



Health Authority - Abu Dhabi (HA-AD)

Continuing Education (CE) Accreditation Application Form

To be eligible for HA-AD Category 1 Continuing Education credit hours, applicants must ensure that the activity meets the following criteria:

| | | | |
|----------|---|-----------|---|
| 1 | Activities must be at least 60 minutes long | 7 | The content of the activity must fulfill the learning objectives |
| 2 | The activity must have a specific target audience who will be eligible to earn credit hour(s) for participating | 8 | The faculty must have experience and credentials that substantiate their ability to fulfill the learning objectives |
| 3 | There must be evidence to support the learning needs (of the target audience) which the CE activity will address | 9 | The activity must have no less than 25% of the total time allocated for interactive learning |
| 4 | The activity must be planned to maximize input from those in the field and the target audience | 10 | There must be a comprehensive evaluation of participants' satisfaction with the event (e.g., content, speaker, venue, etc.) and the event must contribute to learning |
| 5 | The activity must be advertised well in advance to encourage participation by the target audience | 11 | There must be a reliable method for documenting and substantiating attendance and ensuring participants attend the entire activity |
| 6 | The activity must have a specifically defined purpose (described as learning objectives) that are communicated to the target audience | 12 | The activity must be "managed" by a planning body, despite provision of commercial sponsorship |

The application (and all supporting documentation) must be submitted to HA-AD no less than six weeks prior to the CE activity.

Keep a copy of this form and all documentation. HA-AD will communicate with the Contact Person and when all criteria have been fulfilled, an official record will be issued.



Health Authority - Abu Dhabi

Continuing Education (CE) Accreditation Application Form

Title of Activity:

Date of Activity: _____
(day --- month --- year)

Location of Activity: _____
(Specify venue – hospital, auditorium, etc.)

City / Emirate: _____

Individual / Department / Organization seeking accreditation:

(Name of individual, department, organization)

(Address)

Criteria #1: Activities must be at least 60 minutes long

Time of Activity: _____
(Start time – Finish time)

Please submit a detailed agenda if event is longer than 1.0 hour.

Contact Person for the Activity:

(Name)

(Phone)

(Fax)

(E-mail Address)

| | |
|---|--|
| Is this a recurring activity? _____ YES _____ NO | Has this activity been accredited by another organization? _____ YES _____ NO If yes, which organization?* |
| How many times will it recur? _____ / year | *HA-AD will accept accreditation done by a legitimate, credible body. If this is the case, no further accreditation by HA-AD is necessary. |

Criteria #2: The activity must have a specific target audience who will be eligible to earn credit hour(s) for participating.

Identify the specific target audience who should attend this activity by placing an “X” in the space to the left of the professional group

- Only those health professions / specialties that are identified will earn Category 1 credit hour(s) for participating in this activity
- Identifying too many professions will encourage over-attendance; carefully consider the subject matter and be as focused as possible in determining the professionals who will benefit the most from the content in this activity.

| X for target audience | Physicians & Dentists with CE Requirements | X for target audience | Physicians & Dentists with CE Requirements | X for target audience | Physicians & Dentists with CE Requirements | X for target audience | Allied Health Professions (no CE requirement now) |
|-----------------------|--|-----------------------|--|-----------------------|--|-----------------------|---|
| | Med Students, Interns, Residents | | • Nephrology | | • Ophthalmology | | Audiology |
| | General Practice / Primary Care | | • Neurology | | • Orthopaedic Surgery | | Cardiovascular Technology |
| | Anaesthesiology | | • Oncology | | • Otolaryngology | | Clinical Dietetics |
| | Critical Care Medicine | | • Rehab Medicine | | • Paediatric Surgery | | Dental Hygiene |
| | Dentistry | | • Respirology | | • Plastic Surgery | | Medical Laboratory Technology |
| | Emergency Medicine | | • Rheumatology | | • Thoracic Surgery | | Occupational Therapy |
| | Family Medicine | | Obstetrics & Gynaecology | | • Urology | | Optometry |
| | Laboratory Medicine | | Occupational Medicine | | • Vascular Surgery | | Paramedicine |
| | Medicine Subspecialties | | Paediatrics | | | | Physiotherapy |
| | • Allergy & Immunology | | Psychiatry | | | | Podiatry |
| | • Cardiology | | Public & Community Medicine | X for target audience | OTHER Health Professions with CE Requirements | | Psychology |
| | • Dermatology | | Radiology | | | | Radiological Technology |
| | • Endocrinology | | Surgery Subspecialties | | Nursing (includes midwives, registered nurses, nursing assistants) | | Respiratory Therapy |
| | • Gastroenterology | | • Cardiac Surgery | | | | Social Work |
| | • Haematology | | • General Surgery | | | | Speech Language Pathology |
| | • Internal Medicine | | • Maxillofacial Surgery | | Pharmacy | | |
| | • Infectious Diseases | | • Neurosurgery | | | | |

Criteria # 3: Evidence –There must be evidence to support the learning needs (of the target audience) which the CE activity will address
Please provide an explanation or supporting documentation for each question.

3A What is the evidence for the learning needs this activity intends to meet? (A learning need is defined as the “gap” between current knowledge, skills, attitudes or behaviors AND competencies relative to: (i) current evidence or (ii) accepted clinical practice guidelines) **Please attach substantiating documentation of the evidence behind the learning need (e.g., needs assessment, feedback from previous activity, health statistics, etc.).**

Criteria # 4: Planning – The activity must be planned to maximize input from those in the field and from the target audience
Please provide an explanation or supporting documentation for each question.

