



## PROPOSAL FOR CONDUCTING CME ACTIVITY (ONLINE) WITH THE CONTINUING PROFESSIONAL DEVELOPMENT

### Guidelines and Duties in Conducting a CME Activity in Coordination with the CPD

To commence a new educational activity, it is essential that all aspects of the activity on the pre-course preparation be addressed. The overall success of the activity greatly depends on receiving complete information and requirements that are in accordance to the set procedures and guidelines outlined in this document.

The requesting Department must fill completely the attached PTC Proposal Form for New Continuing Medical Education (CME) Activities to facilitate the process in obtaining the approval of the Postgraduate Education Committee on CME (PEC-CME), CFO#KSAU-HS-009-14).

The fully accomplished PTC proposal form must be submitted at least Three (3) months prior to the proposed activity date to the Dean of Postgraduate Education, KSAU-HS and/or Chairman of PEC-CME (Mail Code: 2337 or E-mail: deans-peaa@ngha.med.sa), who will forward later to the CPD Department for further review and to recommend presentation to the PEC-CME, if required. Upon invitation, the requesting department should confirm and provide their presenter's name and contact details and ensure that their proposal is presented as scheduled by the PEC-CME. Requesting department will be informed officially of the approval through a memorandum.

- 1.) The requested activity has to be a Continuous Medical Education (CME) only.
- 2.) The Continuing Professional Development is a self-funded facility. The requesting department has to secure guaranteed source of funds for their activity prior to approval.
- 3.) CPD cannot accept requests during weekends or official holidays.
- 4.) CPD only announces events through official means which are MNGHA Distribution C, KSAU-HS Message Center and CPD official Twitter account. CPD is not responsible for marketing.
- 5.) Deadline of registration for participants is two (2) weeks prior to the start date of the event.
- 6.) CPD has all the copyrights of all printing materials (posters, hand-outs and others), which all have to be agreed on and submitted at least 1 month prior to the start date of the event.
- 7.) The Course Director has to be available during course dates to monitor and respond to any inquiries. Also, during any requested meetings prior or post of the event.
- 8.) CPD is the only party to officially communicate with support departments for services such as: transportation, hotel accommodation, visa issuance, "Meet and Greet," finance, media, public relations, office services, and others as required.
- 9.) All approved CPD proposals requiring CME accreditation hours with the Saudi Commission for Health Specialties shall be processed by the PTC, which will submit thereafter to the CME Office, Deanship of Postgraduate Education, at least Eight (8) weeks prior to the proposed activity date. Ensure that the **Course Title, Course Schedule and Course Speakers** are properly filled out to avoid rejection and must be followed on the day of the course.

For any further information, please contact the Postgraduate Training Center at telephone number (011) 429 9999 extension 91005 / 91037 or email to ptc1@ngha.med.sa.

*I, the undersigned, have read and agreed on the guidelines stated in this form and to conduct the activity based on the available resources and current practices of CPD on CME activities including other arrangements as Scientific Chairman for the activity below*

Activity Title:

Name of Scientific Committee Chairman:

Signature:

Badge No:

Date:



## APPLICATION / PROPOSAL FORM FOR ONLINE COURSES

(Please fill out this form clearly, legibly and completely)

Request Date:

### I. REQUESTOR'S INFORMATION:

#### Department Details:

 KAMC

 KSAU-HS

 MNG-HA

 KAIMRC

 Others

Department Name:

Dept. Mail Code:

E-mail Address:

Course Director's Name:

Mobile No.

Ext.

E-mail Address:

Activity Admin. Asst. / Coordinator's Name:

Extension No.:

E-mail Address:

### II. SUGGESTED TITLE OF ACTIVITY (to be approved by the Committee / as requested by the SCFHS):

English:

Arabic:

Specialty:

Sub-Specialty

### III. ACTIVITY DETAILS

Type of Activity:

 Course

 Workshop

 Certification

 New

 Repeated

Date of the Course:

Course Fee:

No. of Days:

/

No. of Hrs.

From

To

### IV. AUDIENCE

Target Audience

Min. No. of Participants

Max. No. of Participants

### IX. SMART OBJECTIVES (See SCFHS attached Appendix 2):

(Five main objectives only)

1.)

2.)

3.)

4.)

5.)



**X. NEED ASSESSMENT** (See SCFHS attached Appendix 1):

(Limit to 100 words only)

**V. SCIENTIFIC COMMITTEE**

ROLE	NAME	POSITION/ DEPARTMENT	MOBILE NO.
Chairman:			
Co-Chairman			
Members: 1.)			
2.)			
3.)			
4.)			
5.)			

**IMPORTANT NOTE:**

CME application for credit hours has to be submitted atleast 2 months before the event as per SCFHS guidelines.

With CME

No CME

Department Head Approval Signature