

CPD/CME SECTION 3 ACCREDITATION STEP-BY-STEP GUIDE

CPD/CME SECTION 3 ACCREDITATION REQUEST FORM:

1. Complete and submit the “CPD/CME Section 3 (SAP or Simulation) Accreditation Request Form”

In order to facilitate the accreditation process, ensure you are completing the most current CPD/CME Accreditation Request Form. Consult with our web site at: <https://www.mcgill.ca/medicinecpd/accreditation>

- Answer all the questions.
- The completed CPD/CME Section 3 Accreditation Request Form, including all supporting citations, must be submitted 8 weeks prior to the start date of the activity. Late fees will apply if the Accreditation Request Form and/or citations are received less than 8 weeks prior to the start date of the activity. Should the CPD office receive missing citations less than 8 weeks prior to the start date of the activity, late fees will apply.

2. Submit all required citations:

- Signed** and completed Simulation Accreditation Request Form (Simulation Development Committee Chair, pg. 8)
- Payment of \$ 350* - non-refundable (additional fees + applicable taxes will apply. Payable to: McGill University)
- Invitation to participants / promotional material
- Copy of the schedule (preliminary if not finalized)
- Evaluation forms
- Copy of Budget
- Learning Objectives and Reflection Tool
- Needs Assessment: Summary
- Copy of feedback strategies of participants
- Signed** copy of the Commercial Support Disclosure Form (Simulation Development Committee Chair, pg. 9)
- Signed** copy of the Commercial Competing Interests Form (Simulation Development Committee Chair, pg. 10)
- Signed** copies of the Declaration of Potential Conflict of Interest Form (Simulation Development Committee Chair and Committee members, pg.11)
- Declaration of Potential Conflict of Interest (COI) - Resource Person Listing (pg.12) - Mandatory
- PowerPoint Slide Set – Mandatory
- Signed** and completed RCPSC Section 3 accreditation request form (Simulation Development Committee Chair, pgs. 13-17)

ACCREDITATION APPROVAL:

Once your event has been approved, CPD will forward you:

- A letter of approval, including the type of credits and total of credits granted, the Associate Dean's comments and the deadline for submitting your final report
- An invoice detailing processing fee and all applicable accreditation fees
- Certificate request form
- Official wording that must appear verbatim on the final printed material
- Sample of “Sign-in-Sheet”: to be signed by delegates and original returned to CPD with final report
- Sample of “Excel Spreadsheet All Participants List”: to be completed and returned to CPD with final report

CERTIFICATES:

Option 1: Order certificates from the CPD Office (note: certificates are not personalized)

1. **Complete the “Certificate Request Form”** - Answer all the questions.
Submit at least 2 weeks before your event
2. Once CPD receives your request a draft of the certificate will be forwarded to you for approval.
3. Sign the draft certificate to confirm your approval or return draft with modifications.
4. Certificates will be shipped to the activity organizer via courier.

Option 2: Create your own certificate template

1. Submit a copy of the certificate template to the CPD Office
2. The CPD Associate Dean will review the template to ensure CPD/CME compliance
3. Once approved you will be notified via the accreditation approval letter
4. Review fee + taxes will apply

Accreditation may be revoked should you distribute certificates that have not been approved or drafted by the CPD office. Please consult certificate request form for fees.

*\$ 50 Express fee is applicable if certificate request form is submitted less than 2 weeks prior to the event start date.

**A shipping/handling fee may be charged.

FINAL REPORT:

3. Complete the “Section 3 Final Report Form” and submit to CPD 8 weeks following the end date of your activity

- Answer all the questions
- Insert comments, date and sign form

4. Submit all required documentation:

- Promotional brochure(s)
- Promotional information or hand-outs distributed
- **Excel Spreadsheet** All Participants List: including participant's first name, family name, license number, province, accreditation date, credit type, name of event, email and **credit quantity earned for each individual**
 - Electronic copy
 - Hardcopy copy
- Sign-in-Sheet, original: including participants first name, family name, license number and original signatures
- The compiled results from participants' completed evaluation forms, feedback from participants and scoring sheets.
- Signed copies of the conflict of interest disclosure form all committee members. If not previously submitted

Please submit final report documentation via mail and email: cme.med@mcgill.ca and cmesec.med@mcgill.ca