

# CAPM&R MOC Section 1 Application

## MOC Section 1 Application

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### Page description:

Thank you for your interest in Section 1: Physician Organization Programs.

This application will take **approximately 20 minutes** to complete. Please ensure you have blocked off at least that much time to complete the required application information.

# Toolkit to assist with this application.

- Creating learning objectives
- Educational delivery methods
- Evaluations
- Needs assessment
- Relationships with speakers and sponsors
- Sample Conflict of Interest Form
- Sample Certificate of Attendance
- Web-based CPD events

## Program Details

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1. Program Title \*

2. Location of Program \*

3. Where can people register? URL, website etc... \*

4. Start Date \*



DD/MM/YYYY

5. End Date \*



DD/MM/YYYY

**Physician Organization**

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A physician organization is defined by the Royal College 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

*The physician organization is accountable to and serving, among others, its physician members through a governance structure that enables the membership to vote on strategic directions and initiatives of the organization as a whole.*

Examples of physician organizations:

- faculties of medicine
- hospital departments or divisions
- medical societies, associations and academies
- physician research organizations
- health authorities not linked to government agencies
- Canadian provincial/territorial medical regulatory authorities (MRAs)

This definition excludes:

- pharmaceutical companies and their advisory groups;
- medical and surgical supply companies;
- medical device companies;
- communication companies: and,
- other for-profit organizations and ventures/activities.

Examples of other groups that are not considered physician organizations:

- disease-oriented patient advocacy organizations
- government departments or agencies (e.g. Health Canada, Public Health Agency of Canada)
- medical education or communications (MEC) companies
- for-profit online educators, publishing companies or simulation companies
- small groups of physicians working together to develop educational programming

If you are able to check each criterion, the organization meets the definition of a physician organization.

## 6. Are you a physician organization? \*

- The organization is not-for-profit. Refer to the Canadian government website for [federal corporations](#).
- The organization has a governance structure such as a Board of Directors. Refer to your the “About Us” section on the website.
- The organization has a membership comprised of individual specialist physicians? Refer to the “Membership” section on their website.
- Membership goes beyond receiving a newsletter.
- There is a membership that is not solely comprised of the Board of Directors.
- There is defined criteria on who is eligible to be a member.
- There are defined expectations of members such as payment of dues.
- The organization is accountable to a membership comprised of individual physicians. Refer to their website to determine if they have an annual general meeting for their membership.
- The membership can vote at regularly scheduled meetings, such as annual general meetings, regarding strategic direction of the organization as a whole.

### **Part 1: Organization Requesting Approval**

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7. Who are we sending the assessment to?\*

First Name \*

Last Name \*

Street Address \*

City \*

Province \*

- Alberta
- British Columbia
- Manitoba
- New Brunswick
- Newfoundland and Labrador
- Nova Scotia
- Ontario
- Prince Edward Island
- Quebec
- Saskatchewan
- Northwest Territories
- Nunavut
- Yukon

Email Address \*

8. Name of the Physician Organization or Medical Organization acting as the Scientific Planning Committee for the Program: \*

9. Is this a recurring activity? \*

- Yes
- No

10. Is this activity associated with any other meeting(s)? \*

- Yes
- No

## Part 2: Mandatory Educational Requirements

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### Criteria 1:

**The activity must create learning objectives to address identified needs. The learning objectives must be printed on the program brochure and/or hand-out materials.**

**The activity must be planned to address the identified needs of the target audience.**

## 11. Who is the target audience?

*Please indicate specific specialties and, if applicable, indicate other health professionals for whom the activity is intended. \**

Primary Target Audience: \*

Secondary Target Audience: \*

## 12. Members of the Planning Committee:

*Who are they and how are they representative of the **primary target audience?** \**

13. Sources of Information to Define the Content of this Activity:

*i.e. reviews of the scientific or education literature; CPG; surveys or focus groups conducted by the organization planning the event. \**

14. Attach Supporting Documentation Here (if applicable).

*File must be in .pdf format.*

Browse...

