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**UNIVERSITY OF TORONTO CONTINUING PROFESSIONAL DEVELOPMENT
ACCREDITATION APPLICATION – WORKING VERSION**

(Posted April 2025; Effective Sept 2025)

For the purposes of developing accreditation applications among teams, we have prepared this Microsoft Word version of the application template. **However, only applications submitted through our online application system will be accepted. Please do not submit your application using this template or over email.**

Please go to the following link to submit your application to the University of Toronto CPD Office\*:

|  |
| --- |
| <https://accredit.cpdtoronto.ca/> |

\* **Note:** When creating the account, it must be in the name and email address of the Academic Program Director in the Faculty of Medicine.

The application is organized in a series of tasks, with some variations depending on credit type requested.

For the purposes of length, some instructions that appear on the online application form do not appear on this working version. Character or word limits are indicated on this template where applicable, but this version does not restrict the limits. The online version will.

Please direct any questions to our office at: cpd.accreditation@utoronto.ca

All items highlighted in yellow are new questions in 2025. We strongly encourage you to discuss and complete these questions as you build your program. They will be available on the application site itself this summer 2025 and will be mandatory for applications submitted after September 1, 2025.

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MINIMUM REQUIREMENTS FOR ACCREDITATION

Before proceeding with the application, please ensure your program or conference meets these minimum requirements for accreditation.

If you have any questions about the application process or fees, please contact cpd.accreditation@utoronto.ca

1. As per the [National Standard for Accredited Activities](file:///C%3A%5CUsers%5Cfarahk%5CDownloads%5Cnational-standard-accredited-activites-e%20%2831%29.pdf), the CPD provider for the program must meet the definition of a [physician organization](https://www.royalcollege.ca/en/standards-and-accreditation/cpd-accreditation/defining-physician-organizations).
2. The program or conference must be led by a Program Director or Conference Chair who is a University of Toronto faculty member with an active appointment in the Faculty of Medicine.
3. The application must be submitted at least 10 weeks prior to the start date of the program to avoid [late fees](https://www.cpd.utoronto.ca/educators/accreditation/how-to-obtain-u-of-t-accreditation/process/#timelines-fees). Applications submitted within 2 weeks of the intended start date will not be considered.
4. A scientific planning committee is in place, led by the Program Director or Conference Chair, which:
	1. is responsible for all aspects of the CPD activity from needs assessment and development through to implementation and evaluation
	2. engages the CPD Director and/or Chair of their department early in the planning process and obtains approval for the academic and financial aspects (liability) of the program/conference
	3. ensures that the CPD activity complies with the [Policy on Sponsorship of University of Toronto Continuing Education Activities from Commercial Sources](https://www.cpd.utoronto.ca/reports/U-of-T-CPD-Sponsorship-Policy.pdf)
	4. the scientific planning committee must be representative of the target audience
	5. has a specialist physician if you are applying for Royal College of Physicians and Surgeons of Canada accreditation, and at least one active practicing class CFPC member if you are applying for College of Family Physicians of Canada Mainpro+ certification.
	6. The program or conference must be a live group learning (in-person or online) or an online self-study educational activity. Due to changes with the CFPC, we advise program directors building nationally-promoted/marketed programs to review the [table](https://www.cpd.utoronto.ca/educators/accreditation/how-to-obtain-u-of-t-accreditation/updates/) re. certification processes per program type and/or contact us as you may need to apply separately to the CFPC for Mainpro+ certification.
	7. Overall financial responsibility for this program or conference must rest with a University of Toronto department, hospital, society or other not-for-profit physician organization.
5. The CPD activity meets the following educational and ethical criteria, which include, at minimum:
	1. a needs assessment of the representative target audience(s) has been completed
	2. [learning objectives](https://www.cpd.utoronto.ca/quicktips-docs/06-Writing-Goals-And-Learning-Objectives.pdf) have been defined according to the learning needs
	3. a minimum 25% of the CPD activity is dedicated to interactive learning
	4. content must be evidence-based and balanced, with references provided for all evidence cited
	5. learners must have an opportunity to evaluate the CPD activity
	6. a registration fee is required for programs and conferences to be considered for accreditation. Faculty development\* or departmental/divisional research days are exempt.
	7. for programs or conferences with financial or in-kind sponsorship support (for profit, not-for-profit, and public sector): if there is external funding for the CPD activity, it must be held as an unrestricted educational grant through the Program Director or Conference Chair’s U of T clinical department, hospital, society or other not-for-profit physician organization. A written agreement must be in place for all sponsorships and signed by both parties. A [sample template](https://www.cpd.utoronto.ca/reports/Sponsorship-Template.docx) is available for download. Agreements must be made available to CPD for audit purposes if requested.
	8. The [Disclosure Declaration Form](https://www.cpd.utoronto.ca/brochures/Faculty-and-Scientific-Planning-Committee-Disclosure-Declaration-Form.docx) must be completed by all speakers, moderators, facilitators, authors and members of the scientific planning committee. Forms for scientific planning committee members will be uploaded within the application process.
	9. The scientific planning committee must have a process in place for reviewing and mitigating declared conflicts of interest
	10. Conflicts of interests must be disclosed to participants/learners using the [approved slide template](https://www.cpd.utoronto.ca/quicktips-docs/Conflict-of-Interest-Template-16-9-20200304.pptx). For further information and examples pertaining to conflict of interest disclosures see the [COI Quick Tip](https://www.cfpc.ca/CFPC/media/Resources/Continuing-Professional-Development/QuickTips_COI_Final_ENGLISH.pdf).

\*Faculty development is a broad range of activities used to renew or assist faculty, supervisors, preceptors, field instructors, clinical educators, and status appointees in their roles as educators. These activities are designed to improve an individual’s knowledge and skills in teaching, education, administration, leadership and research.

\*A University of Toronto [accreditation fee](https://www.cpd.utoronto.ca/educators/accreditation/how-to-obtain-u-of-t-accreditation/process/#timelines-fees) will apply. This fee will be assessed as part of the application review. Note that non-fee bearing Faculty Development, Department Research Days, Rounds and Alumni events are fee exempt.

TASK LIST

**How to complete the application**

The accreditation application has been broken into ‘tasks’ that will need to be completed and submitted for review. Please click on each task, review the instructions and enter the requested information. Further instructions can be found [here](https://www.cpd.utoronto.ca/quicktips-docs/Introduction-to-the-New-CPD-Accreditation-Application-System.pdf).

**Document Uploads**

Throughout the tasks, you will be required to upload files as part of the application, including: the agenda (including points of interactivity), Scientific Planning Committee disclosure declaration forms, the proposed budget and the evaluation template. You can also upload any additional supporting documentation. In some sections, you will have the option to either enter your response as text or upload a document (such as in the needs assessment task).

