

**EDUCATION PROGRAM LETTER OF PROPOSAL: PHYSICIAN ORGANIZATION**

The Canadian Cardiovascular Society (CCS) strives to meet the highest standards in continuing professional development for cardiovascular professionals in Canada. As a long-standing recognized accredited provider of Royal College of Physician and Surgeons of Canada, it is the CCS’s responsibility to ensure that these standards are adhered and reflected throughout all of our accredited CPD activities.

The information contained in the application shall be the product of the Planning Committee Chair, who shall be responsible and accountable for compliance with the requirements for approval. The CCS reserves the right to request additional information to assist in the review.

The CCS Continuing Professional Development Committee will review the letter of proposal to determine if the activity aligns with the CCS Quality CPD Checklist for Educational Activities and the identified learning needs of the target audience. Completed letters of proposal are usually reviewed within one week.

Group learning is an important development activity for physicians and provides an opportunity to confirm or expand areas of knowledge or practice management, to identify potential new therapies or approaches for practice, and to share practice issues or experiences with peers.

**PHYSICIAN ORGANIZATION DECLARATION OF ADHERENCE TO ACCREDITATION STANDARDS:** *(Planning Committee Chair to initial each)*

As a physician organization, the CCS entrusts your organization to be accountable and ensure that the financial, administrative, educational and ethical accreditation standards as outlined below are to be followed and adhered to.

**Declaration as a Physician Organization**

\_\_\_\_\_\_ I have reviewed the Royal College’s [definition of a physician organization](http://www.royalcollege.ca/portal/page/portal/rc/common/documents/cpd_accreditation/cpd_glossary_e.html) and confirm that my organization fully meets the Royal College definition of a physician organization.

**Declaration of Adherence to Accreditation Standards**

\_\_\_\_\_\_ I will incorporate the Royal College accreditation standards into the development of this educational activity by using the Royal College [accreditation toolkit](http://www.royalcollege.ca/rcsite/cpd/accreditation/cpd-activity-toolkit-e).

**Declaration of Adherence to National Standards of Continuing Medical Education**

\_\_\_\_\_\_ I have read the Canadian Medical Association’s [Guidelines for Physicians in Interactions with Industry](http://policybase.cma.ca/dbtw-wpd/Policypdf/PD08-01.pdf) and will be responsible and accountable for ensuring this program adheres to these requirements.

\_\_\_\_\_ I have read the [National Standard for the Support of Accredited CPD Activities](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e) and will be responsible and accountable for adhering to all elements of this standard.

**After receiving approval of this education program letter of proposal:**

The accreditation application form must be completed and submitted to the CCS with all necessary requirements and supporting documentation at least 8 weeks in advance of the intended date to advertise the education program.

**EDUCATION PROGRAM LETTER OF PROPOSAL (Physician Organization)**

**What type of MOC credits are you seeking:**

[ ]  Section 1 Group Learning

[ ]  Section 3 Self-Assessment

**Title of the educational activity:**

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|  |

**Date(s) of the educational activity:**

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**Location of the educational activity:**

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**Name of the Chair of the Planning Committee:**

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| --- |
|  |

**Email:**

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**Phone:**

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**Principal contact information for educational activity development:**

**Name:**

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**Organization name:**

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**Mailing address:**

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**Email:**

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**Phone:**

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**Program Details:**

**Have you submitted this program to another accredited provider?**  [ ] Yes [ ] No

**Is this application for a** One time program Multiple programs

**Please enter below the names of your planning committee members:**

|  |  |
| --- | --- |
| Name | Specialty |
|  |  |
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**Who comprises the target audience for this activity? Indicate specific specialties, and if applicable, other allied health professionals for whom the educational activity is intended. Each member of the target audience must be represented on the Planning Committee.**

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**Please indicate the honoraria amounts for the following recipients:**

|  |  |
| --- | --- |
| Planning Committee Chair | $ |
| Planning Committee Members | $ |
| Presenters | $ |

**List all sponsors supporting this educational activity through financial and in-kind support:**

|  |
| --- |
|  |

**Please list all commercial drug(s) or product(s) that will be discussed in your educational activity:**

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**Please provide a brief description of the program:**

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**Please describe the educational needs that the activity addresses:**

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**Please describe the learning formats that will be used to best meet the needs of your target audience:**

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I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as an authorized person of the\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Print Name Physician Organization Name*

declare that the information provided in this letter of proposal is true and complete.

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Signature Date