15. Identify the CanMEDS Roles that are covered within the program:

For a refresher on the different CanMEDS Roles, please [click here](#). \*

- Medical Expert
- Communicator
- Collaborator
- Leader
- Health Advocate
- Scholar
- Professional

**Learning Objectives**

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**Criteria 2:**

The activity must create learning objectives to address identified needs. The learning objectives must be printed on the program brochure and/or hand-out materials.

To view the tool on how to develop Learning Objectives, please [click here](#).

16. List the overall learning objectives and learning objectives for each specific session: \*

To view the tool on how to develop Learning Objectives, please [click here](#).

17. Attach Supporting Documentation Here (if applicable).

*File must be in .pdf format.*

Browse...

18. How were the identified needs of the target audience utilized in the creation/development of the learning objectives? \*

19. Attach Supporting Documentation Here (if applicable).

*File must be in .pdf format.*

Browse...

20. Do the learning objectives express what the participants will know or achieve by participating in the activity? \*

Yes

No

21. How are the learning objectives linked to the evaluation strategies for the activity? \*

22. Attach Supporting Documentation Here (if applicable).

*File must be in .pdf format.*

Browse...

**Program Materials**

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23. We comply with the following 2 standards:

1. **The activity's brochure and/or other written materials must not identify any of the sponsor's products.**
2. **Generic names should be used rather than trade names on all presentations and written materials**

Do you agree with these standards? \*

- Yes
- No

Program invitation must include speakers, venue, and time. It must also include overall session specific objectives and the time allotted to interactive learning for participants.

You may also include the CAPM&R and the Physician Organization logo and the Accreditation Statement:

***"This event is an accredited group learning activity (Section 1) as defined by the Maintenance of Certification program of the Royal College of Physicians and Surgeons of Canada (RCPSC), approved by the Canadian Association of Physical Medicine & Rehabilitation. You may claim a maximum of "x"# hours (credits are automatically calculated)."***

24. Attach Copy of the Invitation Here.

*File must be in .pdf format.*

Browse...

Program brochure must include overall session specific objectives and the time allotted to interactive learning for participants with this application.

25. Attach Copy of the Program Brochure Here.

*File must be in .pdf format.*

Browse...

The actual program material (i.e. slides) must include overall session specific objectives, list the CanMEDs Roles identified, and the time allotted to interactive learning for participants with this application.

Program materials must include an introductory slide/page indicating the name of the program and the following Accreditation Statement: ***"this event is an accredited group learning activity (Section 1) as defined by the Maintenance of Certification program of the Royal College of Physicians and Surgeons of Canada (RCPSC), approved by the Canadian Association of Physical Medicine & Rehabilitation. You may claim a maximum of "x"# hours (credits are automatically calculated)."***

**The faculty and their complete disclosures must be included in the introductory slides/pages of the program materials.**

26. Attach Copy of the Complete and Finalized Program Here.

*File must be in .pdf format.*

Browse...

27. Attach Copy of Other Related Program Materials Here (if applicable).

*File must be in .pdf format.*

Browse...

## **Interactive Learning**

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### **Criteria 3:**

**At least 25% of the total education time must be devoted to interactive learning strategies (identify on the program materials, the time allotted to interactive learning for participants).**

28. What synchronous learning methods have been incorporated to promote interactive learning? \*

29. Attach Supporting Documentation Here (if applicable).

*File must be in .pdf format.*

Browse...

## **Evaluation**

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**Criteria 4:**

**The activity includes an evaluation tool.**

**The evaluation strategies for activities approved under Section One must include an assessment of participants' satisfaction with the program content / relevance.**

Please provide a copy of the evaluation tools developed for this activity. The evaluation form should include opportunities for the participant to identify whether the stated learning objectives were achieved and, what they have learned and its potential impact for their practice. The evaluation **MUST** contain a question that provides the participant an opportunity to respond if they perceived or were affected by any commercial bias. An example of such a question may be as follows: "Did you perceive, or were you affected by, any commercial bias with respect to this educational initiative?"

An example evaluation form is provided here.

30. Attach Copy of Evaluation Form Template Here.

*File must be in .pdf format.*

An example evaluation form is provided [here](#).

Browse...

Group CME activities approved under Section One must meet the CMA Guidelines governing the relationship between physicians and the pharmaceutical industry.

