CME Bootcamp: RSS application process and documentation training
May 2018
New website

Once logged in, you'll see “My CME” and your name.

Planners tab has resources and templates.

Click on CME to return to home page.

Promoting excellence and quality through life long learning.
CME Application

Instructions: Complete the various sections of the application and scroll to the bottom of each form and click Save. Note that you will need the email addresses of any planners/faculty you identify in the application. The forms can be edited as needed until all required information is entered. When finished, click the 'Submit For Review' button to send it for peer review and possible approval. Review times vary and you will be contacted via email.

Admin User Lookup [ ] □ Hide Approved □ Hide Submitted

<table>
<thead>
<tr>
<th>ACTIVITY ID</th>
<th>ACTIVITY NAME</th>
<th>AUTHOR</th>
<th>LAST REVISED</th>
<th>DISCLOSURE STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>58408</td>
<td>WRN Breast Cancer Conference (Twitter Board)</td>
<td>Olga Jonas, MD, COP</td>
<td>11/27/2017 11:26:35 AM</td>
<td>All disclosures on file</td>
</tr>
</tbody>
</table>

Start a new CME application

Existing application
<table>
<thead>
<tr>
<th>Description</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caroline Mills, MD does not have a disclosure on file. Caroline Mills, MD does not have a disclosure on file.</td>
<td>Disclosures Required</td>
</tr>
<tr>
<td>All disclosures on file.</td>
<td>Submit For Review</td>
</tr>
<tr>
<td>All disclosures on file.</td>
<td>Activity Submitted</td>
</tr>
</tbody>
</table>
Multiple tabs

- **Basics**
- Planning & Faculty
- Documents
  - Faculty spreadsheet
  - Budget
  - Agenda
- Signature
CME application

Multiple tabs

- **Basics**
- Planning & Faculty
- Documents
  - Faculty spreadsheet
  - Budget
  - Agenda
- Signature

Choose “Save and Continue” to advance to the next tab.
CME application

Multiple tabs
- Basics
- **Planning & Faculty**
- Documents
  - Faculty spreadsheet
  - Budget
  - Agenda
- Signature

- Add email address then hit “tab”.
- Will auto populate name and degree if they have a disclosure on file.
- If you erroneously add someone, click on the red circle to delete.
- If you add an email address of someone NOT in our system, then adding them here will make them a profile on our system.
- All Planning committee members, course directors, and those who need to sign the application needs to be entered here.
CME application

Multiple tabs
- Basics
- Planning & Faculty
- Documents
  - Faculty spreadsheet
  - Budget
  - Agenda
- Signature

Faculty/Presenter:
Please upload your list of faculty using the upload button below. Be sure to include the faculty member's full name, degree and email address.

Please upload your list of faculty here (accepted file types: Excel, PDF, Word):

- Faculty list with disclosure information
  - template under “Planner” tab
  - only need to add course director and planner
CME application

Multiple tabs
• Basics
• **Planning & Faculty**
• Documents
  - Faculty spreadsheet
  - Budget
  - Agenda
• Signature

- Faculty list with disclosure information
  - template under “Planner” tab
  - only need to add course director and planner
**CME application**

Screen shot of faculty spreadsheet

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Last Name</td>
<td>First Name</td>
<td>Middle Initial</td>
<td>Degree(s)</td>
<td>Organization/Institution</td>
<td>Role in the activity (course director, planning committee, speaker, moderator, etc.)</td>
<td>Honoraria amount</td>
<td>Financial Relationship (Taken from disclosure form)</td>
</tr>
<tr>
<td>2</td>
<td>E.C. Superior</td>
<td>Jane</td>
<td></td>
<td></td>
<td>NO</td>
<td>Course Director</td>
<td>$0.00</td>
<td>None</td>
</tr>
<tr>
<td>3</td>
<td>E.C. Fairbanks</td>
<td>Joe</td>
<td>A</td>
<td></td>
<td>NO, MS</td>
<td>Speaker</td>
<td>$500.00</td>
<td>Receives honorarium as a speaker from ABC Commercial Interest</td>
</tr>
<tr>
<td>4</td>
<td>E.C. Hurnan</td>
<td>Jack</td>
<td>DO</td>
<td></td>
<td></td>
<td>Speaker</td>
<td>$500.00</td>
<td>Receives funding as a PI for a grant supported by XYZ Company</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$0.00</td>
<td></td>
</tr>
</tbody>
</table>

