**CPD Activity LETTER OF INTENT CSS CPD # \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The Canadian Cardiovascular Society (CCS) strives to meet the highest standards in Continuing Professional Development (CPD) for Cardiovascular professionals in Canada. To that end, we endorse and develop exemplary accredited activities. CCS ensures that all CPD activities align with the Royal College’s “[National Standard of Support for CPD Activities](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e)” and, the Canadian Medical Association’s “[Guidelines for Physicians in Interactions with Industry](https://policybase.cma.ca/link/policy14454#_ga=2.102594305.1258825976.1645973833-1708431085.1645973833)”.

As a long-standing recognized accredited provider for the Royal College of Physician and Surgeons of Canada, it is CCS’s responsibility to ensure that these standards are adhered and reflected throughout all accredited CPD activities.

All information in the application shall be the work of the Scientific Planning Committee (SPC) Chair, who is the most 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, CPD program will review the letter of proposal to determine if the CPD activity aligns with the CCS mandate and adheres to the regulatory requirements. Completed letters of proposal are usually reviewed within **10 days.**

**DECLARATION OF ADHERENCE TO ALL ACCREDITATION STANDARDS:**

CCS entrusts Physician Organization’s to be accountable and ensure that the financial, design and content development, administrative, educational, and ethical accreditation standards are to be followed and adhered to.

**Declaration as a Physician Organization**

As the acting Scientific Planning Committee, chair of a CPD Activity, you are the representative of a physician organization. \_\_\_\_\_\_\_\_\_

The Physician organization is aware, and approves of use of their imprimatur and sanctions this activity \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ I have reviewed and attached a completed copy of the [Royal College’s definition of a physician organization](https://www.royalcollege.ca/rcsite/cpd/accreditation/guidelines/what-is-physician-organization-e) 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’s accreditation standards into the development of this educational activity by using the CCS resource templates.

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

\_\_\_\_\_ 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.

\_\_\_\_\_\_ I have read the Canadian Medical Association’s [Guidelines for Physicians in Interactions with Industry](https://policybase.cma.ca/link/policy14454#_ga=2.102594305.1258825976.1645973833-1708431085.1645973833) and will be responsible and accountable for ensuring this activity adheres to these requirements.

**After receiving approval of this CPD Activity Letter of Intent:**

The accreditation application form ***must be* completed and submitted to the CCS with all necessary supporting documentation at least 12 weeks in advance of the intended date to advertise the CPD Activity.**

**EDUCATIONAL ACTIVITY LETTER OF INTENT CCS CPD #\_\_\_\_\_\_\_\_\_\_**

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

Section 1 Group Learning

Section 3 Self-Assessment  Section 3 Simulation

**Title of the CPD activity:**

|  |
| --- |
|  |

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

|  |
| --- |
|  |

**Location of the CPD activity:**

|  |
| --- |
|  |

**Therapeutic area:**

|  |
| --- |
|  |

**Name and Professional Credential(s) of the Scientific Planning Committee (SPC) Chair:**

|  |
| --- |
|  |

**Email:**

|  |
| --- |
|  |

**Phone:**

|  |
| --- |
|  |

**Other contact information for the CPD activity development:**

**Name/role:**

|  |
| --- |
|  |

**Organization:**

|  |
| --- |
|  |

**Mailing address:**

|  |
| --- |
|  |

**Email:**

|  |
| --- |
|  |

**Phone:**

|  |
| --- |
|  |

**CPD Activity Details:**

**Have you submitted this CPD Activity to another accredited provider?**

Yes, explain below

No

**Is this application for a** One time activity Multiple (how many) \_\_\_\_\_\_\_\_\_\_

**Attach** a copy of your CPD Activities completed CCS Assessment Tool.

Learning objectives are formed by the SPC based on the Assessment Tool. Provide SPC Minutes that demonstrate evidence of consideration.