**Any financial assistance provided to reimburse physicians or their families for attending the program for travel or accommodation, will result in non-approval for this application.**

For more information on the guidelines regarding sponsorship from Industry, see Guidelines by clicking [here](#).

31. The Physician Organization must have control over the topics and content of the activity, as well as the speakers invited to present at the activity. Describe the process by which the topics, content, and speakers were selected: \*

32. The Physician Organization must assume responsibility for ensuring the scientific validity, objectivity, and completeness of the content of the activity. Describe the process to ensure validity and objectivity of the content of this event: \*

33. The Physician Organization must disclose to participants the financial affiliations of faculty, moderators or members of the planning committee (within the past two years) with any commercial organization(s) regardless of its connection to the topics discussed or mentioned during this event.

Please list any such disclosure: \*

## **Disclosures**

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**You must provide, to all participants at this educational activity, a Disclosure Summary for the Chair/Planning Committee in addition to each faculty member. A list of the faculty and their complete disclosures must be included in the program materials to participants.**

Click here for an example of a Faculty Disclosure form and Faculty Disclosure Summary form.

34. Attach Faculty Disclosure Here (if prepared).

*File must be in .pdf format.*

Browse...



35. Attach Faculty Disclosure Summary Here (if prepared).

*File must be in .pdf format.*

Browse...

## Budget

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All funds received in support of this activity must be provided in the form of an \*unrestricted educational grant payable to the sponsoring organization.

You must include a copy of the budget for this program that identifies each source of revenue as well as a line-item description of expenses, including accommodation, travel, meals, honoraria, and any social activities.

Financial contributions from industry sponsors must be identified as "supported by an unrestricted educational grant from [company name(s)]".

Click here for an example of a budget outline form.

*\*Unrestricted educational grants are sources of revenue provided to physician organizations to support the development of a CPD activities or materials without any conditions or influence from the donor regarding the design, development, delivery and content of the activities or materials.*

36. Attach Budget Outline Form Here.

*File must be in .pdf format.*

Browse...

37. Please describe how the physician organization(s) assumes responsibility for the distribution of these funds, including the payment of honoraria to faculty: \*

38. Describe the process to advocate speakers' adherence to using generic rather than trade names of medications and/or devices included within all presentations or written materials: \*

39. Please identify all commercial organizations that are funding this activity: \*

40. If there are additional sources of financial assistance that has not been addressed here, please describe: \*

## **Credits**

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41. Please indicate whether you would like to include the AMA PRA Category 1 Credit™ conversion statement on your activity/program documentation: \*

- Yes
- No

## **Sign-In Form**

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You must ensure that there is a registration process in place that will obtain participants full name and email. This is used to issue their certificate of participation.

## **Processing Fee**

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The CAPM&R consider for accreditation these kinds of **group learning**

**events and self-assessment programs:**

- Those **developed by a physician organization.**
- Those **developed by a non-physician organization if co-developed with a physician organization.**

<b>PROVIDER</b>	<b>ACCREDITATION PROCESS</b> (Section 1 & Section 3)	<b>TOTAL FEE</b>	<b>NON- REFUNDABLE APPLICATION DEPOSIT</b>	<b>PROVISIONAL APPROVAL* FEE</b>
Physician organization (No Educational Grants)	Section 1 Approval	\$600	\$300	\$300
Physician organization with Educational Grants	Section 1 Approval	\$1,000	\$500	\$300
Physician organization with Educational Grants - Conference	Section 1 Approval	\$10,000	\$1,000	\$3,000
Physician organization	Section 3 Approval	\$1,250	\$500	\$300

		\$12,000		
		Plus \$375 for		
	Educational co-	each		
	development to	recurring		
	include	event.		
Non-physician	representation	If additional		
organization	from both	funding	\$2,000	\$300
	scientific planning	agreements		
	committees at the	are required:		
	onset and to	\$1,500 grant		
	completion.	administration		
		fee each		

**A non-refundable deposit must accompany your application package; an invoice will be forwarded upon receipt of your application package. If the application is approved, the deposit will be applied against the full accreditation fee and you will be**

**invoiced for the  
balance.**

Please note that review of an application does not guarantee approval.