**Finalizing and submitting your application**

Once you have completed all tasks you will click on the “Finalize” button that appears at the end. Once finalized, a new “Submit” button will appear. Click on that “Submit” button to submit your application for review. Through this submission you agree to the terms and conditions of University of Toronto CPD accreditation detailed at the beginning of the application. You will receive a confirmation email once the application has been submitted. If you do not receive this email, please contact the CPD Accreditation Coordinator.

Editing an application after submission

If you have omitted to include any information or documentation after submission of the file, you can add information or upload documents only to the “Adjustments” section. Please also see “Next steps after submission” below.

**Next steps after submission**

Your completed application will undergo peer review by a committee selected from the departmental CPD leads, faculty peer reviewers, CPD Education Consultants and the Associate Dean CPD. Should additional information be required, you will be contacted by the CPD Accreditation Coordinator and likely invited to enter revisions in the **“Adjustment”** section of the application site. It is important that all modifications are entered in the “Adjustments” section for quality assurance and audit purposes. This is helpful also to the application for reference if applying for accreditation on an annual basis. Once the review is completed, you will be notified of the review decision via email.

1. BASIC INFORMATION:
	1. Program or Conference Title

Please provide the title of your Program or Conference (75 max words, 250 characters max)

Click or tap here to enter text.

* 1. Previous Program

[ ]  This program has been submitted for accreditation in the past.

(if yes): **Previous Program Feedback**

From a quality improvement lens, please summarize how the Scientific Planning Committee has addressed feedback in the previous accreditation approval email in this year's program planning? Elements that had been “approved as is” or “approved excellent” do not require a response, however, please respond to elements where minor or major revisions were required. (For clarity – this feedback is located in the previous program's approval notification email). If the feedback was not addressed in this iteration, please explain why. (Please note this is different and separate from documentation required and indicated as the “Needs Assessment Summary Table” under Section 6. Needs Assessment – Recurring Programs)

Click or tap here to enter text.

* 1. Start Date \*

Please enter the start date below.

*Note: Applications must be submitted 10 weeks in advance of the program or conference start date. After that time* late/rush fees will apply*. Applications submitted within 2 weeks of the intended start date will not be considered.*

*Note: For rounds, regularly scheduled series (RSS), or for programs with multiple cohorts or iterations, you will be asked to attach a list of known session dates (or approximations) and known topics in the program design section.*

Click or tap to enter a date.

* 1. End Date \* (for rounds, RSS, and multi-cohort programs, please ensure the end date is the last day of the last session/cohort)

Click or tap to enter a date.

* 1. Duration \*

[ ]  1 hour

[ ]  2 hours

[ ]  3 hours

[ ]  ½ day

[ ]  1 day

[ ]  2 day

[ ]  3 day

[ ]  4 + days

[ ]  Asynchronous Online

[ ]  Longitudinal

1. PROGRAM INFORMATION:

In this task, you will be expected to provide an overview of the proposed CPD activity including dates, key words that describe the program, the target audience and the proposed type of credit/certification. This information is used to promote your activity on the CPD website.

Note 1: For programs seeking Mainpro+ certification (alone or in combination with Royal College credits) please [note](https://www.cpd.utoronto.ca/educators/accreditation/how-to-obtain-u-of-t-accreditation/updates/) that all a) conferences, b) faculty development, c) asynchronous online programs, and d) provincially promoted programs can be submitted to UofT CPD for accreditation using this platform, however nationally promoted ‘programs’ (with the exception of rounds, journal clubs, and regularly scheduled series) need to be submitted to the CFPC directly for Mainpro+ credits. UofT CPD is only able to accredit these programs for Royal College credits.

Note 2: College of Family Physicians of Canada Members who participate in accredited Royal College of Physicians and Surgeons of Canada Section 1 and/or Section 3 activities are eligible to [claim up to 50 credits](https://www.cfpc.ca/en/education-professional-development/mainpro/claiming-credits-from-national-and-international-o) per five-year cycle (at one-credit-per-hour) towards the required [125 Certified and/or Certified Assessment credits](https://www.cfpc.ca/en/education-professional-development/mainpro/mainpro-overview_). Any additional credits beyond the 50 credits are eligible to be claimed as non-Certified activities.

* 1. Credit Requested

Please list the type(s) of credits requested.

[ ]  Royal College Maintenance of Certification – Section 1 (Group Learning Activity – In Person or Online)

[ ]  Royal College Maintenance of Certification - Section 3 - Self-Assessment Program

[ ]  Royal College Maintenance of Certification - Section 3 - Simulation Activity

[ ]  ~~College of Family Physicians of Canada – Mainpro+1 credit/hour (Live) (archived as of Dec. 16, 2024)~~

[ ]  ~~College of Family Physicians of Canada – Mainpro+1 credit/hour (Self-Study) (archived as of Dec. 16, 2024)~~

[ ]  College of Family Physicians of Canada – Certified Activity

[ ]  College of Family Physicians of Canada – Certified Assessment Activity

[ ]  No Study Credits

* 1. Reciprocal Credit Statement Request

Due to reciprocal agreements with the Royal College, programs requesting RC credits can also request a statement be added on the accreditation approval message about claiming AMA and/or ECMEC credits. This may be helpful for US-based or Europe-based program participants. If you would like this statement added to your approval letter, please select the appropriate credit type(s) below.

[ ]  American Medical Association – AMA PRA Category 1

[ ]  European Accreditation Council for Continuing Medical Education – ECMEC

* 1. Certification Type \* What type of certificate will be issued for this program?

[ ]  Letter of Accreditation/Certification/Certificate of Attendance

[ ]  Certificate of Completion – Min 39 h

[ ]  Advanced Certificate of Completion – Min 80 h

[ ]  None

* 1. Program Description \*

Briefly describe the proposed CPD activity (max. 200 words). We suggest you provide 2-3 sentences describing the content of your program and 2-3 sentences describing the program design/educational methods.

Click or tap here to enter text.

