

**Westchester Academy of Medicine**

Office of Continuing Medical Education

45 Beekman Avenue, Unit 727

Sleepy Hollow, NY 10591

Tel: 914-967-9100

**CME Joint Provider Application Checklist**

*Below is a checklist of the documents and information required for AMA PRA Category 1 Credit*

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| **Title of Activity:**  |  |
| **Date of Activity:**  |  |
| **Course Directors:**  |  |
| **Hospital/Organization:** |  |
| **Location:** |  |
| **Speaker(s) Name:** |  |
| **CME Credits:** |  |

\_\_\_\_\_ **Joint Providership Application /Planning Form**

**\_\_\_\_\_ List of Faculty/Speaker/Planning Committee -** include name of all faculty, speakers, moderators, planners (anyone who influences activity content) (list on application form or provide list separately)

\_\_\_\_\_ **CV or Bio for each course director, speaker, planner, moderator, etc.** (anyone who influences activity content)

\_\_\_\_\_ **Program Agenda - (**which includes the title of each session/lecture, beginning and ending times, and speakers names)

\_\_\_\_\_ **RFR Disclosure Form (RFR)** for each speaker, moderator, planner, course director to complete and date

\_\_\_\_\_ **Presentation of speakers** - (PowerPoint Slides or outline)

\_\_\_\_\_ **Peer Review Form** – (Checklist for ensuring content validity)

\_\_\_\_\_ **Evaluation Form**  - We will create the evaluation form based on the activity learning objectives. If you have any evaluation content questions you would like to use, we will incorporate.

\_\_\_\_\_ **Mitigation of RFR Form** - to be completed should there be a relevant financial relationship with anyone who influences activity content (if applicable)

\_\_\_\_\_  **List of Commercial Supporters and a completed Commercial Support Agreement Form(s)** (if applicable)

\_\_\_\_\_\_  **List of Exhibitors and completed Exhibitor Agreement Forms** (if applicable)

We thank you for choosing the Westchester Academy of Medicine as your joint provider for your CME activities. Should you have any questions, please contact Kalli Voulgaris at 914-967-9100 or by email at kvoulgaris@wcms.org.

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|  The fee for having a CME activity accredited by the Westchester Academy of Medicine:* $330 per credit hour of AMA PRA Category 1 CME (course, conference, symposium)

For Regularly Scheduled Series (i.e. Grand Rounds, Tumor Boards) requiring a single annual approval, the fees are:* Weekly conferences will be billed at $110 per credit hour
* Bi-monthly conferences will be billed at $165 per credit hour
* Monthly Conferences will be billed at $220 per credit hour

Enduring Materials (non-Live CME) * Per Credit Fee - $330
* Annual Fee - $250
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