- Financial Relationship must be filled out.
- Resolution
  - Only resolution method for course directors and planners is for them to attest that they will not plan anything related to their financial relationships
  - They will receive a separate email from the Office of CME
CME application

Multiple tabs
- Basics
- Planning & Faculty
- **Documents**
  - Faculty spreadsheet
  - Budget
  - Supporting documentation
- Signature

Documents needed:
- **Budget**
  - template under “Planner” tab
  - Only need to add budget is requesting funds from a commercial interest for grant. Must contact Office of CME prior to reaching out to companies.
- Faculty spreadsheet
  - Download an *updated* spreadsheet
- Additional supporting documentation for application

To add files to your application.
CME application

Multiple tabs
- Basics
- Planning & Faculty
- Documents
  - Faculty spreadsheet
  - Budget
  - Agenda
- Signature
Questions?
Disclosure Forms
Who should complete the disclosure form?

• Course Director(s)

• Planning Committee Member(s)

• Faculty / Presenters
In other words... anyone who has influence over the educational content of the activity.
Where can I find the disclosure form?

The most direct way to access the disclosure form is from the CME website:

www.cme.northwestern.edu
Continuing Medical Education

Promoting excellence and quality through lifelong learning.

Courses >  CME Application >  My CME >
Scroll to the bottom of the home page:
Alternatively, you can share the direct link:

https://northwestern.cloud-cme.com/Form.aspx?FormID=58
There’s A Cheat Sheet!

Use the cheat sheet to help your Course Directors, Planners and Faculty login and find the disclosure form.

Yes, you can share it with them.
Disclosure of Relevant Financial Relationships for Continuing Professional Education

As a provider approved by the Accreditation Council for Continuing Medical Education (ACCME), Northwestern University Feinberg School of Medicine (NUFSM) requires written, signed disclosure of the existence of relevant financial relationships with industry from any individual in a position to control the content of a CME activity sponsored by NUFSM. Individuals who refuse to disclose relevant financial relationships or refuse to attest to the statements at the end of this form will be disqualified from all aspects of associated CME activities.

Please complete the information below, and then scroll to the bottom of the screen and click Submit. Note that any red highlighted items are required fields and the form cannot be submitted without an answer.

A commercial interest, as defined by the ACCME, is any entity producing, marketing, re-selling, or distributing healthcare goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests.

Relevant financial relationships are those in which an individual (including spouse/domestic partner) has both:

1. A personal financial relationship (any amount) with a commercial interest in the past 12 months (whether relationship has ended or is currently active) AND

2. Control in planning or presenting educational content addressing specific products/agents/devices of the commercial interest (not simply a whole class of products or content about the whole disease class)

Within the past 12 months, have you and/or your spouse or life partner received support from, or had a relationship with, a commercial interest? *

- Yes, I or my spouse/life partner have at present and/or have had within the past 12 months a relevant financial relationship with a commercial interest as listed below:
- No
ATTESTATION OF CE VALUE STATEMENTS

Please indicate your understanding of and willingness to comply with each statement below. If any statements do not apply to your participation in this activity, please select N/A. If you require clarification of these statements or have questions regarding your ability to comply, please contact us immediately.

I have disclosed all relevant financial relationships and I will disclose this information to learners. *
- Agree
- Disagree
- N/A

The content and/or presentation of the information with which I am involved will promote quality or improvements in health care and will not promote a specific proprietary business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be balanced, evidence-based and commercially unbiased. *
- Agree
- Disagree
- N/A

I have not and will not accept any honoraria, additional payments or reimbursements directly from a commercial interest for my participation in this activity. *
- Agree
- Disagree
- N/A

I understand that my presentation/content may need to be reviewed prior to this activity, and I will provide educational content and resources in advance as requested. *
- Agree
- Disagree
- N/A

If I am providing recommendations involving clinical medicine, they will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to will conform to the generally accepted standard of experimental design, data collection and analysis. *
- Agree
- Disagree
- N/A

If I am discussing specific healthcare products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available, and not just trade names from any single company. *
- Agree
- Disagree
- N/A
<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
<th>N/A</th>
</tr>
</thead>
</table>

