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| **Application form for accreditation**  |

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

1. **General Information**

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

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| **1.2 Type of activity** (Please check one)

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| Conference  |  | Training |  |
| Seminar |  | On-the-job training |  |
| Workshop |  | Training for trainers |  |
| Other  |  |  |  |

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

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

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

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

1. **Event Information**

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

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

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| **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:**  |

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| **2.4 Information on trainers/lecturers** (Please submit résumé(s) with application)

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| **Full Name**  | **Specialty** | **Current Position**  |
| **1.** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **6** |  |  |
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| **12** |  |  |

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| **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 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **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 |

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| **2.7 Will you evaluate the learning process of the participants? yes  no** **If yes, what type of method will you use?** Survey Oral examPractical examWritten 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 |

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| **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**  |

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

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| **2.10 What type(s) of pedagogical methods will you use during the event? (**Check all that apply**)** lecture discussion technical demonstrationcase studyrole playingteam workother \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Submit a detailed event program with application  |

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| **2.11 What kind of didactic materials will you use:** curriculum/reference materialslecturer’s presentationhandoutspromotional materialsother \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Submit didactic materials with application |

 **3. Event finance information**

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

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| **3.2 The event is financed by:**Budget of Ministry of HealthOther governmental institutions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Commercial sponsor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Registration feeOrganization/Institution organizing the eventOther \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **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

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