**Note:** Additional fees may apply for changes and incomplete packages relating to the application and invoicing process as well as for additional requirements relating to funding/program administration.

13% HST applies to all fees. Fees are subject to change.

\*Should the application be incomplete or require recommendations for improvement

for accreditation,  
an interim letter  
will be issued  
with provisional  
approval pending  
evidence that all  
partially  
compliant  
standards are  
addressed. Once  
the final letter is  
issued, the  
application will  
be considered  
approved.

**\*\*Late fees apply  
to any application  
received within 6  
weeks of the  
event**

### **Payment by cheque in CAD**

Make cheque payable to CAPM&R and send to:  
CAPM&R  
4 Cataraqui Street, Suite 310  
Kingston, Ontario K7K 1Z7  
Canada

**Etransfer** to info@capmr.ca with password as  
"PhyiatristMOC1"

### **Payment by bank transfer**

TD Canada Trust  
94 Princess Street  
Kingston, Ontario K7L 1A5  
Canada

**Account name:** CAPM&R

**Account number:** 0139  
5246926

**Branch number:** 004

**Bank transit number:**  
01392

**Swift Code:**  
TDOMCATTOR

### 42. Select the payment option \*

- EFT
- Wire
- Invoice us with Stripe to remit CC payment



### 43. Fee

- Physician organization (No Educational Grants) - \$600
- Physician organization with Educational Grants - \$1,000
- Physician organization with Educational Grants - Conference - \$10,000
- Non-physician organization - \$12,000
- Late Fee - \$300\*\*
- Late Fee - \$3,000 (conference)\*\*

Action: Review

New Review

**Declaration**

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44. As the course planner I accept the responsibility for the accuracy of the information provided in response to the questions listed on this form and, to the best of my knowledge, certify that the CMA's guidelines, entitled "Physicians and the Pharmaceutical Industry" [(2001)] (sec. 17-24) (Appendix 1) have been met in preparing for this CPD event. If this event is held in Québec, we are aware that it is mandatory to adhere to the Conseil de l'ÉMC due Québec's Code of Ethics entitled, Code of Ethics for parties involved in Continuing Medical Education.

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Sign name using mouse or touch pad

Signature of

Before submitting, please ensure you have filled out all of the mandatory fields and all attachments are correct.

Once done, please click on the "Submit" button to finish your form, *MOC Application Form: Physician Organization Program*.

**Thank You!**

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**[question('value'), id='27'], thank you for submitting your event "[question('value'), id='3']" taking place on [question('value'), id='5'], to the CAPM&R for MOC Section 1 Accreditation.**

**We will review the materials and be in touch if we require further information**

or clarification. Expect a reply in 4-6 weeks.

Please make note of the fees and which ones apply to you:

<b>PROVIDER</b>	<b>ACCREDITATION PROCESS</b> (Section 1 & Section 3)	<b>TOTAL FEE</b>	<b>NON- REFUNDABLE APPLICATION DEPOSIT</b>	<b>PROVISIONAL APPROVAL* FEE</b>
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Physician organization	Section 3 Approval	\$1,250	\$500	\$300

		\$12,000		
	Educational co-development to include representation from both scientific planning committees at the onset and to completion.	Plus \$375 for each recurring event. If additional funding agreements are required: \$1,500 grant administration fee each		
Non-physician organization			\$2,000	\$300

**A non-refundable deposit must accompany your application package; an invoice will be forwarded upon receipt of your application package. If the application is approved, the deposit will be applied against the full accreditation fee and you will be invoiced for the**

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Warm Regards,

Heather

**Heather Dow CAE, CPhT | Executive Director | Directrice exécutive**

**Canadian Association of Physical Medicine & Rehabilitation**

**Association canadienne de médecine physique et de réadaptation**

**613-507-0480 | <http://capmr.ca> | [info@capmr.ca](mailto:info@capmr.ca) | [www.capmrconference.ca](http://www.capmrconference.ca)**

New Send Email

**To:** [question("value"), id="37"]

**From:** CAPM&R (noreply@alchemer.com)

**Subject:** MOC Section 1 Application