* 1. Select the appropriate program type(s) that most closely resembles your planned program:

[ ]  Conference, scientiﬁc assembly, congress, or similar event
(excludes satellite symposia and ancillary sessions)

[ ]  Faculty development program

[ ]  Hospital or clinical rounds program (*Please note that certain rounds as Royal College specialty rounds, requesting Royal College Section 1 must be submitted directly to the Royal College through their* [*Royal College Self-Approval for Rounds-Small Group-Journal Club Series.*](https://www.royalcollege.ca/en/standards-and-accreditation/cpd-accreditation/rounds-journal-clubs-small-group-activities.html) *Please contact CPD Accreditation Coordinator if you are unsure if this applies to your Rounds program.)*

[ ]  Departmental research day

[ ]  Journal club

[ ]  Regularly scheduled series

[ ]  Asynchronous Online (Self-Study) Program

[ ]  Alumni Event

[ ]  Any other CPD program or activity

[ ]  Unsure (please describe\_\_\_)

* 1. Select the program format:

[ ]  Live

[ ]  In-person

[ ]  Digital/online synchronous

☐ Both in-person and digital/online synchronous

[ ]  Asynchronous

[ ]  Another program format (please describe)\_\_\_\_\_\_\_\_\_

Click or tap here to enter text.

* 1. Cohort-Based Program

Is this a cohort-based program? (i.e. you will be delivering the same content to multiple cohorts between the start-date and end-date of your program?) If yes, you are required to provide a list of all known program dates (or as much of a schedule you can provide) in the program design section.

[ ]  Yes

[ ]  No

[ ]  Unsure (please describe)

* 1. Physician Organization

The [National Standard](https://www.royalcollege.ca/en/standards-and-accreditation/cpd-accreditation/standards.html) requires that all accredited programs are led by a physician organization which assumes the responsibility and accountability for the development, delivery and evaluation of accredited CPD activities. A physician organization is defined as:

A not-for-profit group of health professionals with a formal governance structure, accountable to and serving, among others, its physician members through: Continuing professional development, provision of health care and/or research. This definition includes (but is not limited to) the following groups: faculties of medicine, hospital departments or divisions, medical societies, medical associations, medical academies, physician research organizations, physician clinic, health authorities not linked to government agencies, and Canadian provincial medical regulatory authorities (MRAs).

Name the physician organization accountable for this program:

Click or tap here to enter text.

* 1. Publish

\*Reminder: it is not permissible to publicize programs with any accreditation information prior to formal notification of approval through CPD

[ ]  Advertise this program on the CPD Website & Search

[ ]  Enable appearance on the CFPC member-accessible calendar of events (if applying for Mainpro+ credits)

* 1. Public Website URL

Click or tap here to enter text.

* 1. Direct Registration URL

Click or tap here to enter text.

* 1. Location \*

Please indicate whether the CPD activity will take place in person or online. For in person activities, please indicate the city and venue where the program will be held (max. 150 characters).

Click or tap here to enter text.

* 1. Keywords \*

Please enter keywords or phrases that describe your proposed CPD activity e.g. Cardiothoracic, Cancer, Telepathology (max. 150 characters)

Click or tap here to enter text.

1. CONTACT AND REGISTRATION INFORMATION

This information is collected to provide information about the various contacts needed by CPD for the accreditation process, including the Program Director or Conference Chair, Registration Coordinator, and the Registration Website Information.

* 1. Program Director or Conference Chair – First Name \*
	 Click or tap here to enter text.
	2. Program Director or Conference Chair – Last Name \*
	 Click or tap here to enter text.
	3. U of T Faculty of Medicine Department, Centre or Division \*

Indicate the sponsoring department, centre or division:

[ ]  Anesthesia, Department of

[ ]  Banting and Best Diabetes Centre

[ ]  Biochemistry, Department of

[ ]  Continuing Professional Development

[ ]  Dalla Lana School of Public Health

[ ]  Emergency Medicine, Division of

[ ]  Faculty Development, Centre for

[ ]  Family and Community Medicine, Department of

[ ]  Immunology, Department of

[ ]  Advancing Collaborative Healthcare and Education, Centre for

[ ]  Laboratory Medicine and Pathobiology,
 Department of

[ ]  MD Program

[ ]  Medical Biophysics, Department of

[ ]  Medical Imaging, Department of

[ ]  Medical Oncology, Division of

[ ]  Medicine, Department of

[ ]  Molecular Genetics, Department of

[ ]  Nutritional Sciences, Department of

[ ]  Obstetrics and Gynaecology, Department of

[ ]  Occupational Science and Occupational
 Therapy, Department of

[ ]  Ophthalmology and Vision Sciences,
 Department of

[ ]  Otolaryngology Head and Neck Surgery,
 Department of

[ ]  Paediatrics, Department of

[ ]  Pharmacology and Toxicology,
Department of

[ ]  Physical Therapy, Department of

[ ]  Physiology, Department of

[ ]  Psychiatry, Department of

[ ]  Postgraduate Medical Education (PGME)

[ ]  Radiation Oncology, Department of

[ ]  Speech-Language Pathology, Department of

[ ]  Surgery, Department of

[ ]  Wilson Centre for Research in Education

* 1. Program Director or Conference Chair: Telephone: Click or tap here to enter text.
	2. Program Director or Conference Chair: Email Click or tap here to enter text.
	3. Program or Conference Chair – Mailing Address: Click or tap here to enter text.
	4. Secondary Contact Name: Click or tap here to enter text.
	5. Secondary Contact Email: Click or tap here to enter text.
	6. Registration Coordinator First Name: Click or tap here to enter text.
	7. Registration Coordinator Last Name: Click or tap here to enter text.
	8. Registration Coordinator Telephone: Click or tap here to enter text.
	9. Registration Coordinator Email: Click or tap here to enter text.
1. TARGET AUDIENCE AND SCIENTIFIC PLANNING COMMITTEE:

All U of T accredited programs must have a scientific planning committee that is responsible for all decisions related to the program. To ensure programs are relevant and of value, scientific planning committees must have representation and meaningful involvement of the target audience. For instance, if a program
is for family physicians and pharmacists, members of each of those populations should be represented on
the committee.

If the program is to offer Mainpro+ study credits, you must have at least one active practicing-class CFPC member on the planning committee. If applying for Royal College Section 1 and/or Royal College Section 3 a specialist physician must sit on the planning committee.

It is mandatory that each planning committee member review the U of T policy on sponsorship support, complete the Disclosure Declaration Form and submit the form with the application. The scientific planning committee must have a process in place for reviewing and mitigating declared conflicts of interest. Disclosure forms must be held by the Program Director or Conference Chair to satisfy study credit requirements and should be available for audit.

* 1. **Primary Target Audience**

Please ensure that any Primary target audience specialties that constitutes 5-10% of the target audience include representation on the scientific planning committee. If for example you have selected “resident” please list name of the resident representative on the scientific planning committee in the section below.