If I am discussing any product use that is off label, I will disclose that the use or indication in question is not currently approved by the FDA. *

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
<th>N/A</th>
</tr>
</thead>
</table>

If I have been trained or utilized by a commercial interest or its agent as a speaker (e.g., speaker’s bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity. *

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
<th>N/A</th>
</tr>
</thead>
</table>

If I am presenting research funded by a commercial interest, the information presented will be based on generally accepted scientific principals and methods, and will not promote the commercial interest of the funding company. *

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
<th>N/A</th>
</tr>
</thead>
</table>

My signature below indicates that I have read and completed this form myself and to the best of my ability provided current and accurate information. I am aware that financial disclosure information provided in this form will be shared with learners prior to their engagement in this CME/CE activity.

Signature

Signature Image

Date *

Please review your responses above to make sure all required fields (* indicates required) are completed before continuing.
If the person has no relationships to disclose...

• Click No

• Click Agree, Disagree or N/A for the remaining questions

• Sign and date at the bottom

• Click Submit

• ALL DONE!
But what if they have relationships to disclose?!?!
Within the past 12 months, have you and/or your spouse or life partner received support from, or had a relationship with, a commercial interest?

- Yes. I or my spouse/life partner have at present and/or have had within the past 12 months a relevant financial relationship with a commercial interest as listed below.
- No

Please specify your relationship:

- Type of Financial Relationship
- Indicate Applicable Manufacturer

Relationship, If other:

Manufacturer, If other:

Relationship Status: Current or date ended
# Types of Financial Relationships

<table>
<thead>
<tr>
<th>Type of Financial Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary</td>
</tr>
<tr>
<td>Royalty</td>
</tr>
<tr>
<td>Receipt of Intellectual Property Rights/Patent Holder</td>
</tr>
<tr>
<td>Consulting Fee</td>
</tr>
<tr>
<td>Speakers Bureau</td>
</tr>
<tr>
<td>Fees for Non-CE Services Received Directly from a Commercial Interest or its Agent</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

**Northwestern Medicine**

Feinberg School of Medicine
Applicable Manufacturer

- Other
- 3F Therapeutics
- 3M
- Aastrom Biosciences, Inc.
- Abbott Laboratories
- Abbott Vascular
- Abiomed, Inc.
- Abt. Associates
Relationship Status

Within the past 12 months, have you and/or your spouse or life partner received support from, or had a relationship with, a commercial interest?

- Yes. I or my spouse/life partner have at present and/or have had within the past 12 months a relevant financial relationship with a commercial interest as listed below.
- No

Please specify your relationship:  
Type of Financial Relationship: 
Indicate Applicable Manufacturer: 
Relationship, If other: 
Manufacturer, If other: 
Relationship Status: Current or date ended:
More than one relationship? **ADD MORE ROWS!**

<table>
<thead>
<tr>
<th>Type of Financial Relationship</th>
<th>Applicable Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship, if other</td>
<td>Manufacturer, if other</td>
</tr>
</tbody>
</table>

**Relationship Status:** Current or date ended

*Northwestern Medicine*

Feinberg School of Medicine
Once they have added all financial relationships...

- Click Agree, Disagree or N/A for the remaining questions
- Sign and date at the bottom
- Click Submit
- ALL DONE!
Accessing disclosure forms for your activity BEFORE application is submitted

From the Home Screen, click on Administration at the bottom of the page:
You can now look for any disclosure form either by Activity or by the person’s last name.

**Faculty Disclosures**

Instructions: Select an activity from the drop down list. Alternately, you can look up an individual by last name and if a disclosure has been submitted, it will display in the report. The report may take a minute to create. Please be patient. When finished you can export the report to several formats including PDF.

- Activity: 
  - [ ] All
  - [ ] Parents Only

- Individual: 
  - [ ]
Searching By Individual

• Begin typing the person’s last name in the box.
• Choose the correct person from the drop down
• Their disclosure will appear (but only if they completed one!)
Searching By Individual

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2. Control in planning or presenting educational content addressing specific products/devices/treatments of the commercial interest (not simply a whole class of products or content about the whole disease class)

Within the past 12 months, have you or your spouse or life partner received support from, or had a relationship with:

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Northwestern Medicine
Feinberg School of Medicine
ANY QUESTIONS?
Thank You!