



# Bahamas Medical Council

## Bahamas Medical Council Application for CME Accreditation

**Instructions:** Submit payment to the Bahamas Medical Council (details below). After confirmation of payment is received, complete this form for each activity. Complete all sections applicable for the activity, and assemble attachments, marking each attachment with the appropriate number. For submission, assemble a **single** PDF file that includes this form and the required attachments with each attachment bookmarked. Submit the abstract/attachments via e-mail to [gknowles@bahamasmedicalcouncil.org](mailto:gknowles@bahamasmedicalcouncil.org).

**Eligibility:** Does your firm produce, market, resell or distribute healthcare products used by or on patients?

- Yes – **Stop:** your organization is a commercial interest as defined by the Bahamas Medical Council, and is not eligible to submit, or participate in the development, planning or implementation of BMC accredited CME activities.
- No – Please complete and submit the BMC CME application.

### Organization's Contact Information

Organization Name:			
Contact Name:	First name:	Last Name:	Degree:
Email address:			
<b>Activity Information</b>			
Activity Title:			
Activity Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
	MM	DD	YYYY
Commercial Support Received or Expected	<input type="checkbox"/> YES	NO	<input type="checkbox"/> Not Yet Determined
Total number of Bahamas Medical Council CME Points that this activity will be designated for is _____ points			
<small>Number</small>			

State your mission statement that includes expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program.

State the activities that include the educational needs BMCC2 (knowledge, competence, or performance) that underlie the professional practice gaps of your own learners. (maximum 50 words)

Ability need <i>and/or</i>	
Performance need <i>and/or</i>	
Describe what information you will collect to analyze changes in learners (competence, performance or patient BMCC3 outcomes) achieved as a result of the overall program's activities/educational interventions	

### ATTACHMENTS

<b>Attachment 1</b>	The <b>educational formats for activities/interventions that are appropriate for the setting</b> (e.g., agenda, brochure, program book, or announcement.), <b>objectives and desired results of the activity.</b>
<b>Attachment 2</b>	Attach the activity slides and/or detailed outline of CME content.
<b>Attachment 3</b>	Show us how you separate promotion from education.
<b>Attachment 4</b>	Attach a copy of the form or evaluation that shows what information you will collect to evaluate or measure the impact of this activity
<b>Attachment 5</b>	Activities/educational interventions in the context of desirable physician attributes ( Bahamas Medical Council renewal of licence – Specialists and non-specialists)
<b>Activities/ educational interventions must be independent of commercial interest. If you are planning on receiving or have received commercial support, please attach the following:</b>	
<b>Attachment 6</b>	Show us an example of what you plan to show to learners regarding the source of any commercial support.
<b>Attachment 7</b>	The form, tool, or mechanism used to <b>identify relevant financial relationships</b> of all the individuals in control of content (including teacher(s) and organizer(s)/planner(s)) of the course. Examples: disclosure form and/or email communication.
<b>Attachment 8</b>	Attach a projected budget including what you will receive and how you will spend the commercial support for this activity.
<b>Attachment 9</b>	Show us an example of what you will disclose to learners about relevant financial relationships for all the individuals in control of content (including teacher(s) and organizer(s)/planner(s)) of this activity.

**Note: If this activity is an enduring material, journal-based CME, or Internet CME, please include the actual CME product (or a URL and access code – if applicable) with your performance-in-practice.**

**Payment:**

Each activity application review fee is **\$100.00 per credit**. Payment must be submitted by check payable to the Bahamas Medical Council.

Send to:

*Ms. Gregoryia Knowles  
Council Administrator  
Bahamas Medical Council  
P.O. Box N-9802 Nassau, N.P. The Bahamas*