

# CDE Application and Planning Summary

The University of Tennessee Graduate School of Medicine (UTGSM) is designated as an Approved Provider for Continuing Education (PACE) Program Provider by the Academy of General Dentistry (AGD).

## Application Fees:

There is a standard application fee of \$500, plus a certification fee of \$50 per credit hour approved. Please discuss the specific amounts with the Continuing Education and Professional Development (CEPD) director.

It is important to provide complete information. You must email the the required attachments at the same time you complete the applicaiton. Allowing a lead time of at least six months will assure adequate planning and coordination. If you need additional information, please contact the office of CEPD:

UT Graduate School of Medicine  
Continuing Education and Professional Development (CEPD)  
1924 Alcoa Highway, D-116 Knoxville, TN 37920  
865.305.9190 Fax: 865.305.6823  
ContinuingEducation@utmck.edu

## \*1. Activity Title:

## \*2. Activity Start Date:

Proposed activity start date: MM / DD / YYYY  
 /  /

## 3. Activity End Date:

Proposed activity end date: MM / DD / YYYY  
 /  /

## \*4. Estimated AGD credit hours\*

\*Actual credits awarded will be determined by CEPD based on the agenda and educational content in accordance with AGD Program Guidelines.

## \*5. Location of activity

Venue   
City   
State

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**\*6. Activity Director contact information:(should be D.M.D, D.D.S. or Ph.D. For non-clinical/business-related activities, activity directors must be at masters level or beyond). The Activity Director has overall responsibility for planning, developing, implementing, and evaluating the content of this certified CDE activity.**

Name	<input type="text"/>
Institution	<input type="text"/>
Street Address	<input type="text"/>
City, State, Zip	<input type="text"/>
Phone number	<input type="text"/>
Email	<input type="text"/>

**\*7. Activity Coordinator: (responsible for the operational, logistical and administrative support of the certified CDE activity).**

Name	<input type="text"/>
Institution	<input type="text"/>
Street address	<input type="text"/>
City, State, Zip	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>

**\*8. Activity Disclosure for Planning Committee: All persons involved in shaping the agenda, educational content, and speaker selection of a certified CDE activity must disclose relevant relationships with commercial interests. The AGD requires disclosure for all certified activities – grant funded and non-grant funded - for activity directors, coordinators, CEPD reviewer, committee members, moderators and speakers.**

Name, affiliation	<input type="text"/>
Name, affiliation	<input type="text"/>
Name, affiliation	<input type="text"/>
Name, affiliation	<input type="text"/>
Name, affiliation	<input type="text"/>
Name, affiliation	<input type="text"/>

## Planning the Content

### \*9. Is this activity important to patients and their needs?

- Yes
- No

### \*10. Practice Gap

**A professional practice gap is the difference between ACTUAL (what is) and IDEAL (what should be) in regard to performance and/or patient outcomes.**

**What data source(s) did you use to identify the professional practice gap(s) in your audience?**

- |   |  |
|---|--|
| <input type="checkbox"/> Survey / questionnaire                 | <input type="checkbox"/> Public health statistics                |
| <input type="checkbox"/> Verbal feedback                        | <input type="checkbox"/> Patient care data                       |
| <input type="checkbox"/> Previous activity evaluations          | <input type="checkbox"/> National guidelines                     |
| <input type="checkbox"/> Planning committee input               | <input type="checkbox"/> Regulatory / certification requirements |
| <input type="checkbox"/> Advice from professional organizations | <input type="checkbox"/> Consensus statements                    |
| <input type="checkbox"/> Peer-reviewed literature               |  |

Other (please specify)

### \*11. Needs Assessment

**Why do you want to provide this activity?**

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## \*12. Learning Objectives

**After looking at the practice gaps and educational needs, what do you want the learner to be able to accomplish after the activity?**

**Learning objectives are the take-home message that connect the identified need/gap with the desired result.**

**Note: learning objectives should be measurable and should begin with a verb that can be measured, such as “assess”, “recognize”, “evaluate” and “formulate” (“understand” should not be used, as one’s understanding cannot be readily measured).**

**The following learning objectives are for the overall activity and not for each individual session. Please enter at least three possible learning objectives. If you have more, those can be included with your attachments.**

**As a result of attending this activity, participants should be able to...**

1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>
4	<input type="text"/>
5	<input type="text"/>
6	<input type="text"/>

## \*13. Continuing Education Subject Code List

**Please list the appropriate code(s) for this activity from the AGD’s Continuing Education Subject Code List:**

1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>
4	<input type="text"/>
5	<input type="text"/>

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**\* 14. The AGD PACE program recommends that continuing education providers distribute course evaluation surveys at the end of the activity that ask participants to specifically identify:**

- 1) How well the stated course objectives were met**
- 2) The effectiveness of hte teaching methods used**
- 3) Whether the instructor(s) was well-prepared and engaging**
- 4) Whether the course materials were adequate**
- 5) Whether the overall facilities were conducive to the learning process**
- 6) What types of educational experiences they would like to have in the future**

**Evaluations should be gathered and analyzed by the provider's administrative planning committee and used to help shape decisions for upcoming courses.**

I agree to provide an evaluation to the learners on-site.

