**إدارة التعليم الطبي والأبحاث**

قسم التدريب الطبي

**Medical Education & Research Department**

Medical Training Section

**CPD Activity Accreditation Application Form**

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| **CPD Applicant Details:** |
| Applicant: \* | [ ]  DHA  | [ ]  Non-DHA |
| Organization Name: \*  | To Be Filled |
| Place of Issuing Trade License: | To Be Filled |
| Trade License’s Activity:  | To Be Filled |
| Affiliated/Accrediting Academic or Training Organization?  | [ ]  Yes  | [ ]  No |
| If yes, please mention:       |
| Contact Person Name: \* | To Be Filled |
| Mobile Phone No.: \* | To Be Filled |
| Email Address: \*  | To Be Filled |

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| **Activity Details** |
| Activity Title: \* | To Be Filled |
| Start Date: | Click or tap to enter a date. | End Date: \* | Click or tap to enter a date. |
| Training Hours:       | Venue: \* To Be Filled |
| Has the activity been accredited by any other Accrediting Body? \* |  [ ]  Yes  | [ ]  No |
| If yes, list entity name:       |
| Is the activity limited to the organization’s employees or open to others? \* | Choose an item. |
| Field of Specialty: \* To Be Filled | Target Audience: \* To Be Filled |
| Does this activity include hands-on training? \* | [ ]  Yes [ ]  No | [ ]  human volunteers/patients [ ]  machinery/tools(For training on human volunteers, compliance to the approved clinical standard setting is mandated) [ ]  artificial models [ ]  Others       |
| **CRITERION 1: Accredited CME/CPD is developed to promote good professional practice.****CRITERION 2: Accredited CME/CPD is scientifically valid.** |
| Activity Delivery Mode: \* (Onsite/ Webinar/ Hybrid).  | Choose an item. |
| Please explain why this format was chosen/is appropriate for this activity. *(Criterion 1.3)* | [ ]  To reach a broad target audience[ ]  On-site within my institution to address specific local issues[ ]  Simulation [ ]  We wanted learners to have the option to participate at home or in-person |
| Please provide the following information based on the activity delivery mode: *(Criterion 2)* | [ ]  Live Activity: Attach the activity topics/content (e.g., agenda, brochure, program book, or announcement).[ ]  Enduring Activity: Provide a direct link or URL with generic login(s) and password(s), if necessary for access, or, if text based, a complete copy of the activity. |
| State the professional practice gap(s) of your learners on which this activity is based (Check all that apply.) *(Criterion 1.1)* | [ ]  Public health concern[ ]  Quality data issue[ ]  New or evolving science/disease state[ ]  Changes to procedures or protocols[ ]  Newly available therapies[ ]  New equipment or systems [ ]  Other (please list below): |
| Program’s Learning Outcome (Please check all that apply and explain the educational need(s) that you determined to be the cause of the professional practice gap(s)): *(Criterion 1.1 and 1.2)* | [ ]  Knowledge[ ]  Competence[ ]  Performance[ ]  Quality Improvement/Patient Outcomes |
| How will this education be evaluated for changes in learner knowledge, and/or competence, and/or performance, and/or quality improvement and/or patient outcomes? *(Criterion 1.4)* | [ ]  Ask learners how they will apply this knowledge in practice[ ]  Survey learners after return to practice about changes applied[ ]  Sample focus group of learners after return to practice[ ]  Review changes in electronic health records[ ]  Other (please list below):      |

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| **CRITERION 3: Accredited CME/CPD is independent and free from all sales and marketing messages.****CRITERION 6: Accredited CME/CPD activity educational content must be separate from marketing by ineligible companies, including advertising, sales, exhibits, or promotion.**  |
| **Attestation: We attest that the activity we are submitting for review will meet all the expectations outlined in DHA Criteria 3 and 6.**Name of Provider Representative attesting: \* To Be FilledDate of attestation: \* Click or tap to enter a date. |

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| **FOR CME/CPD ONLY** **CRITERION 4: The accredited provider must identify, mitigate, and disclose relevant financial relationships for all individuals involved in control of accredited CME/CPD activity content.** |
| [ ]  This activity meets one of the exceptions described in *Criterion 4.6* [listed below].* Exceptions: Accredited providers do not need to identify, mitigate, or disclose relevant financial relationships for any of the following activities:

a. Accredited CME/CPD activities that are non-clinical, such as leadership or communication skills training. b. Accredited CME/CPD activities where the learner group is in control of content, such as a spontaneous case conversation among peers. c. Accredited self-directed education where the learner controls their educational goals and reports on changes that resulted, such as learning from teaching, remediation, or a personal development plan. When accredited providers serve as a source of information for the self-directed learner, they should direct learners only to resources and methods for learning that are not controlled by ineligible companies.* If this activity meets one of these exceptions, please state which of the exceptions it meets and provide a brief rationale explaining why it meets this exception:

