



NORTHSIDE HOSPITAL

CME Activity Director's Agreement

The Activity Director for a CME activity serves on the Planning Committee as a direct liaison between the Faculty and the Department of Medical Education in a general advisory capacity, helping to assure the high quality of educational content, which will fulfill the needs of the target audience. The Activity Director is responsible for being aware of, and in compliance with, all applicable ingredients governing this educational activity.

I understand and will comply with:

- Essentials and Standards established by the Accreditation Council for Continuing Medical Education (ACCME).
- Policies of the Northside Hospital Department of Medical Education which include my agreement to:
 - Provide supervision, make introductions and announcements as part of the activity, as needed.
 - Be available for advisory consultations, via meetings, faxes or phone conferences, throughout the planning cycle.
 - Review needs assessment, identify professional practice gaps of the physician learners, propose educational objectives, refine course content, review the targeted audience by specialty and geographic location, and recommend faculty.
 - Assist with the development of effective instructional methods based on the educational objectives.
 - Actively oversee the content of speaker presentations in order to assure appropriateness for the target audience.
 - Encourage faculty to assist the Department of Medical Education in submitting materials (i.e., syllabus, slides, other requests) by the assigned deadlines.
 - Provide guidance in obtaining funding through recommendation of vendors.
 - Advise the Department of Medical Education on additional details, if necessary.
 - Complete Disclosure Statement and Attestation Form.
 - Provide updated personal Curriculum Vitae to the Department of Medical Education.
 - Sign Application for Sponsorship (or Joint Sponsorship) of a CME Activity.

Please review the above responsibilities of the Activity Director before committing to this position.

I am aware of the education criteria for *AMA PRA Category 1 Credit™* designation and the administrative requirements of the Department of Medical Education, and accept the responsibility for compliance.

Activity Title: _____

Signature: _____ Date: _____