

**Children's Hospital
CME Department
200 Henry Clay Avenue
New Orleans, LA 70118
504-896-9264
504-896-3932 (fax)**

**Application for a Continuing Medical Education
Regularly Scheduled Series (RSS) Activity.**

Person: _____ Department: _____

Topic or Title of CME Activity: _____

1. What are the objectives of this CME Activity?

2. What are the desired results regarding competence, performance and/or patient outcomes?

3. Who is the targeted audience?

Suggested day and time of Activity: _____

Suggested place for Activity: _____

Suggested Speaker(s) and contact information:

Activity Format (please check): Lecture Panel discussion
 Other: _____

Commercial Support: No Yes _____

Contact Name and Phone Number: _____

Goals for Attendees Based Upon Desirable Physician Attributes

Check all competencies that apply to the proposed activity:

1. To increase **Medical knowledge** about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care.
2. To provide **Patient care** that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.
3. To enhance **Professionalism** as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
4. To facilitate **Quality Improvement**: identify errors and hazards in care; understand and implement basic safety design principles, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs; and design and test interventions to change processes and systems of care, with the objective of improving quality.
5. To coordinate **Work in interdisciplinary teams**: cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable.
6. To **Employ Evidence-based practices**: integrate best research with clinical expertise and patient values for optimum care, and participate in learning and research activities to the extent of feasible.
7. To **provide Evidence of evaluation of performance in practice**: including the medical care provided for common/major health problems and physicians behaviors, such as communication and professionalism, as they relate to patient care.
8. Other: _____

Signature of Applicant

Date

Time

CME Committee Review/Acceptance

- Application denied
- Application accepted as is
- Application accepted with modifications:

Signature of CME Committee Chair Date Time