[ ]  Family Physician

[ ]  Specialist Physician

[ ]  Fellow

[ ]  Resident

[ ]  Medical Student

[ ]  Nurse Practitioner

[ ]  Nurse

[ ]  Rehabilitation Professional

[ ]  Faculty, Researcher, or
 Scientist

[ ]  Psychologist

[ ]  Social Worker

[ ]  Pharmacist

[ ]  Dentist

[ ]  Physician Assistant

[ ]  Health professional
 (not listed above)

**Target Audience Other – Please describe \***

Click or tap here to enter text.

* 1. **Scientific Planning Committee Members \***

Please list all members of the scientific planning committee. **If Mainpro+ credits are requested, you must clearly indicate the CFPC member(s).** Include name, specialty/profession and the department/employer to which they are affiliated. *Example: Dr. Adelphine Odige, Surgery; Dr. Mark Katzen (CFPC Member), Family and Community Medicine*

Click or tap here to enter text.

* 1. **Target Audience Representatives \***

Please indicate who above is representative of the target audience. *Example: Joy Fumiko (Family Physician)*

Click or tap here to enter text.

* 1. **Scientific Planning Committee Disclosure Declaration Forms [UPLOAD]**

For all listed members of the Scientific Planning Committee please upload either the individual completed form (PDF preferred), or one combined PDF with individual forms included.

* 1. **SPC Relationship Review**

Has the Scientific Planning Committee reviewed the ***relationships*** of the Scientific Planning Committee members?

[ ]  Yes

[ ]  No

* 1. **SPC Identified Conflicts of Interest & Mitigation**

Were any ***conflicts of interests*** identified in the disclosed relationships?

[ ]  Yes
[ ]  No

If yes, how were the conflicts of interest mitigated?

Click or tap here to enter text.

* 1. **Scientific Planning Committee Involvement \***

[ ]  I confirm that the Scientific Planning Committee meets the following accreditation requirement:

It is required that the scientific planning committee is responsible for:

* Selecting the topics
* Ensuring the scientific validity and objectivity of the program content
* Selecting and preparing presenters and speakers
* Having a process in place for the review and mitigation of relationship disclosures
* Reviewing of program and speaker evaluations
1. PROGRAM MANAGEMENT AND FINANCIAL RESPONSIBILITY:

In this task you will provide details about program management and financial responsibility. In the file upload task, you will also be required to upload a proposed budget. A [budget template](https://www.cpd.utoronto.ca/quicktips-docs/Template-CPD-Budget.xlsx) is available for download.

As part of the proposed budget, the names of any organizations that will provide financial or in-kind support must be listed. The [UofT CPD Sponsorship Policy](https://www.cpd.utoronto.ca/reports/U-of-T-CPD-Sponsorship-Policy.pdf) details the requirements for managing this aspect of your program. All accredited programs require a formal written agreement with any for-profit, or not-for-profit or public sector organization. This written agreement must detail the terms and conditions of sponsorship support. An agreement must be made for each sponsor and signed by the Program Director, Conference Chair or Department Chair.

Signed agreements do not need to be submitted with this application, however, please keep these on file as they may be reviewed as part of the compliance and quality assurance processes. A [sample templated agreement](https://www.cpd.utoronto.ca/reports/CPD-Agreement-Template.docx) is available for download on the Quick Tips page.

* 1. **Financial Liability\***

Which U of T clinical department, hospital, society or other not-for-profit physician organization is financially liable for this program? Please indicate both the organization (i.e. U of T or hospital name) and the department or division name.

Click or tap here to enter text.

* 1. **Proposed Budget\* [UPLOAD]**
	2. **Managing Responsibility\***

Which U of T clinical department, hospital, society other not-for-profit physician organization, or event management company responsible for running this program (event logistics, registration, marketing)?

Click or tap here to enter text.

* 1. **Maximum Registration Fee\***(Enter CAD) This amount will be used to calculate an estimate of your accreditation fee: Click or tap here to enter text.
	2. **Minimum # of Registrants\*** (Please estimate):Click or tap here to enter text.
	3. **Maximum # of Registrants\*** (Please estimate): Click or tap here to enter text.
	4. **Financial or In-Kind Sponsorship Support \***Is your program receiving monetary or in-kind support from a for-profit, not-for-profit or public sector organization?

[ ]  Yes [ ]  No

**(if sponsorship support is present)**

**Not-For-Profit or Public Sector Support** Enter estimated value in CAD (if applicable) Click or tap here to enter text.

**For-Profit Support** Enter estimated value in CAD (if applicable) Click or tap here to enter text.

* 1. **Billing- Contact Name\*** the person who will receive the accreditation and/or certificate fees invoices)

Click or tap here to enter text.

* 1. **Billing- Organization Name\*** Click or tap here to enter text.
	2. **Billing – Contact Email\***  Click or tap here to enter text.
	3. **Billing – Street Address\*** Click or tap here to enter text.
	4. **Billing – City\*** Click or tap here to enter text.
	5. **Billing – Province \*** Click or tap here to enter text.
	6. **Billing – Postal Code \*** Click or tap here to enter text.
	7. **Account Numbers** (G/L, I/O, CFC, Fund) if available. Click or tap here to enter text.
	8. **Post-Program Contact** Is the billing contact above also responsible for submitting post-program documentation to CPD (i.e. registration list, copy of final program, and program evaluation data)?

\*Yes ☐ No ☐

**If no,**

* 1. **Post-Program Contact Name\*** Click or tap here to enter text.
	2. **Post-Program Contact Email\*** Click or tap here to enter text.
	3. **Post-Program Contact Mailing Address\*** Click or tap here to enter text.
1. EVIDENCE OF LEARNING NEEDS:

In this task you will provide details on the process of the needs assessment(s) that were conducted in development of the program or conference.

Needs assessment is the process of analyzing and describing gaps in health care or medical education. This process is used to identify the learning needs of the target audience, and in turn inform the program goals, learning objectives and program design. A learning need is defined as the gap between a learner's current knowledge, skills and/or attitudes and their competency relative to current evidence or clinical practice standards. Learning needs can be perceived (‘I know what I need to know’), unperceived (‘I don’t know what I don’t know’), or misperceived (‘I think I know something I don’t').

Unperceived needs can be identified using gap analysis to compare the current state of health care delivery to an identified 'gold-standard'. The gap analysis process uses data sources or evidence such as practice data, medical literature review, surveys, clinical practice data, referral/consultation summaries, practice experience, environmental scans, analysis of clinical practice guidelines, patient population data, and summarized chart audits, etc.

Perceived needs are learning needs recognized and described by the target audience. Perceived needs can be identified using subjective data sources such as: targeted surveys, interviews, focus groups, key informants, and representative planning committees.

