the target audience	<input type="text"/>	<input type="text"/>	<input type="text"/>	<div>▼</div>	
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<div>▼</div>	
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<div>▼</div>	

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 there is a communication plan in place to ensure presenters 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 Standard for Support of Accredited CPD Activities

We attest that:

- ☐ For hospital/clinical rounds, the scientific planning committee is accountable to the head of the department, chief of staff, or equivalent
- ☐ This activity will not include content created by HPI organizations or agencies working on their behalf
- ☐ We will adhere to all ethical and administrative standards for promoting and marketing this activity

Keywords

To help people search for activities suited to their individual learning needs, please select the keywords most relevant to your activity:

Administration

- | | | |
|---|--|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Medical Informatics | <input type="checkbox"/> Practice Management |
| <input type="checkbox"/> Management | <input type="checkbox"/> Patients | |

Quality Assurance / Quality Improvement

- | | | |
|--|---|--|
| <input type="checkbox"/> Allied Health Professionals | <input type="checkbox"/> Clinical Practice Guidelines | <input type="checkbox"/> Legal/Medico-Legal |
| <input type="checkbox"/> Statistics | <input type="checkbox"/> Assessment | <input type="checkbox"/> Quality Improvement |
| <input type="checkbox"/> Practice Improvement | <input type="checkbox"/> Faculty Development | |

Education and Teaching

- | | | |
|---|---|---|
| <input type="checkbox"/> Academic Medicine | <input type="checkbox"/> Art & Medicine | <input type="checkbox"/> Child Abuse |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Culture | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Environmental medicine | <input type="checkbox"/> Ethics | <input type="checkbox"/> Global Health |
| <input type="checkbox"/> Health Economics | <input type="checkbox"/> Health Policy | <input type="checkbox"/> History |
| <input type="checkbox"/> Homecare | <input type="checkbox"/> International Medicine | <input type="checkbox"/> Lifestyle |
| <input type="checkbox"/> Medical Careers | <input type="checkbox"/> Medical Education | <input type="checkbox"/> Medical Students and Residents |
| <input type="checkbox"/> Nutrition and Metabolism | <input type="checkbox"/> Preventive Medicine | <input type="checkbox"/> Religion/Spirituality |

☐ Sociology

Research and Scholarship

- | | | |
|---|--|--|
| <input type="checkbox"/> Addiction Medicine | <input type="checkbox"/> Basic Sciences | <input type="checkbox"/> Behavioural Science |
| <input type="checkbox"/> Epidemiology | <input type="checkbox"/> Evidence-based Medicine | <input type="checkbox"/> Genetics |
| <input type="checkbox"/> Molecular medicine | <input type="checkbox"/> Pharmacology | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Research methods | <input type="checkbox"/> Toxicology | <input type="checkbox"/> Vaccines |

Clinical Care

- | | | |
|---|---|---|
| <input type="checkbox"/> Allergy | <input type="checkbox"/> Alternative/Complementary Medicine | <input type="checkbox"/> Addictions Medicine |
| <input type="checkbox"/> Adolescent Medicine | <input type="checkbox"/> Aesthetic medicine | <input type="checkbox"/> Anesthesia and Analgesia |
| <input type="checkbox"/> Cancer Care | <input type="checkbox"/> Cardiovascular Medicine | <input type="checkbox"/> Cardiovasuclar Surg |
| <input type="checkbox"/> Chiropractice Medicine | <input type="checkbox"/> Chronic Disease Management | <input type="checkbox"/> Community Medicine |
| <input type="checkbox"/> Cosmetic Medicine | <input type="checkbox"/> Critical Care | <input type="checkbox"/> Dentistry/Oral Medic |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Drugs |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Endocrinology | <input type="checkbox"/> ENT |
| <input type="checkbox"/> Family Practice/Primary Care | <input type="checkbox"/> Forensic Medicine | <input type="checkbox"/> Gastroenterology |
| <input type="checkbox"/> General Surgery | <input type="checkbox"/> Geriatric Medicine/Care of the Elderly | <input type="checkbox"/> Gynecology |
| <input type="checkbox"/> Hematology | <input type="checkbox"/> Hospitalist Care | <input type="checkbox"/> Imaging Techniques |
| <input type="checkbox"/> Immunology | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> Laboratory Medicine |
| <input type="checkbox"/> Indigenous People's Health | <input type="checkbox"/> Mental health | <input type="checkbox"/> Nephrology |

