



COLLEGE OF PHYSICIANS & SURGEONS PAKISTAN

College of Physicians & Surgeons Pakistan is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians



DEPARTMENT OF MEDICAL EDUCATION

PRE-ACTIVITY FORM FOR INITIATING A CPSP CME ACTIVITY

GENERAL INFORMATION:

Name of CPSP Department/Faculty: _____

Name of organizer/planner: _____

Title of CME Activity: _____

Attach duly filled prescribed Disclosure Form for commercial support or relevant financial relationship of organizer/planner/speakers.

DETAILS OF ACTIVITY:

Title: _____

Date(s): _____

Duration (Teaching hours): _____

Main Venue:

1. Type of activity (Please tick):

Lecture Seminar Workshop Short Course

Conference Others (Please specify): _____

2. Venue of the activity

Single Venue Multiple Venues (Video linked)

Please mention all venues: _____

3. Target audience:

Expected number of participants:

Physicians Specialists Consultants Postgraduate Residents Others

4. Description of activity:

- Goals
- Objectives
- Schedule
- Name, qualification of Presenters/Facilitators (Attach CVs of the planners/speakers)
- Educational Material (abstract/outline of presentations/handouts)
- Evaluation Form to ascertain change in competence/performance/patient outcomes (sample attached)
- Speakers sponsored by: _____

TERMS AND CONDITIONS:

- ❖ Already approved activities such as regular workshops of Supervisors & Trainees require prior intimation of two weeks.
- ❖ Activities proposed by the Faculty/Departments of CPSP conducted within CPSP or at its Regional centers will require prior intimation of four weeks and will be conducted after approval from the competent authority.
- ❖ Activities, proposed by CPSP Faculties/Departments, to be conducted outside CPSP or its Regional Centers shall require submission of application at least eight weeks prior to the proposed date of commencement.
- ❖ Attendance sheet of the participants along with their CPSP ID/ RTMC number / Fellowship ID and Email address is required for the issuance of CME credits.
- ❖ A report of the activity is to be submitted to the CME unit within one week of each activity.

Signature

Date

FOR OFFICE USE (CME UNIT):

- Activity Reference No.....
- The activity addresses a topic with a potential financial relationship with a commercial interest
 Yes NO
- If yes send the material to Review Committee for management of financial relationship