**For new programs:** Understanding the need for the CPD activity is imperative and should form the basis of program development. As part of the accreditation application review process, the reviewing committee will evaluate the needs assessment. For the proposed program, please provide the process and findings of both perceived and unperceived/misperceived/emergent needs from the needs assessment.

**For recurring programs:** The planning and development of the upcoming program should be informed by both continuous quality improvement and participant feedback from previous programs. Please provide the process and findings of both perceived and unperceived/misperceived/emergent needs from the needs assessment. Feedback from summarized evaluations of previous CPD activities can be used as part of the perceived needs.

Applicants may wish to use the [Needs Assessment Guide Template](https://www.cpd.utoronto.ca/educators/program-development/quick-tips/#:~:text=Needs%20Assessment%20Guide%20Template) to document their needs, program goals and learning objectives. For returning programs, [a Needs Assessment Summary Table](https://www.cpd.utoronto.ca/quicktips-docs/Incorporation-of-Feedback-Template.docx) has been developed to document past participant feedback (the summary table is embedded in the Needs Assessment Guide template.

For additional information please see the [Quick Tips](https://www.cpd.utoronto.ca/educators/program-development/quick-tips/) page for resources on assessing learning needs and gap analysis processes and template.

1. **Needs Assessment Process: Unperceived Needs \***

Please describe the **process or methods** used to identify gaps and unperceived needs (as defined above):

Click or tap here to enter text.

1. **Needs Assessment Process: Perceived Needs \***

Please describe the **process or methods** used to identify perceived needs (as defined above):

Click or tap here to enter text.

1. **Needs Assessment Findings \***

Provide a summary of the **findings** of your needs assessment. Please be as specific as possible considering your target audience.

Click or tap here to enter text.

1. GOALS AND OBJECTIVES:

The goals and objectives of your proposed program help the peer reviewers understand the purpose of your CPD activity.

**Goals**: The goals will explain the purpose of the program in a general way and address who might be interested in attending and why. They can describe the overall changes in learners' performance or the improvements in healthcare outcomes that the program aims to achieve. Subsequent objectives are directed toward achieving these goals.

**Objectives**: Learning objectives should use action verbs to clearly identify what learners will accomplish or be able to do after attending an educational activity (i.e. a program or session). They are often useful in helping learners to choose the appropriate programs for their needs. Learning objectives should be listed as they will appear on the program brochure. Please see [Quick Tip](http://distribute.cmetoronto.ca.s3.amazonaws.com/QuickTips/Writing-Goals-and-Learning-Objectives.pdf) for more information.

1. **Goals \***

In point form, please list the overall educational goals of your program or conference.

*Example: Improve the detection and management of traumatic brain injury.*

Click or tap here to enter text.

1. **Program Learning Objectives \***

In point form, using active verbs, please list the overall learning objectives of your program or conference. Learning objectives can complete the sentence: “After active engagement in this session, participants will be able to …”

*Example: Participants will be able to identify communication disorders associated with traumatic
brain injury.*

Click or tap here to enter text.

1. **Individual Session Learning Objectives**

In addition to overall program level learning objectives, accredited programs are required to have individual session learning objectives derived from the needs assessment and written from the learner’s perspective using actionable words.

For multi-session programs/conferences, please give us a sample of a session level learning objective, preferably a large full group session (e.g. plenary/keynote). Learning objectives can complete the sentence: “After active engagement in this session, participants will be able to …”

*Example: Participants will be able to identify communication disorders associated with traumatic
brain injury.*

Click or tap here to enter text.

1. **CanMEDS / CanMEDS FM Roles \***

Identify the CanMEDS/CanMEDS FM Roles that will be addressed in this program. Select all that apply:

[ ]  Medical Expert/Family Medicine Expert

[ ]  Communicator

[ ]  Collaborator

[ ]  Leader

[ ]  Health Advocate

[ ]  Scholar

[ ]  Professional

[ ]  Not Applicable (only for programs not
 targeting physicians)

1. PROGRAM DESIGN:

In this task you will provide information on how you designed your program, including how scientific evidence was used, proposed instructional methods, interactivity, and post-program tools.

If this is an asynchronous online program, please see the [E-Learning Programs Quick Tip](http://distribute.cmetoronto.ca.s3.amazonaws.com/QuickTips/Accreditation-of-Online-Learning.pdf) for accreditation requirements. For asynchronous programs, you must have a minimum of three reviewers complete the [Asynchronous E-Learning Reviewer Questionnaire](https://www.cpd.utoronto.ca/quicktips-docs/Asynchronous-E-Learning-Reviewer-Questionnaire.docx?v190613). The reviewers must be representative of the target audience and who were not involved in the program or content development.

Required Documents:

You are required to attach a **program agenda** to this submission. This agenda must show where in the program there are opportunities for interactivity. Please see [the suggested template](https://www.cpd.utoronto.ca/quicktips-docs/Template-CPD-UT--Annotated-Program-Agenda.docx?v241112).

**For rounds, regularly scheduled series, or for programs with multiple cohorts or iterations**, **please upload a list of dates and identified topics**. For multiple offerings of the same session/content, please provide a schedule of dates. If you do not yet know all of the dates and topics, please let us know your planned or intended schedule as much as possible. **Following program approval, any additions or changes to dates, topics or significant changes in program content after approval need to be submitted to CPD for review as early as possible and at least two weeks prior to the start date using the adjustments section of the application site.** Programs or sessions that occur without prior knowledge and acknowledgement of CPD are unaccredited. Please contact the CPD Accreditation Coordinator for more information.

For **asynchronous e-learning programs**, please attach three completed [Asynchronous E-Learning Reviewer Questionnaires](https://www.cpd.utoronto.ca/quicktips-docs/Asynchronous-E-Learning-Reviewer-Questionnaire.docx?v190613).

1. **Incorporation of Evidence \***

Incorporating scientific evidence into the planning and delivery of the program is a requirement for accreditation. What sources of information were selected by the planning committee/faculty to develop the content? Please select all that apply:

[ ]  Review of the scientific or education literature

[ ]  Clinical practice guidelines

[ ]  Qualitative research

[ ]  Quantitative research – e.g. systematic reviews/meta-analysis of studies

[ ]  Other

1. **Incorporation of Evidence Other – Please describe \***

Click or tap here to enter text.

1. **Instructional Methods \***

After completing goals and objectives and mapping out the content for the program, it is important to choose instructional methods that are most likely to be effective in achieving the program’s intended outcomes. Learning can be categorized into three domains: knowledge, skills and attitudes. For additional information on instruction methods refer to the [Quick Tip Choosing Instructional Methods and Integrating Active Learning.](https://www.cpd.utoronto.ca/wp-content/uploads/2018/10/Choosing-Instructional-Methods-and-Integrating-Active-Learning-parts-1-and-2.pdf)

Instructional methods by domain include:

* Knowledge: lectures, reading, problem based small group discussion
* Skills: workshops, simulations, role play, standardized patients
* Attitudes: small group discussion, role play, role reversal, standardized patients

Please provide a brief description of chosen instructional design/methods for the program:

Click or tap here to enter text.