[ ]  This activity **does not meet** one of the exceptions described in *Criterion 4.6*. Therefore, to meet the expectations of Criterion 4, provide the following information:* Attach a single copy of the forms, tools, or mechanisms used to identify relevant financial relationships of all individuals in control of content. If you use different forms, tools, or mechanisms within your process, upload a single copy of each version used.
* For each individual in control of content, list the name of the individual, the individual’s role (e.g., planner, editor, content reviewer, faculty) in the activity, the name of the ineligible company with which the individual has a relevant financial relationship (or if the individual has no relevant financial relationships), and the nature of that relationship.
* Attach the disclosure of information as it will be provided to learners about the relevant financial relationships (or absence of financial relationships) that each individual in a position to control the content of CME/CPD disclosed to the provider.

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| **Name of Individual** | **Individual’s role in activity** | **Name of ineligible company** | **Nature of relationship** | **Method implemented to mitigate relationship** |
|       |       |       |       |       |
|       |       |       |       |       |
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***[If additional rows are needed, please add rows to the table.]*** |

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| **Additional Requirements:** |
| * Speaker Declaration Form/s duly filled and signed
* In case of Hands-on on Live Subject/s
1. Consent Form from the Live Subject/s
2. Indemnity Form
3. Valid DHA License of the Treating Speaker
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| **Criterion 7: Learners must be informed of who is responsible for the CME/CPD activity and its accreditation** |
| * Attach the accreditation statement, as it will be presented to learners.
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|  [ ]  This activity will not be commercially supported [skip to Terms and Conditions]. [ ]  This activity will be commercially supported [complete table below].

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| Name of Commercial Supporter | Amount of monetary support **or** enter what goods are expected if support will be non-monetary  | Written Agreement attached? |
|       |       | [ ]  Yes[ ]  No |
|       |       | [ ]  Yes[ ]  No |
|       |       | [ ]  Yes[ ]  No |

* If available, attach each completed commercial support agreement for the activity. Copies of written agreements not completed at the time of submission must be forwarded to DHA prior to the activity taking place.

Attach the commercial support disclosure information, as it will be presented to learners. *(Criterion 5.4).* |

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| **Terms and Conditions:**  |
| **The organizers are requested to abide by DHA Accreditation Policy rules; including but not limited to the following:*** Repetition of the training program is not allowed, a new application request (including all documents and fees) must be submitted each time.
* For the purpose of ensuring quality and compliance with the guidelines, DHA Accreditation representatives have the right to randomly inspect/attend the training activities without prior notification. DHA has the right to modify/terminate the number of credit hours granted and the right to stop the training activity as necessary and the activity organizer must abide by any decision made in regards to violation of guidelines.
* The participants can only receive certificates on attending at least 75% of the program/webinar.
* The webinar link or CME/CPD program venue should not have any ineligible company’s name/logo.
* Medical Training Section requires that you provide a copy of the attendance record and evaluation summaries within 30 days from completion of the event.
* Approval for accreditation does not imply authorization to use the DHA logo or name in any association with the activity.
* The organizer may issue other certificates (e.g. Appreciation Certificate or Attendance Certificate) that do not mention CPD or DHA using ineligible company logos.
* The amount paid for the accreditation of the activity is nonrefundable and non-transferable, irrespective of the outcome and whether the activity is held or not.

**Attestation: We attest that our organization will abide by the DHA Accreditation Policy & Rules, as stated above.**Name of Provider Representative attesting:      Date of attestation: Click or tap to enter a date. |

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| **For MERD Use ONLY** |
| **Received (Yes/No)** | **Documents Checklist:** | **Received (yes/No)** | **Documents Checklist:** |
| [ ] Yes [ ] No | Agenda | [ ] Yes [ ] No | Application form |
| [ ] Yes [ ] No | References | [ ] Yes [ ] No | Presentation slides |
| [ ] Yes [ ] No | Speaker declaration form | [ ] Yes [ ] No | CV/Resumes  |
| [ ] Yes [ ] No | Human Volunteer | [ ] Yes [ ] No | CPD Disclosure form  |
| [ ] Yes [ ] No | Others: | [ ] Yes [ ] No | Trade License  |
| **Received Date:** | **Signature:** | **Received by:** | **Payment Receipt Number:** |
| Click or tap to enter a date. |  |       |       |
|       | **Pending details:** |
|       | **Further Information/Documents:** |
|  **Reviewers Section:**  |
| [ ]  Rejected *Justification:*        | CPD points:       |  [ ]  Approved  |
| **Comments if any:**       |
| Signature:  | **Date & Signature:** |
| Date: Click or tap to enter a date. |
| Signature:  | **Head of Medical Training Section:** |
| Date: Click or tap to enter a date. |
|       | Comments, if any: |