



Important information before you begin:

- Group Learning Activities approved under Section 1 must be developed or co-developed by a [physician organization](#).
- Please allow 6 weeks for processing. Applications received less than 4 weeks in advance of the start of the educational activity will be subject to a rush fee, and will only be accepted based on availability of our accreditation team to complete the review. Applications will not be accepted 2 weeks or less in advance.
- MOC section 1 – Accredited Group Learning (including conferences, symposia, seminars, and workshops) are approved for a maximum of one year from the start date of the activity.
- Accreditation will not be granted retroactively.
- The organization that developed the activity is responsible for maintaining all records (including attendance records) for a 5-year period.
- The Royal College of Physicians and Surgeons of Canada has created a [CPD activity toolkit](#) to help developers of educational activities who want to create quality programs.

Activity Information			
Title of group learning activity:			
Activity start date: (dd/mm/yyyy)		Activity end date: (dd/mm/yyyy)	
Delivery method of group learning activity:	Web-based	Face-to-face	Both web-based and face-to-face
How many times will this activity be held?		Estimated # of participants:	
Has the program been previously accredited?	Yes	No	If yes, when was it reviewed?
If yes, by which CPD accreditation system?			
How many hours are required to complete the program?			

PART A: Administrative Standards

Name of physician organization that developed the group learning activity		
1. Name and contact information for organization requesting accreditation:	Name of physician organization:	
	Address:	
	Email:	Telephone #:
	Website address:	
2. Contact information for main point-of-contact for this application	First Name:	Last Name:
	Address:	
	Email:	Telephone#:

PART B: Educational Standards

1. Describe the intended target audience for this activity:

2. What needs assessment strategies were used to identify the learning needs (*perceived and/or unperceived*) of the target audience?

Examples might include: surveys of potential participants, literature reviews, healthcare data, and assessment of knowledge, competence or performance of potential participants.

Required supporting documentation: Summary of needs assessment results

3. What learning needs or gap(s) in knowledge, attitudes, skills or performance of the intended target audience did the scientific planning committee identify for this activity?

4. Provide the learning objectives developed for:

The overall event:

Specific sessions:

Please consult the Royal College's [guide for creating learning objectives](#) to ensure your objectives are properly composed.

5. How were the identified needs of the target audience used to develop the overall and session-specific learning objectives?

For example:

- *Did the scientific planning committee share the needs assessment results with the speakers who are responsible for developing the learning objectives?*
- *Did the scientific planning committee use the needs assessment results to define the learning objectives for the speakers?*

Required supporting documentation:

- Final program, including overall and session learning objectives
- Promotional material that includes the overall learning objectives

6. [CanMEDS](#) Role(s) relevant to this activity?
Check all that apply

Medical Expert
Communicator
Collaborator

Leader
Health Advocate
Professional

Scholar

<p>7. State the sources of information selected by the planning committee to develop the content of this activity (e.g. scientific literature, clinical practice guidelines, etc.)</p>
<p>8. What learning methods were selected to incorporate a minimum of 25% interactive learning? <i>Examples might include: question and answer periods, small group discussion, workshops, audience response systems, discussion forums, or videoconferencing.</i></p> <p>Required supporting documentation: Proposed event schedule, with start and end times of individual sessions and opportunities for interactive learning clearly identified.</p>
<p>9. How will the overall group learning activity and individual sessions be evaluated by participants?</p> <ul style="list-style-type: none"> • Do you provide an opportunity for participants to identify if the individual session and overall learning objectives were achieved? • Do you ask participants to identify whether the content was balanced and free of commercial bias? • Are there opportunities for participants to identify the potential impact of the activity on their practice? • Does the evaluation include a question on which CanMEDS roles were addressed during the activity? <p>Required supporting documentation: Copy of the evaluation form(s) developed for this activity</p>
<p>10. (Optional) If the evaluation strategy intends to measure changes in knowledge, skills or attitudes of learners, please describe:</p>
<p>11. (Optional) If the evaluation strategy intends to measure improved health care outcomes, please describe.</p>
<p>12. (Optional) If participants will receive feedback related to their learning, please describe the tools or strategies used.</p>

PART C: Ethical Standards

All activities accredited after January 1, 2018 must comply with the [National Standard for support of accredited CPD activities](#). The National Standard applies to all situations where financial and in-kind support is accepted to contribute to the development, delivery and/or evaluation of accredited CPD activities.

1. Has the CPD activity been sponsored by one or more sponsors?	Yes	No	
2. If sponsorship has been received, please check all sources of sponsorship that apply: Required supporting documentation: Sponsorship/exhibitor prospectus developed to solicit sponsors/exhibitors for the activity			
Government agency	Medical device company		
Health care facility	Pharmaceutical company		
Not-for-profit organization	Education or communications company		
Other, <i>please specify</i>			
Please list the name of the sponsor(s) below and indicate whether the sponsor provided financial or in-kind support (should you require more space, attach a new page).			
Sponsor name	Type of support		
	Financial support Amount received or anticipated to receive:	In-kind support Amount received or anticipated to receive:	For-profit sponsor or Non-profit sponsor
	Financial support Amount received or anticipated to receive:	In-kind support Amount received or anticipated to receive:	For-profit sponsor or Non-profit sponsor
	Financial support Amount received or anticipated to receive:	In-kind support Amount received or anticipated to receive:	For-profit sponsor or Non-profit sponsor
	Financial support Amount received or anticipated to receive:	In-kind support Amount received or anticipated to receive:	For-profit sponsor or Non-profit sponsor

