



2023 AUA Annual Meeting CME Application

Submit the below CME Application Form along with your Preliminary program **by December 9, 2022**. No CME will be granted if your application is not received by the deadline.

Note, the form cannot be saved once completion has started. Use this sample form as a template to draft your responses before entering them electronically.

Complete the information below.

1. ***Activity Title:**
2. **Activity Date:**
3. ***List the Program Chair(s) and/or Planning Committee Names:**
4. ***Professional Practice Gap(s):** What is the problem we want to fix? What are the practice-based issues/gaps that you want to address? *A professional practice gap is the difference between ACTUAL (what is) and IDEAL (what should be) in regards to physician performance and/or patient outcomes.*
5. ***Educational Need(s):** What is the reason for these issues? What's the educational need that underlies them – is it a need for increased knowledge or competence? An educational need is the requirement for specific types of education or training on a topic which has been identified by a gap in professional practice.
6. ***Learning Objectives:** What should the learner know or be able to do as a result of the activity? Each learning objective should begin with an appropriate action verb, such as describe, compare, apply, etc. Avoid vague terms such as understand, know, learn, etc. (See [Tischler's CME Action Verbs](#))

After attending this activity, participants should be able to:

7. ***Target Audience:** (Select all that apply)

<input type="checkbox"/>	Urologist
<input type="checkbox"/>	Urologist-in-training
<input type="checkbox"/>	Non-Urologist MD or DO
<input type="checkbox"/>	Advanced Practice Provider
<input type="checkbox"/>	Medical Student
<input type="checkbox"/>	Researcher/Scientist
<input type="checkbox"/>	Nurse
<input type="checkbox"/>	Medical Technician/Assistant
<input type="checkbox"/>	Practice Manager

8. ***Desirable Physician Attributes to be Addressed:** (Select all that apply)

Institute of Medicine (IOM) Core Competencies		ACGME/ABMS Core Competencies	
<input type="checkbox"/>	Patient-centered care	<input type="checkbox"/>	Patient care
<input type="checkbox"/>	Interdisciplinary teams working together to ensure patient care is continuous and reliable	<input type="checkbox"/>	Medical knowledge
<input type="checkbox"/>	Employ evidence-based practice	<input type="checkbox"/>	Practice-based learning and improvement: applied in an individual physician's own practice
<input type="checkbox"/>	Apply quality improvement, e.g., identify errors and hazards in care	<input type="checkbox"/>	Systems-based Practice
<input type="checkbox"/>	Utilize informatics	<input type="checkbox"/>	Professionalism
		<input type="checkbox"/>	Interpersonal Skills and Communication

9. ***Instructional Methods:**

(A) Indicate all of the instructional methods that this activity will use to achieve the learning objectives: (Select all that apply)

<input type="checkbox"/>	Lectures	<input type="checkbox"/>	Panel Discussion	<input type="checkbox"/>	Role Play
<input type="checkbox"/>	Workshop	<input type="checkbox"/>	Video presentation	<input type="checkbox"/>	Small group discussions
<input type="checkbox"/>	Hands-on Lab	<input type="checkbox"/>	Case Studies	<input type="checkbox"/>	Other:

(B) Briefly explain the rationale for using these methods to achieve the desired results.

10. ***Commercial Support**

(Check Response)

- (A) Will you seek commercial support in the form of educational grants? Yes No Unsure
- (B) Will you seek commercial support in the form of in-kind donations? Yes No Unsure

If yes, counter-signed Letters of Agreement (LOAs) must be submitted to the AUA prior to the start of the activity for signature by Shelby Englert, VP of Education. Contact Jody Donaldson at JDonaldson@auanet.org to obtain the correct documentation.

Upload your preliminary program

Upload Preliminary Program (Word doc)

Upload Preliminary Program with Faculty (Excel Template)

Attest and Submit

- *I certify that this education activity, if approved by the American Urological Association for *AMA PRA Category 1 Credit™* will be conducted as planned and I will provide the AUA with any information or materials required to maintain compliance with ACCME Standards for Integrity and Independence in Accredited Continuing Education and the AMA PRA requirements.
- *I have read the AUA CE Mission Statement and verify that the proposed activity is congruent with it.
- *I certify that the following decisions were made/are being made free of the control of a commercial interest (aka ineligible company): (a) identification of CME needs; (b) determination of educational objectives; (c) selection and presentation of content; (d) selection of all persons and organizations that will be in a position to control the content of the CME; (e) selection of educational methods; (f) evaluation of the activity.
- I will adhere to all CME deadlines outlined below and understand that failure to meet a deadline may result in the removal of CME accreditation.

December 9, 2022	Submit the preliminary program and CME Application
February 10, 2023	Provide the final program with all faculty confirmed
February 17, 2023	Ensure all individuals in a position to control the content complete the Faculty Agreement and AUA Conflict of Interest (COI) Disclosure
March 17, 2023	Ensure submission of all speaker presentations and/or COI attestations requested by the COI Review Work Group
March 31, 2023	Provide AUA with a fully executed Letter of Agreement (LOA) if commercial support is received
May 26, 2023	Provide AUA with a reconciliation of any grant allocations, if applicable

*Electronic Signature: _____