

CME Request Form

The first step in planning a CME/CE activity is to complete this short form providing basic information about your planned event. A member of our staff will follow up within ten business days with further instructions.

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| Contact Information | Name: Email: BHSF Leader or Champion: |
| When will the education take place? <i>Conference - 3 months* Symposium 9-12 months*</i> <i>Online Course - 3 months*</i> <small>*Project planning time line subject to change based on priorities/ scope/ budget.</small> | Date (one-time event): Series: how often will it take place? |
| Please provide title or brief description for the education Examples: Emergency Dept team huddle; Leadership in a time of crisis; Clinician well-being | Title/Description: |
| In order to award CME/CE credit, please indicate the duration of the education. | Education duration: _____ hours and _____ minutes <i>Please report time in 15-min increments.</i> |
| What practice-based problem (gap) will this education address? Example: Improve care coordination; Better communication with patients and families | Practice-based problem (gap): |
| What is/are the reason(s) for the gap? How are your learners involved? Examples: We need strategies to discuss difficult topics with family members; Don't know best ways to improve team collaboration | Reason(s) for the gap: |
| What change(s) in strategy, performance, or patient care would you like this education to help learners accomplish? Examples: Eliminate stigmatizing language from communications with patients; Improve my management skills | Desired change(s) in strategy, performance, or patient care: |
| Identify changes learners will intend to make to their strategies, performance, or patient care that will result from this activity and list that information to the right. Example: I will use the evidence-based checklist we discussed to improve screening my patients for past military service. | Changes learners intent to make to strategies, performance, or patient care: |
| Is this course a requirement for physicians? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Target audience | Who should, or is expected to participate in this education? |
| Does this initiative support a Center of Excellence or Baptist Health initiative? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which one? _____ |
| Are you planning to record the lecture to make it an Online Course? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the Online Course format? <input type="checkbox"/> SCORM <input type="checkbox"/> Embedded Link <input type="checkbox"/> Booklet <input type="checkbox"/> Voice over PowerPoint |
| Does your Department have a budget to cover the expenses? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

For questions, contact the Continuing Medical Education Department at 786-596-2398, or CME@BaptistHealth.net