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## Identify Audience and Format

### \*15. Target audience

- |   |  |
|---|--|
| <input type="checkbox"/> Dentists                           | <input type="checkbox"/> Dental hygienists           |
| <input type="checkbox"/> Oral surgeons / Oral Maxillofacial | <input type="checkbox"/> Dental administrative staff |

Other (please specify):

### \*16. Type of Activity

- Live (symposium, workshop)
- Symposium/workshop with live patients
- Self-instruction course
- Webinar/on-line program
- Protocol

Other (please specify)

### \*17. What educational format(s) will be used in this activity? (Please check all that apply.)

- |   |   |
|---|---|
| <input type="checkbox"/> Lecture                    | <input type="checkbox"/> Live webinar             |
| <input type="checkbox"/> Hands-on participation     | <input type="checkbox"/> Written self-instruction |
| <input type="checkbox"/> Protocol                   | <input type="checkbox"/> Recorded webinar         |
| <input type="checkbox"/> DVD/video self-instruction | <input type="checkbox"/> Live teleconference      |
| <input type="checkbox"/> Online self-instruction    | <input type="checkbox"/> Recorded teleconference  |

Other (please specify)

### \*18. Will a registration fee be charged?

- Yes
- No

If yes, please specify amount(s)

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## Commercial Support

**\*19. Do you plan to seek support from commercial interest(s) for this activity?**

- Yes
- No

**\*20. According to the Academy of General Dentistry's Standard XII Commercial or Promotional Conflict of Interest statement:**

**"The AGD PACE Standards and Criteria are designed to ensure separation of promotional activities from continuing education activities in the following ways:**

**1) CE Providers must demonstrate that all educational activities offered are independent of commercial influence, either direct or indirect, and**

**2) CE Providers must ensure that all financial relationships between the provider and commercial entities, as well as all financial relationships between course planners and faculty and commercial entities are fully disclosed to participants."**

**To that end, please verify your agreement and compliance with the following statements:**

- Yes, all commercial relationships between myself and the presenters will be fully disclosed in the promotional materials and disclosed either verbally or in writing at the start of the presentations.
- Yes, promotional materials and/or product-specific advertisements of any kind will be kept separate from all CE activities.
- Yes, arrangements for commercial exhibitors or advertisements with commercial sponsors did not influence the planning of this CE course and are not a provision of commercial support for the CE activities.
- Yes, a balanced view of all therapeutic options will be presented, and whenever possible, generic names/terms will be used.
- Yes, any outside sources of financial aid will be acknowledged in all printed announcements and brochures and will be provided at the beginning of each presentation.
- Yes, only unrestricted funding will be accepted for this educational activity and I will assume the responsibility for the course content and instructional materials, including those that may be prepared with outside financial support.
- Yes, I will secure signed and completed disclosure forms from all planning committee members and presenters prior to the start of the activity. Individuals who refuse to disclose will be disqualified from participation in the development, management, presentation, or evaluation of the CDE-certified activity.
- Yes, I will review all presentation content prior to the activity to ensure these guidelines have been met.

## Accreditation Statement

**\*21. There is no provision to allow publicity to mention CDE credits unless the application approval is complete. Statements such as “AGD/CDE credits have been applied for and are pending approval” are not allowed by the AGD. If the activity is approved, required credit statements will be provided once the type of sponsorship agreement is determined.**

I understand and agree to abide by this policy.

**\*22. Please Note: Once an activity is approved, the accreditation and credit designations statements will be provided to you and must appear verbatim on all marketing materials and websites. The CEPD office must preview and sign off on all marketing materials prior to distribution.**

I understand and agree to abide by this policy.



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## Required Attachments

Consideration for activity certification requires a complete application, including required attachments.

**\*23. An application is considered complete once required items are provided. Please indicate you are submitting the required attachments via email to ContinuingEducation@utmck.edu:**

- Detailed agenda with timeframes and dates
- Names, affiliations, CVs and disclosures of proposed presenter(s) (at minimum the planning committee and coordinator(s))
- Draft of evaluation tool(s)
- Promotional material draft, screenshot, or template

Other (please specify)

**\*24. We confirm that there is a clearly identified educational need for this CDE activity. We will assure that the presentation(s) are balanced and free of commercial bias and that all certified CDE Policies and Procedures are followed. Also we certify that relevant financial relationships with any commercial interests will be disclosed to participants prior to the activity.**

**We understand that within 30 days after completion of the activity, all post-activity paperwork must be submitted to the office of Continuing Education and Professional Development.**

**The typing of our names below will serve as our signatures.**

Activity Director

Activity Coordinator