1. **Interactive Learning \***

A component of effective adult learning is the opportunity to interact and learn from the experiences of colleagues. Accreditation requirements stipulate that at least 25% of the program must be interactive learning, and should be spread throughout the entire program. Please ensure that all interactive methods selected are clearly evident in the program agenda uploaded with your application.

Please select interactive learning methods applicable to your program:

[ ]  Artificial intelligence enabled tools

[ ]  Audience response system (ex. twitter,
 online polls, clickers)

[ ]  Case-based learning (e.g. vignettes
and discussions)

[ ]  Coaching/mentoring/preceptorship

[ ]  Creative arts (therapeutic arts/storytelling)

[ ]  Facilitated discussion forum

[ ]  Gamification

[ ]  Online discussion board

[ ]  Panel discussion with audience participation

[ ]  Problem-based learning discussions

[ ]  Question and answer periods

[ ]  Reflection exercises

[ ]  Self-assessment questions

[ ]  Simulation: Role-playing,
standardized patients

[ ]  Simulation: Skills lab

[ ]  Simulation: Task trainers, high fidelity

[ ]  Simulation: Virtual

[ ]  Small group discussions (12 or less)

[ ]  Talking circles

[ ]  Test enhanced learning

[ ]  Other

1. **Interactive Learning Other – Please describe \***

Click or tap here to enter text.

1. **Barriers to Practice Change \***

There are different types of barriers that may prevent practice change after a CPD program concludes.

Some barriers can be overcome by using post-program tools to reinforce learning.

Please indicate which tools you plan on using to reinforce learning after your program/conference (check all that apply):

[ ]  Barriers addressed during program content

[ ]  Program handouts/Learning materials

[ ]  Patient education materials

[ ]  Office-based flow charts

[ ]  Decision aids such as algorithms

[ ]  App or Pocket card (e.g. listing different
 types of antibiotics)

[ ]  Reminder stickers for patient charts or files

[ ]  A list of conditions/symptoms to consider
in making a referral

[ ]  A list of places or people to whom to refer

[ ]  Methods of tracking patients through
electronic means

[ ]  Other

1. **Barriers to Practice Change Other – Please describe \***

Click or tap here to enter text.

1. **Speakers/ Educators \***

Do you have a process in place to convey the following requirements to your speakers? (A Speaker Invitation Letter template is available for use.)

* Speakers are provided with the goals and learning objectives of the program and informed about the requirement for the program to include a minimum of 25% interactivity
* Speakers must complete disclosure declaration form, disclose relationships, and (if relevant) all identified conflicts-of-interest and the mitigation process.
* Lack of evidence for assertions or recommendations will be acknowledged
* If a single study is the focus, or select studies are omitted, the presenters or speakers will be asked to provide the rationale to support the decision
* Graphs and charts will not be altered to highlight one treatment or product
* Both potential harms and benefits will be discussed. An efficient way to present this to clinicians is to indicate NNT (Number Needed to Treat), NNH (Number Needed to Harm), and absolute and relevant risk reductions

[ ]  Yes [ ]  No

1. **Asynchronous Online Programs\***

Is this an asynchronous online program?

[ ]  Yes [ ]  No

If "Yes", please attach the three completed [Asynchronous E-Learning Reviewer Questionnaires](https://www.cpd.utoronto.ca/quicktips-docs/Asynchronous-E-Learning-Reviewer-Questionnaire.docx?v190613).

1. EVALUATION, ASSESSMENT AND OUTCOME MEASURES:

Evaluation is a required component of a U of T accredited activity. Programs are expected to provide opportunities for participants to evaluate the individual speakers and the program itself. Additionally, opportunities to measure impact on learning, competence, performance in practice and patient and community health are strongly encouraged.

Moore’s expanded outcomes framework recognizes seven outcomes levels. Levels 1 and 2 correspond to program evaluation. Levels 3 – 7 address the stages of clinician learning, application to practice and patient and healthcare outcomes. Please refer to the [Quick Tip](https://www.cpd.utoronto.ca/wp-content/uploads/2018/08/Program-Evaluation.pdf) on evaluation for incorporating higher level outcomes in your program.

Level 1: Participation

Level 2: Satisfaction

Level 3: Learning

Level 4: Competence

Level 5: Performance

Level 6: Patient Health

Level 7: Community /Population Health

Required Document: A draft of the **evaluation template** that will be used upon completion of your program must be submitted uploaded here. Sample evaluation templates are available for download and customization on the Quick Tips page. After the completion of the program or conference you must also submit a summary of post-program evaluations in order to meet accreditation post-program requirements.
Please note that for programs requesting Mainpro+ credits, the evaluation should include the following 5 elements:

* A self-reported change in knowledge/skill/performance
* Evaluation of bias related to ﬁnancial interests as well as other types of bias (e.g., gender, speaker, race, content, etc.)
* Evaluation of learning activity effectiveness (e.g., format, design, facilitators, relevance, etc.)
* Evaluation of learner conﬁdence in achieving/implementing program learning objectives
* Collected data that can be disaggregated to make sure that feedback from equity-
seeking learners can be highlighted and analyzed
1. **Describe how evaluation feedback is or will be used, who receives it, how often, and how it is, or will be used for quality improvement:**
2. **Level One – Participation (Required for Accreditation) \***

How will you identify who participated in the activity or if the intended target audience attended your program? Please select all that are applicable to your program:

[ ]  Questionnaire / surveys

[ ]  Registration data analysis

[ ]  Other - Please describe: Click or tap here to enter text.

1. **Level Two – Satisfaction (Required for Accreditation) \***

How will you evaluate what your participants think and feel about the program and the individual speakers?

Please select all that are applicable to your program:

[ ]  Questionnaire / surveys

[ ]  Focus groups

[ ]  Interviews

[ ]  Other - Please describe: Click or tap here to enter text.

1. **Level Three – Learning (Required for Accreditation) \***

How will you assess self-reported learning or identify a change in what participants know or know how to do as a result of your program? The Royal College and CFPC require an opportunity for participants to provide self-reported feedback on learning. The suggested CPD evaluation template satisfies this requirement by querying practice change. Further measures are encouraged.