4. Who has planned this activity? How do those planning the activity represent the field of expertise? How do those planning the activity represent the target audience?

Criteria # 5: Access – The activity must be advertised well in advance and encourage widespread participation by the target audience
Please provide samples of flyers or posters, identify links to websites etc.

5. How will this activity be publicized to maximize awareness, particularly amongst the target audience?

Do you want to have it advertised on www.abudhabicme.com? Yes No If yes, please submit to us the brochure/flyer etc. for review, prior to your submitting it for website distribution.

Criteria #6: Purpose – The activity must have a specifically defined purpose, including learning objectives that are clearly communicated.
Prior to responding to this question, please ensure you have read the Guidelines for CME Accreditation Application, which are available at www.abudhabicme.com under “CME Forms”

6A What are the learning objectives for this activity? Upon completion of this educational activity, the participants should be able to:

1.

2.

3.

6B Are the learning objectives for each presentation indicated on the initial slide and discussed by the presenter(s)?

Criteria # 7: Content – The content of the learning activity must fulfill the learning objectives

7A How will the organizer(s) ensure that the content of the material fulfills the learning objectives? Please provide an outline of the presentation, a copy of the slides and / or a copy of the handout(s) that participants will receive as part of this activity.

Criteria # 8: Faculty – The faculty must have experience and credentials that substantiate their ability to fulfill the learning objectives

8 How has the faculty's experience prepared them to fulfill the learning objectives? Please provide a brief CV of the faculty.

Criteria #9: Participant Involvement – The activity must have no less than 25% of the total time allocated for interactive learning
Please provide a schedule/ agenda for the entire activity, outlining how the total time will be used.

9A What learning methods will be used to promote interactive learning? (e.g., discussion periods, small-group workshops, etc.) Please indicate in detail how the time will be divided between presentation, discussion periods, breaks etc.

Criteria # 10: Assessment & Continuous Improvement – There must be a comprehensive evaluation of participants' satisfaction (with the content, speaker, venue, etc.) and the event must contribute to learning

10A Do the participants give written feedback via an evaluation form as to whether learning objectives were well defined and subsequently met? Are other aspects of the event evaluated by the participants? **Please provide a copy of the evaluation form to be used for this activity. www.abudhabicme.com (see Guidelines, under accreditation) provides information and sample evaluation forms.**

10B How will the participants' evaluations be used to make improvements in future educational activities?

Criteria # 11: Attendance Documentation – There must be a reliable method for documenting and substantiating attendance and ensuring participants attend the entire activity

Please provide a copy of the attendance record and of the proof of attendance to be issued to participants for this activity.

11A How will attendees be provided with a record of attendance? Will a certificate or transcript be issued to each participant?

11B What method(s) will be used to ensure participants attend the entire activity and earn the credit hours to which they are entitled?

Criteria # 12: Sponsorship – The activity must be ‘managed’ by a planning body, despite the provision of commercial sponsorship
Please answer the questions below.

12A Has sponsorship or financial assistance been provided for this activity? If so, by what bodies?

12B Has a **planning body** (of professionals from the field of expertise and from the target audience) **assumed management for the activity** (i.e. maintained control over the content, format, choice of speakers etc.) **without involvement by those providing sponsorship or financial assistance?**

12C In what manner is the sponsorship provided? For example, will the company supply venue, meals etc.? Is the company sponsoring the speaker(s)?

12D It is unacceptable for the sponsor's products to be identified on any promotional brochures, flyers or materials associated with this activity. Has the planning body complied with this directive?

Declaration: As the contact person for this activity, I accept responsibility for the accuracy of the information provided in this *Accreditation Application* form and to the best of my knowledge, certify that the criteria for accreditation have been / will be met.

Name of Contact Person (Please print): _____ **Date:** _____

Written Signature of Contact Person: _____

(If an electronic signature is not available, please sign/ date this page and fax it to Khaled Afify at (02) 444-4728.)

Prior to forwarding this application, please confirm that:

- § All questions have been answered in detail, according to the Guidelines for Accreditation Application
- § This page contains both the printed name and written signature of the contact person. If the application is to be emailed, please ensure that the last page contains an electronic signature of the contact person. If this is not possible, the application may be emailed, with the signed/dated last page faxed to 02 449-3376.
- § The following documents are submitted:

| Criteria # | Documentation | Criteria # | Documentation |
|-------------------|--|-------------------|---|
| 1 | Detailed agenda (if event is longer than one hour) | 8 | Brief CV of faculty |
| 3 | Evidence of learning needs the activity will address | 10 | Copy of evaluation form |
| 7 | Outline of presentation, copy of slides or handouts | 11 | Copy of attendance record and participant certificate |

Submit this completed form along with all supporting documentation outlined in checklist to:

Mr. Khaled Afify – CME/CPD Accreditation Officer Fax: (02) 444-4728 E-mail: kafify@haad.ae
& Dr. Mariam El Mobasher – CME/CPD Officer Fax: (02) 444-4728 E-mail: mmobasher@haad.ae

The Health Authority – Abu Dhabi, as an accrediting body, is responsible to monitor **HAAD-accredited** activities to verify and validate that the critical elements are being met. HAAD will monitor (randomly-selected) HAAD-accredited CE activities to ensure that the critical elements of accreditation (see cover page) are fulfilled. Should any of these critical elements not be met, HAAD has the authority to recommend future activities submitted for accreditation by the same event organizer or facility not be eligible for accreditation. The period of ineligibility will be directly linked to the degree to which the critical elements have not been fulfilled.