

AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS JOINT PROVIDERSHIP APPLICATION

APPLICANT INFORMATION

Organization Name:

Meeting Name:

Meeting Dates:

Meeting Facility:

City, State:

CME Contact (must be a neurosurgeon):

Address:

City:

State:

ZIP Code:

Telephone:

Email:

Administrative Contact (if applicable):

Telephone:

Email:

WEBSITE CONTACT INFORMATION

Please provide the contact for your meeting registration and information and a link to your registration brochure or website.

Name:

Phone:

Email:

Website URL:

PAYMENT CONTACT INFORMATION

The \$795 non-refundable application fee is due upon application approval. Applications submitted less than six months from CME activity date will incur an additional express application fee of \$1,000. Meetings Invoices should be sent to:

Name:

Email:

Address:

City:

State:

ZIP Code:

EDUCATIONAL PLANNING

Description: (Brief description of purpose, function or mission statement.)

Problem in Practice (i.e. Practice Gap): A professional practice gap is defined as the difference between actual and ideal performance and/or patient outcomes. What is the practice based problem your meeting will address? And how are your learners involved? A problem in practice (or gap) does not have to be clinical. It can also be administrative, clerical or communication related.

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Educational Content Planners: List all individuals and email addresses who are involved in the planning of your scientific program. Attach a separate file if necessary. You must list these individuals in your final program and collect disclosures from them.

Data Sources: What data did you use to determine the practice gap(s) and need(s) for this meeting? Some examples of data sources are expert opinion, measures required by government, national guidelines, specialty guidelines, hospital IQ information, research findings, previous evaluations, etc. **Check the data sources used to identify the professional practice gap(s) of the target audience and submit each source with this application.**

- | | |
|---|---|
| <input type="checkbox"/> Previous evaluation results
<input type="checkbox"/> Survey of target audience
<input type="checkbox"/> Medical literature review/Journal articles
<input type="checkbox"/> Outcomes data
<input type="checkbox"/> Expert opinion (as documented in meeting minutes, emails, etc.) | <input type="checkbox"/> Program committee/board consensus (as documented in meeting minutes)
<input type="checkbox"/> National and/or specialty guidelines
<input type="checkbox"/> Local, regional, state or federal/national statistics
<input type="checkbox"/> Other (describe) _____ |
|---|---|

Educational Format and Methods: Check all the methods that apply for this meeting based on the target audience and desired results. Attach a copy of the preliminary agenda if available.

- | | |
|---|--|
| <input type="checkbox"/> Didactic lectures
<input type="checkbox"/> Case presentations/discussions
<input type="checkbox"/> Panel discussions | <input type="checkbox"/> Oral paper sessions
<input type="checkbox"/> Hands-on lab/simulation
<input type="checkbox"/> Other (describe): _____ |
|---|--|

Committee members and/or those planning the educational content chose a *live* format vs. online, publication, DVD, etc. for this meeting because:

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Promotion: Check the material(s) listed below that will be used to promote this meeting. Attach draft copies of items indicated below if available at this time. **Please remember that all promotional material must be approved by AANS prior to printing/distributing.**

- | | |
|---|--|
| <input type="checkbox"/> Call for abstracts/abstract form
<input type="checkbox"/> Flyer or brochure
<input type="checkbox"/> Letter of invitation
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Newsletter announcement
<input type="checkbox"/> Journal advertisement
<input type="checkbox"/> Website |
|---|--|

Which of the above items will include the learning objectives? (The learning objectives must be included in at least one of the advanced promotional materials.)

Commercial Support/Exhibit Revenue: Commercial support is financial or in-kind contributions given by an ineligible company, which is used to pay all or part of the costs of a CME activity. **Commercial support is separate from exhibit revenue.**

At the sole discretion of AANS, an audit of the finances of a particular activity may be required. This may include review of all invoices, receipts and expenditures that could be associated with the commercial support.

Do you anticipate commercial support revenue for this meeting?

- ☐ No
- ☐ Yes - **If yes**, describe how the educational grant revenue will be used to offset expenses:

Do you anticipate exhibit revenue for this meeting?

- ☐ No
- ☐ Yes

REQUIRED ATTACHMENTS

Copies of the following are due to AANS for review and approval with this application:

Data Sources
Preliminary Budget

Additional documents will be required throughout the joint providership process.

APPLICATION SUBMISSION

AANS is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to offer CME activities. In order for AANS to jointly provide your program, we must partner with you to ensure the accreditation requirements and policies of the ACCME have been met. We are only able to consider requests for joint providership which meet these requirements and complete the entire application process.

By submitting this application you agree to all ACCME requirements and all AANS joint providership requirements.

If at any time the AANS feels there are conditions that could adversely affect their CME accreditation or if the policies are not followed, joint providership will be revoked or denied. At the discretion of AANS, an AANS staff representative may need to be present to audit your meeting at your expense.

Prepared by (print name):

Date:

Signature:

Date:

Approved by AANS:

...

Return this completed application via email to education@aans.org at least six months prior to your meeting. You will be notified by AANS as to the acceptance of your application along with an invoice to submit the application fee.