Please select all that are applicable to your program:

[ ]  Self-reports of learning (or an evaluation question asking the same)

[ ]  Questionnaires/surveys

[ ]  Pre- and post-tests of knowledge
and/or attitudes

[ ]  Analysis of data collected during the program
(for example, observational data,
assessment data)

[ ]  Reflection exercises

[ ]  Commitment to change statement/activity

[ ]  Other - Please describe: Click or tap here to enter text.

1. **Level Four – Competence (Recommended but Optional)**

How will you identify the degree to which participants can demonstrate what they learned in the program?

Please select all that are applicable to your program:

[ ]  Analysis of chart reviews or audits

[ ]  Simulated scenario observations and ratings

[ ]  Role play with standardized patients

[ ]  Tested skills (e.g. with task trainers)

[ ]  Portfolios or reflections

[ ]  Other - Please describe: Click or tap here to enter text.

1. **Level Five – Performance (Recommended but Optional)**

How will you identify the degree to which participants apply (or will apply) what they have learned in their practice setting?

Please select all that are applicable to your program:

[ ]  Questionnaires/surveys of participants
(e.g. commitment to change)

[ ]  Analysis of patient health records, testing
orders, laboratory data, or administrative data

[ ]  In-practice observations

[ ]  Chart reviews or audits

[ ]  Analysis of self-report of practice changes
and/or barriers to change

[ ]  Other - Please describe: Click or tap here to enter text.

1. **Level Six – Patient Health (Recommended but Optional)**

How will you identify the degree to which your program, through changes in participants’ knowledge, skill, attitudes or behaviour positively affects patient care?

Please select all that are applicable to your program:

[ ]  Patient health record reviews

[ ]  Administrative data reviews

[ ]  Physician self-reports

[ ]  Questionnaires/surveys of patients
and/or physicians

[ ]  Focus groups

[ ]  Interviews

[ ]  Other - Please describe: Click or tap here to enter text.

1. **Level Seven – Community/ Population Health (Recommended but Optional)**

How will you evaluate if your program, through changes in participants’ knowledge, skill, attitudes or behaviour positively affect community health?

Please select all that are applicable to your program:

[ ]  Analysis of morbidity rates

[ ]  Analysis of mortality rate

[ ]  Analysis of prescribing patterns

[ ]  Analysis of referral patterns

[ ]  Analysis of public health status indicators

[ ]  Other - Please describe: Click or tap here to enter text.

1. If applying for ROYAL COLLEGE SECTION 3 – SELF-ASSESSMENT:

There are 2 categories of CPD activities that qualify for section 3 credits: Self-Assessment and Simulation. This task is for Section 3 Self-Assessment credit. For Section 3 Simulation, please complete Task 11.

Royal College Section 3 credits are for programs, or components of programs, that provide data and feedback to help health professionals identify and address unperceived professional practice needs.

In this task you will provide information specifically on the self- assessment activity, and the methods used to enable participants to demonstrate or apply knowledge, skills, clinical judgement or attitudes. For more information, please visit the [Royal College website](http://www.royalcollege.ca/rcsite/home-e).

Required Documents:

* Section 3 activities must be evaluated by participants. Please submit the **evaluation template** that will be used for the self-assessment activity in the document upload task. Sample evaluation templates are available for download and customization. After the completion of the self-assessment activity, you must also submit a summary of post-program evaluations in order to meet accreditation requirements.
* Please attach the **self-assessment tool** (or provide a link), which includes the questions, answers
and references.
1. **Self-Assessment Activity Title**

What is the title of the specific Section 3 Self-Assessment activity? (This will be forwarded to the Royal College and used in Maintenance of Certification reporting by participants).

Click or tap here to enter text.

1. **Knowledge Areas**

Describe the key knowledge areas or themes addressed by this self-assessment program. (Please use point form)

Click or tap here to enter text.

1. **Evidence Base**

In addition to the information provided in the Needs Assessment task, please provide any additional information on the scientific evidence base selected to develop the self-assessment activity (if applicable). (Please use point form)

Click or tap here to enter text.

1. **Assessment**

Describe the process that will be used to allow participants to demonstrate or apply knowledge, skills, clinical judgment or attitudes and record their answers (for example, web based assessment tools or creation of an answer sheet and scoring for multiple-choice questions (MCQ), short answer questions (SAQ), true/false statements). (Please use point form)

Click or tap here to enter text.

1. **Feedback**

The Royal College requires that self-assessment activities must provide participants with a copy of their own answers and feedback on their performance, which will enable the identification of any areas requiring improvement and support the development of a future learning plan. How will participants be provided with feedback and know which answers were correct or incorrect?

Click or tap here to enter text.

1. **References**

The Royal College also requires that self-assessment activities must provide participants with references to justify the appropriate answer. Describe how references will be provided to participants. (Please use point form)

Click or tap here to enter text.

1. **Correct Answer References**

References justifying the appropriate answer should be provided to participants. Please describe how these will be provided. (Please use point form)

Click or tap here to enter text.

1. If applying for ROYAL COLLEGE SECTION 3 – SIMULATION:

There are 2 categories of CPD activities that qualify for Section 3 credits: Self-Assessment and Simulation. This task is for Section 3 Simulation credit. For Section 3 Self-Assessment, please complete Task 10.

Royal College Section 3 credits are for programs, or components of programs, that provide data and feedback to help health professionals identify and address unperceived professional practice needs.

Simulation activities are programs that directly observe and assess participants' skills, knowledge, clinical judgement, and/or attitudes. For Section 3 credits, participants must be actively engaged in the simulation activity. Your program must also include a mechanism to provide the participants with feedback.

In this task you will provide information specifically on the simulation activity, and the methods used to enable participants to demonstrate or apply knowledge, skills, clinical judgement or attitudes. For more information, please visit the Royal College website.

Required Documents:

* Section 3 activities must be evaluated by participants. Please submit the **evaluation template** that will be used for the simulation activity in the document upload task. Sample evaluation templates are available for download and customization. After the completion of the program or conference you must also submit a summary of post-program evaluations to meet accreditation requirements.
* For live simulation activities, if applicable, please attach the **assessment tool** below.
* For online simulation activities, please attach the **assessment tool** below, or provide a link.
1. **Simulation Activity Title**

What is the title of the specific Section 3 Simulation activity? (This will be forwarded to the Royal College and used in Maintenance of Certification reporting by participants).

Click or tap here to enter text.

1. **Knowledge Areas**

Describe the key knowledge areas, skills, or competencies assessed by this simulation program. (Please use point form)

Click or tap here to enter text.

1. **Evidence Base**

In addition to the information provided in the Needs Assessment section, please provide any additional information on the scientific evidence base selected to develop the simulation activity (if applicable). (Please use point form)

Click or tap here to enter text.

