|  |
| --- |
| **Application form for accreditation** |

|  |  |
| --- | --- |
| **Title of activity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Data of application \_\_\_\_\_\_\_\_\_\_\_\_\_\_ File No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **To be filled by NCCE** |

1. **General Information**

|  |
| --- |
| **1.1 Institution/Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Head of institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Contact person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.2 Type of activity** (Please check one)   |  |  |  |  | | --- | --- | --- | --- | | Conference |  | Training |  | | Seminar |  | On-the-job training |  | | Workshop |  | Training for trainers |  | | Other |  |  |  | |

|  |
| --- |
| **1.3 Event name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |
| --- |
| **1.4 Training focus:**  Medical Specialty  Non-specialty[[1]](#footnote-2) |

|  |
| --- |
| **1.5 Event date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Duration (in days) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Event location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of participants \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |
| --- |
| **1.6 Actual hours[[2]](#footnote-3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

1. **Event Information**

|  |
| --- |
| **2.1 Was there a need assessment done for this event? yes No**  **If Yes, please briefly describe the identified needs:** |

|  |
| --- |
| **2.2 Briefly state the purpose of the event:** |

|  |
| --- |
| **2.3 State the objectives of the event and describe the desired results of the event.**  **Objectives regarding professionals’ competencies :**  **Objectives regarding professionals’ performance:**    **Objectives regarding professionals’ attitudes:** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2.4 Information on trainers/lecturers** (Please submit résumé(s) with application)   |  |  |  | | --- | --- | --- | | **Full Name** | **Specialty** | **Current Position** | | **1.** |  |  | | **2** |  |  | | **3** |  |  | | **4** |  |  | | **5** |  |  | | **6** |  |  | | **7** |  |  | | **8** |  |  | | **9** |  |  | | **10** |  |  | | **11** |  |  | | **12** |  |  | |

|  |
| --- |
| **2.5 The main category of professionals participating in the event.** (Check all that apply)  **Physician** Specify Specialty \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Nurse/Midwife**  **Manager/Director**  **Dentist**  **Pharmacist**  **Other** Specify **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |
| --- |
| **2.6 Will the participants evaluate the event? yes  no**  **If yes, are you willing to share the results of the evaluation?**  **Yes  No**  Submit a copy of the evaluation form with application |

|  |
| --- |
| **2.7 Will you evaluate the learning process of the participants? yes  no**  **If yes, what type of method will you use?**  Survey  Oral exam  Practical exam  Written exam  **Are you willing to share a brief report on the results of these evaluations?**  **Yes  No**  Submit a copy of the evaluation form with application |

|  |
| --- |
| **2.8 Will you document the presence of the participants?**  **Yes  No**  **At the end of the event, are you willing to submit the list of participants?**  **Yes  No** |

|  |
| --- |
| **2.9 If a foreign language is to be used, will there be simultaneous translation?**  **Yes  No** |

|  |
| --- |
| **2.10 What type(s) of pedagogical methods will you use during the event? (**Check all that apply**)**  lecture  discussion  technical demonstration  case study  role playing  team work  other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Submit a detailed event program with application |

|  |
| --- |
| **2.11 What kind of didactic materials will you use:**  curriculum/reference materials  lecturer’s presentation  handouts  promotional materials  other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Submit didactic materials with application |

**3. Event finance information**

|  |
| --- |
| **3.1 Is there a registration fee? Yes  No** |

|  |
| --- |
| **3.2 The event is financed by:**  Budget of Ministry of Health  Other governmental institutions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Commercial sponsor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Registration fee  Organization/Institution organizing the event  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Does the financial source cause any possible conflict of interest?**  **Yes  No**  Please use the conflict of interest declaration attached as Annex 1. |

**\***The NCCE reserves the right to publish information regarding this event.

\*The NCCE reserves the right to monitor this event.

**\*** The program accredited by NCCE should include the following statement:

**“This event is accredited by the National Center of Continuing Education and has been awarded x credits”.**

Please attach the following documents to the application form:

* Résumés of lecturers/trainers involved in the event (speakers and curricula developers)
* A copy of the evaluation form for the event (if applicable)
* A copy of the learning process evaluation form (if applicable)
* A copy of the detailed program of the event
* All didactic materials that will be used during the event, such as: curriculum, reference materials, presentations and handouts

A copy of the conflict of interest declaration signed by the contact person (if there is a conflict of interest).

For more information regarding the application for accreditation of continuing education activities, please see **“Guidelines for internal evaluation of continuing education activities for health professionals**”, a NCCE publication.

**Annex I**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONFLICT OF INTEREST DECLARATION[[3]](#endnote-2)**

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please fill out the table below:

1. List the name of all entities that offer products of health services (commercial interest party) with the exemption of non-profit or governmental organizations and non-health care related companies with which you, have, or have had, a relevant financial relationship within the past 12 months. In addition, you should also declare any financial relationships of your spouse/partner that you are aware of.
2. Delineate what you or your spouse/partner received (salary, honorarium etc).
3. Delineate your or your souse/partner’s role

|  |  |  |
| --- | --- | --- |
| **A. Commercial Interest** | **Nature of financial relationship** | |
| B. What was received? | For what role? |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **Examples** | |
| **What was earned**: Salary, royalty, intellectual property rights, honoraria, ownership interest (e.g. stocks, stock options or other ownership interest, excluding diversified mutual funds) or other financial benefit. | **Role(s):** Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and “other activities” (please specify). |

If you do not have financial relationships to disclose, please check:

* **“I do not have any relevant financial relationships with any commercial interests”**

I attest that the information above is accurate and true, and I agree that all elements of the educational activity for which I am responsible will be balanced based upon the best available scientific evidence, and free of commercial influence.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Refers to topics such as ethics, health education, management, information technology etc. [↑](#footnote-ref-2)
2. Refers to event’s actual hours which do not include registration, introductions, and breaks. [↑](#footnote-ref-3)
3. The provider should make copies of the declaration of conflict of interest and have them signed by all the persons involved in the process of planning, organizing and/or delivering the event. The latter should be previously informed on the conflict of interest criteria, which are determined in the “Guidelines on the procedures and criteria of the accreditation system”. [↑](#endnote-ref-2)