Required supporting documentation: Activity budget showing receipt and expenditure of all sources of revenue, including:

- A list of funding sources, including an indication of whether sponsorship was received in an educational grant or in-kind support
- A list of expenditures
- The expected number of registrants

3. How is financial and in-kind support received from sponsors disclosed to participants?
4. Describe the process by which the SPC maintained control over the CPD program elements, including: <ul style="list-style-type: none"> • the identification of the educational needs of the intended target audience; development of learning objectives; • selection of educational methods; • selection of speakers, moderators, facilitators and authors; • development and delivery of content; and • evaluation of outcomes
5. Describe the process used to develop content for this activity that is scientifically valid, objective, and balanced across relevant therapeutic options.
6. Were those responsible for developing or delivering content informed that any description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding?
Yes No
7. All accredited CPD activities must comply with the National Standard for support of accredited CPD activities. If the scientific planning committee identifies that the content of the CPD activity does not comply with the ethical standards, what process would be followed? How would the issue be managed?
8. All members of the SPC, speakers, moderators, facilitators and authors must provide a written description of all relationships with for-profit and not-for-profit organizations over the previous 2 years. How is this conflict of interest information collected and disclosed to: <ul style="list-style-type: none"> • The scientific planning committee? • The learners attending the CPD activity?
Required supporting documentation: Sample conflict of interest disclosure form

<p>9. If a conflict of interest is identified, what are the scientific planning committee's methods to manage potential or real conflicts of interests?</p>
<p>10. How are payments of travel, lodging, out-of-pocket expenses, and honoraria made to members of the scientific planning committee, speakers, moderators, facilitators and/or authors?</p> <p>If the responsibility for these payments is delegated to a third party, please describe how the CPD provider organization or SPC retains overall accountability for these payments.</p>
<p>11. How has the physician organization ensured that their interactions with sponsors have met professional and legal standards including the protection of privacy, confidentiality, copyright and contractual law regulations?</p> <p>Required supporting documentation: Written agreement outlining the terms, conditions and purposes for which sponsorship is provided, signed by the physician organization and the sponsor.</p>
<p>12. Product specific advertising, promotional materials or other branding strategies cannot not been included on, appear within, or adjacent to any educational materials, activity agendas, programs or calendars of events, and/or any webpages or electronic media containing educational material. Please describe how the CPD activity adheres to this standard.</p>
<p>13. Commercial exhibits or advertisements must be arranged in a location that is clearly and completely separated from the accredited CPD activity. Please describe how the CPD activity adheres to this standard.</p>
<p>14. If incentives were provided to participants associated with an accredited CPD activity, how were these incentives reviewed and approved by the physician organization?</p>

15. Unaccredited activities cannot be scheduled at times and locations that interfere or compete with accredited CPD activities, and cannot be included within activity agendas, programs or calendars of events. Please describe how the CPD activity adheres to this standard.

PART D: Declaration

As the chair of the scientific planning committee (or equivalent), I accept responsibility for the accuracy of the information provided in response to the questions listed on this application, and to the best of my knowledge, I certify that the CMA’s guidelines, entitled, *CMA Policy: Guidelines for Physicians in Interactions with Industry (2007)*, and National Standard for Support of Accredited CPD Activities have been met in preparing for this event.

I Agree By clicking “I agree” you are agreeing to the declaration stated above

Name:

Date: (dd/mm/yyyy)

PART E: CPD accreditation agreements

The Royal College has several international CPD accreditation agreements. These agreements allow physicians and/or other health professionals to claim or convert select Royal College MOC credits to other CPD system credits. Details about the specific agreements are available on our [website](#).

Should you wish for this CPD activity to eligible for credit within any of these systems, please check all that apply:

American Medical Association (AMA) PRA Category 1 Credit™

European Union of Medical Specialists (UEMS)

Qatar Council for Healthcare Practitioners (QCHP)

European Board for Accreditation in Cardiology (EBAC)

PART F: Payment

Please refer to our [fee schedule](#). All prices are subject to 13% Harmonized Sales Tax (HST).
HST Registration #: 106842727RT0001

Payment by invoice	Payment by credit card	
Address:	Card number:	
	Expiry date:	CVV:
	Name on card:	

Attach the following documentation to the application form:

Attachment 1	The (summarized) needs assessment results.
Attachment 2	The preliminary program/brochure
Attachment 3	The final program
Attachment 4	Any other materials to promote or advertise the activity (for example, invitations, email announcements) (if applicable).
Attachment 5	Sample conflict of interest disclosure form
Attachment 6	The template evaluation form(s) developed for this activity
Attachment 7	The budget for this activity that details the receipt and expenditure of all sources of revenue
Attachment 8	The template certificate of attendance that will be provided to participants
If applicable	
Attachment 9	The sponsorship and/or exhibitor prospectus developed to solicit sponsorship/exhibitors for the activity
Attachment 10	Written agreement outlining the terms, conditions and purposes for which sponsorship is provided, signed by the physician organization and the sponsor.

Completed forms can be emailed to CAGS at cags@cags-accg.ca.

Please allow up to 4 weeks for review of your application.