1. **Simulation Methods**

What simulation methods were selected to enable participants to demonstrate their abilities, skills, clinical judgment or attitudes (for example, role playing, standardized patients, theatre-based simulation, task trainers, virtual patients, etc.) and how will learners be actively engaged in the simulation activity? (Please use point form)

Click or tap here to enter text.

1. **Assessment**

Describe how participant performance in the simulation activity will be assessed. If this is an online simulation-based activity, please describe how participants will provide responses to online simulation? (for example, through an online response sheet or web-based assessment tool)

Click or tap here to enter text.

For live simulation activities, if applicable, please attach the assessment tool in the document upload task.

For online simulation activities, please attach the assessment tool in the document upload task, or provide a link.

1. **Feedback**

How will participants be provided with feedback on their performance to enable the identification of any areas requiring improvement and support the development of a future learning plan?

Click or tap here to enter text.

Please attach a copy of the feedback tool or guide (if applicable) below.

1. If applying for MAINPRO+ CERTIFIED ACTIVITY OR CERTIFIED ASSESSMENT ACTIVITY CREDITS
	1. Is this program being marketed only within Ontario, or specifically to Ontario-based primary target audiences?

Please note: If you answer “No” to this question, you will need to apply for Mainpro+ credits directly through the CFPC.

[ ]  Yes [ ]  No

* 1. Four Principles of Family Medicine

Please complete the following:

Practice relevance is guided by the Four Principles of Family Medicine. Please indicate which principle(s) will be addressed in this program. Select all that apply:

[ ]  The family physician is a skilled clinician

[ ]  Family medicine is a community-based discipline

[ ]  The family physician is a resource to a defined practice population

[ ]  The patient-physician relationship is central to the role of the family physician

* 1. Program keywords:

The CFPC has provided the following list of keywords that may be helpful as members search for programs on their site. Please select the keywords most relevant to your program:

Aboriginal Health

Academic Medicine

Addiction Medicine

Administration

Adolescent Medicine

Allergy

Allied Health Professionals

Alternative/Complementary Medicine

Anesthesia & Analgesia

Art & Medicine

Assessment

Basic Sciences

Behavioural Science

Cancer Care

Cardiovascular Medicine

Cardiovascular Surgery

Child Abuse

Chiropractic Medicine

Chronic Disease Management

Clinical Care

Clinical Practice Guidelines

Communication

Community Medicine

Cosmetic Medicine

Culture

Dentistry/Oral Medicine

Dermatology

Diabetes

Domestic Violence

Drugs

Education & Teaching

Emergency Medicine

Endocrinology

ENT

Environmental Medicine

Epidemiology

Ethics

Evidence-Based Medicine

Faculty Development

Family Practice/General Practice/Primary Care

Forensic Medicine

Gastroenterology

General Surgery

Genetics

Geriatric Medicine/Care of The Elderly

Global Health

Gynecology

Health Economics

Health Policy

Hematology

History

Homecare

Hospitalist Care

Imaging Techniques

Immunology

Infectious Disease

International Medicine

Laboratory Medicine

Legal/Medico-Legal

Lifestyle

Management

Medical Careers

Medical Education

Medical Informatics

Medical Students & Residents

Men's Health

Mental Health

Molecular Medicine

Neurology

Neurosurgery

Nuclear Medicine

Nursing

Nutrition & Metabolism

Obstetrics

Oncology

Ophthalmology

Orthopedic Surgery

Pain Management

Palliative Care

Pathology

Patients

Pediatrics

Pharmacology

Pharmacy

Preventive Medicine

Prison Medicine

Practice Improvement

Practice Management

Psychiatry

Psychotherapy/Counseling

Public Health

Quality Assurance / Quality Improvement

Radiation Therapy

Radiology

Religion/Spirituality

Rehabilitation Medicine

Research & Scholarship

Research Methods

Respiratory Medicine

Rheumatology

Rural Medicine

Sexual Health & Medicine

Sociology

Sports & Exercise Medicine

Statistics

Surgery

Thoracic Surgery

Toxicology

Transplant Medicine

Travel Medicine

Tropical Medicine

Urology

Vaccines

Vascular Surgery

Women's Health

* 1. Describe how the planning committee was selected and how they represent the
	target audience: Click or tap here to enter text.
	2. Describe the scientiﬁc planning committee’s process for selecting speakers and/or
	presenters/facilitators/coaches/peer reviewers/assessors: Click or tap here to enter text.
	3. If this program is receiving sponsorship support other than from government sources, please upload a copy of sponsor branding (for example, logos etc.) Click or tap here to enter text.

The following set of questions relates to **new equity, diversity and inclusion standards** set out by the CFPC. Please respond to these questions to the best of your ability. If you have not yet been able to integrate EDI principles into program planning and delivery, please detail how you intend to do so for future iterations. We suggest that program directors and scientific planning committees review the [CAMH Health Equity and Inclusion Framework](https://www.camh.ca/en/education/academic-and-education-research-excellence/health-equity-and-inclusion-framework-for-education-and-training) prior to the completion of this section of the application.

* 1. Provide, if applicable, an explanation of how the diversity of patient populations was addressed/considered in the needs assessment process. If not, how this could be included in future programs? Click or tap here to enter text.
	2. Explain how you considered information and perspectives from various cultural, social, and demographic backgrounds to enrich the learning experience: Click or tap here to enter text.
	3. Explain the speciﬁc strategies used to make sure the program content reﬂects diverse perspectives relevant to the topic/content discussed. If you have not considered this, explain why not and how you might incorporate this in the future. Click or tap here to enter text.
	4. Describe your approach to designing instructional and learning activities that accommodate diverse learning preferences, abilities, challenges, interests, and background knowledge. If you have not incorporated this approach, explain why not and how you might incorporate this in the future. Click or tap here to enter text.
	5. Provide examples of how you created an inclusive learning environment that
	considers the accessibility needs of diverse participants: Click or tap here to enter text.
1. For programs requesting Mainpro+ Certified Assessment Activity credits, please also complete the following questions:
	1. What type of assessment is taking place?

[ ] Group practice

[ ] Individual practice

[ ] Organization

* 1. Outline how the needs assessment findings led to the assessment chosen: Click or tap here to enter text.
	2. Select the practice data sources that participants used:

[ ] EMR data/patient records

[ ] Teaching assessments

[ ] Patient feedback

[ ] 360 feedback
[ ] Other – please specify Click or tap here to enter text.

* 1. Describe how you determined that the activity time frame is feasible for meeting the learning objectives:
	Click or tap here to enter text.
	2. Please upload an example of the assessment tool/format.