The SPC has assigned a minimum of two (2) CanMeds Role for each overall Learning Objectives.

|  |
| --- |
|  |

**Who is your Target Audience?**

**How is this target audience represented? Are they part of the CPD activity SPC?**

|  |
| --- |
|  |

**Enter the names of your scientific planning committee members with their professional credentials:**

|  |  |
| --- | --- |
| Name | Specialty **(does this match the Target Audience)** |
| Example: Anil Patel | Example: MD, FRCPC, PhD |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

All SPC and Activity Faculty/Presenter/Moderator, must complete a Conflict-of-Interest Disclosure form. Ensure you have all **COMPLETED** all forms to submit with your accreditation application.

**Please identify honoraria amounts:**

|  |  |
| --- | --- |
| Scientific Planning Committee Chair | $ |
| Scientific Planning Committee Members | $ |
| Faculty/Presenters/Moderators/Authors | $ |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

**A description of the activity:**

|  |
| --- |
|  |

**Include Perceived and Unperceived Needs Assessment to develop your Learning Objectives:**

|  |
| --- |
|  |

|  |
| --- |
|  |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as an authorized person of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ declare that the information provided in this letter of proposal is true and complete.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Required Completed Accreditation Forms**

[**How to Identify a Physician Organization Form**](http://www.royalcollege.ca/rcsite/cpd/accreditation/guidelines/what-is-physician-organization-e)

**Educational Design & Needs Assessment Form**

* Identifying both perceived and unperceived needs
* Learning objectives with two CanMeds roles identified

**SPC** [**Minutes**](https://ccs.ca/app/uploads/2022/05/CCS-CPD-Educational-Activity-Agenda_Minutes-Template.pdf)

* Identifying discussions of who the target audience is, needs assessment outcomes and formulation of learning objectives with CanMeds role

[**Speaker Letter**](https://ccs.ca/app/uploads/2022/05/CCS-CPD-Speaker-Letter-Template-.docx)

* Attach a copy of your speaker request letter.

**Faculty/Presenter/Speaker/Moderator Form**

* List all CPD Activity Faculty/Presenter/Speaker/Moderator with their professional credentials
* A copy of your Faculty/Presenter/Speaker/Moderator request letter with the overall Learning Objectives.
* Identify the Target Audience
* Convey the Overall Learning Objectives
* Session Specific Learning Objectives are required for your talk. The development of learning objectives is one of the most important steps of creating a learning activity. It is mandated that the learning objectives be linked to the learners needs. Objectives should be written from the perspective of the learner and describe what the participants will be able to do following the educational activity. Please provide at least 2-3 session specific learning objectives.

**CONTENT DEVELOPMENT**

* Ensure that the content and/or materials presented provide a balanced view across all relevant options related to the content area
* The intended learning objectives for the activity
* Ensure that the description of therapeutic options utilize generic names (or both generic and trade names) and not reflect exclusivity and branding
* Ensure that the content is relevant to various practice needs
* Incorporation of evidence: An outline of evidence and how it was used to create content, including references
* Addressing barriers to change in practice

[**conflict of Interest Disclosure Form**](../../../../../../Downloads/CCS-CPD-COI-Form-2022_Declaring-and-Disclosing-Conflict-of-Interest%20(1).docx)

* All persons involved in this CPD Activity design, development, implementation must complete a COI Disclosure Form.

**Written Agreements between Physician Organization and Funders (for profit and not for profit).**

* Multiple funders or solo sponsorship see policy.

**Written Agreement between Physician Organization and Third Parties including communication companies.**

* Include cost/budget
* Roles and responsibilities

[**Detailed Activity Budget Form**](https://ccs.ca/app/uploads/2022/05/SL-Budget-Template-External_2021.xlsx)

* Identify all sources of revenue including perspective registration fees
* Identify all expenses

**CPD Activity Evaluation Form**

* List the learning objectives with CanMeds roles
* Identify whether the learning objectives were met
* Identify whether the content was balances and free of commercial bias
* If there is a perception of commercial bias. Indicate where; and provide feedback an opportunity for feedback.
* Suggest any topics that you would like to learn about

**Access to online modules (section 1 and 3)**

**Assessment sheet (section 3 sap)**

**Feedback template (section 3 sim)**