- | | | |
|---|--|---|
| <input type="checkbox"/> Men's health Neurology | <input type="checkbox"/> Neurosurgery | <input type="checkbox"/> Nuclear Medicine |
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Obstetrics | <input type="checkbox"/> Occupational/Industrial Medicine |
| <input type="checkbox"/> Oncology | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Orthopedic Surgery |
| <input type="checkbox"/> Pain Management | <input type="checkbox"/> Palliative Care | <input type="checkbox"/> Pathology |
| <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Prison Medicine | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Psychotherapy/Counseling | <input type="checkbox"/> Public Health | <input type="checkbox"/> Radiation Therapy |
| <input type="checkbox"/> Radiology | <input type="checkbox"/> Rehabilitation Medicine | <input type="checkbox"/> Respiratory Medicine |
| <input type="checkbox"/> Rheumatology | <input type="checkbox"/> Rural Medicine | <input type="checkbox"/> Sexual Health and Medicine |
| <input type="checkbox"/> Sports & Exercise medicine | <input type="checkbox"/> Surgery | <input type="checkbox"/> Thoracic Surgery |
| <input type="checkbox"/> Transplant Medicine | <input type="checkbox"/> Travel Medicine | <input type="checkbox"/> Tropical Medicine |
| <input type="checkbox"/> Urology | <input type="checkbox"/> Vascular Surgery | <input type="checkbox"/> Women's Health |



QUALITY CRITERIA AND DOCUMENTATION

QUALITY CRITERIA – CERTIFIED ACTIVITIES

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

☐ Referral patterns

☐ Critical events reports

Reports of near misses

☐

☐ Epidemiological data analysis

☐ Gap analysis

☐ Patient feedback/input from people with lived experience

☐ [NOSM U CEPD Needs Assessment](#)

Other: Please specify:

☐

Outline the needs identified from data collected and how this led to identifying knowledge, skills, or behaviour gaps in CanMEDS-FM competencies:

List the program learning objectives derived from the needs assessment results and the most applicable CanMEDS-FM role(s) addressed by the learning objectives:

	Objective	CanMEDs
Program Learning Objective	<input type="text"/>	<input type="text"/>
Program Learning Objective	<input type="text"/>	<input type="text"/>
Program Learning Objective	<input type="text"/>	<input type="text"/>

Quality Criterion 2: Active Learning, Engagement and Program Format

Select the activity learning formats:

- ☐ Didactic Lectures
- ☐ Small Group Learning
- ☐ Panel Discussion
- ☐ Workshops
- ☐ Podcasts/Audio learning
- ☐ Video Recordings
- ☐ Asynchronous Webinars
- ☐ Online Modules
- ☐ Micro-Learning
- ☐ Other (Please Specify):

Please upload a list of **topics** you intend to cover in the upcoming year. If you do not have the **topics** for the upcoming year, please provide the list of **topics** covered in previous hospital/clinical rounds or journal clubs:

Please upload a copy of the hospital/clinical rounds or journal club **annual schedule** with dates and times, including a sample of an agenda for one of the sessions.

How does the activity content address equity, diversity and inclusion issues? Describe how you will encourage critical thinking and provide space for discussion of social justice topics. Use specific examples.



How will you make sure that the learning materials and resources are culturally sensitive and free from discriminatory content?



If applicable, describe the training and support provided to facilitators and speakers to create a safe and accessible learning environment, especially in cases involving psychologically and socially triggering content:



Select methods 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:

How will participation be tracked and how can learners ask questions and receive answers about the program content?

Quality Criterion 3: 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
- ☐ Biological sciences literature
- ☐ Physical sciences literature
- ☐ Social sciences literature
- ☐ Humanities literature
- ☐ Business literature
- ☐ Educational theory
- ☐ Other-please specify:

Describe how evidence was identified and selected for this

activity:



How do you ensure that content avoids relying on stereotypes related to race, gender and ethnicity when making recommendations or providing information? If possible, please give specific instances where this concern has been addressed.



How does your program take into account the Canadian context when making recommendations or discussion the implementation of evidence? If possible, please provide examples.



Explain how the content addresses the needs and perspectives of diverse communities across Canada. How do you make sure it's relevant and respectful to different groups?

Will sessions include discussions of off-label or unapproved treatments?

- ☐ No
- ☐ Maybe (please explain)
- ☐ Yes (please explain)

Quality Criterion 4: Evaluation and Outcome Assessment

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

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 disaggregated 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

POST ACTIVITY REVIEW

We agree that this activity may be selected for a post-session review of one or more of the dates provided in the annual agenda.

- ☐ Yes
- ☐ No (Note: In order to be eligible for certification, a post-activity audit must be agreed to)

For a post-session review, we understand that we must submit the following materials to the CEPD Office within 2 weeks of the request:

- ☐ All promotional materials related to the activity
- ☐ Record of SPC meeting minutes
- ☐ Completed COI forms for the SPC and speakers/Facilitators
- ☐ Attendance list for the activity (all sessions)
- ☐ Session Evaluation results
- ☐ Copy of COI disclosure (slides) made to the audience
- ☐ Copies of the material delivered and recordings (if available)
- ☐ Copies of any sponsor acknowledgement/promotion that occurred during the activity
- ☐ Copies of speaker/presenter communications
- ☐ Copy of letters of participation issued to participants
- ☐ Other materials deemed relevant by the CEPD Office

DOCUMENTATION

Certificate/Letter of Attendance

List of Topics (for the upcoming year, or for the past year of rounds/journal club)

Activity Schedule for the year (Dates/Time/Location - Speakers and Topics known at the time of application)

Activity Agenda (For one of the upcoming sessions)

Evaluation (Copy of the Program and Session Evaluation template)

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