



PROPOSAL FOR CONDUCTING CME ACTIVITY (ONSITE) 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:



PROPOSAL FORM FOR NEW CME ACTIVITIES (ONSITE)

(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:

Department Head's Name:

Activity Requestor's Name:

Position/Title:

Badge No.:

Pager No.:

Mail Code:

Fax No.:

Telephone No.:

E-mail Address:

Activity Admin. Asst. Name:

Telephone No.:

E-mail Address:

II. PURPOSE OF REQUEST:

New Educational Activity

Repeated/Revised Educational Activity

III. NUMBER OF PARTICIPANTS

	Lecture Only	Workshop Only	Lecture & Workshop
Minimum No. of Participants	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maximum No. of Participants	<input type="text"/>	<input type="text"/>	<input type="text"/>
Target Audience	<input type="text"/>		

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

English:

Arabic:

Specialty:

Sub-Specialty



IV. PROPOSED ACTIVITY DATE (as per availability of PTC Calendar):

No.	Start Date	End Date	Duration	

Frequency: Monthly Quarterly Bi-Annual Annually
 Others, Specify _____

V. VENUE/LOCATION:

- KSAU-HS Convention Center
 Main Auditorium (1,500 seats)
 Lecture Hall A (250 seats) Lecture Hall B (110 seats) Lecture Hall C (110 seats)

- DPE (Deanship of Postgraduate Education) Building, KSAU-HS Campus

Room Type	No. of Rooms
<input type="checkbox"/> Large Auditorium (200 seats)	
<input type="checkbox"/> Lecture Hall (100 seats)	
<input type="checkbox"/> Calsroom (50 seats)	
<input type="checkbox"/> Calsroom (24 seats)	

Room Type	No. of Rooms
<input type="checkbox"/> Open Hall	
<input type="checkbox"/> Skills Lab/Workshop	
<input type="checkbox"/> Computer Lab	
<input type="checkbox"/>	

VI. ACCREDITATION FROM A SCIENTIFIC BODY:

- Local Organization Name: _____
 International Organization Name: _____

VII. SCIENTIFIC COMMITTEE (max. 5 members):

ROLE	NAME	POSITION/ DEPARTMENT
Chairman:		
Co-Chairman		
Members: 1.)		
2.)		
3.)		
4.)		
5.)		



VIII. INTRODUCTION AND SCOPE:

(Limit to 100 words only)

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)



XI. SPEAKERS:

NO.	SPEAKER'S NAME	CURRENT HOSPITAL/ INSTITUTION & ADDRESS
1.)		
2.)		
3.)		
4.)		
5.)		

National _____ Number of Speakers

International _____ Number of Speakers

Special Arrangements for Speakers:

Business Visa

Hotel Accommodation

Meet & Greet

Transportation

XII. PROGRAM SCHEDULE (or attach the Activity Program Schedule and Speakers' CV Summary Form):
(Submit the Program Schedule 3 months before the actual activity date)

TIME	TOPICS	SPEAKERS
0730	Registration	
	Topic 1	
	Topic 2	
	Topic 3	
1200	BREAK	
1300	Topic 4	
	Topic 5	
	Topic 6	
1530	CLOSING/ CONCLUSION	

NOTE: * Lecture, minimum of 1/2 hour, maximum of 1-1/2 hours only ** Kindly follow the same format.

XIII. FUNDING SOURCE:

<input type="checkbox"/> Suggested Registration Fee	Amount in SAR
Educational Activity Fee	

<input type="checkbox"/> Departmental Budget	Amount in SAR
Cost Code No.:	

<input type="checkbox"/> Sponsoring Company (Minimum of 3 companies, as tentative)		
Name of Sponsor Company	Contact Person & Details	Amount in SAR
1.)		
2.)		
3.)		
4.)		
5.)		



XIV. REQUIRED RESOURCES AND EQUIPMENT:

Type of Equipment	Count	Provider/Source
<input type="checkbox"/> Ventilators		
<input type="checkbox"/> Ultrasound Machines		
<input type="checkbox"/> Blue Phantom		
<input type="checkbox"/> Moulage Kits		
<input type="checkbox"/> Surgical Instruments		
<input type="checkbox"/> Diagnostic Instruments		
<input type="checkbox"/> Medical Anatomic Models		
<input type="checkbox"/> Standardized Patients		
<input type="checkbox"/> SIM Junior High Fidelity Manikins (Noell, SIM Man, SIM Junior, SIM Baby)		
<input type="checkbox"/> Camera Towers - Laparoscopy		
<input type="checkbox"/> Task Trainers, Airway Trainers, Pelvics Please specify: _____		
<input type="checkbox"/> Low Fidelity (Megacode Kely, Megacode Kid)		
<input type="checkbox"/> OTHERS: _____		

XV. REQUIRED READING MATERIALS:

- Books Manuals CD Hand-outs Flash Memory
 Pre-test Post-test Others, specify: _____

XVI. CATERING REQUIREMENT:

Type	Inclusive Date	Time
<input type="checkbox"/> Breakfast		
<input type="checkbox"/> Coffee Break		
<input type="checkbox"/> Morning		
<input type="checkbox"/> Afternoon		
<input type="checkbox"/> Refreshment		
<input type="checkbox"/> Morning		
<input type="checkbox"/> Afternoon		
<input type="checkbox"/> Lunch		



XVII. REQUIRED RESOURCES AND EQUIPMENT:

Submit this PTC Proposal Form with the following documents, duly accomplished and signed/approved:

- 1.) Guidelines in Conducting CME Activity in coordination with PTC, DPE
- 2.) Activity Program Schedule
- 3.) Company Sponsorship and other sources of fund documentations
- 4.) Saudi Commission for Health Specialties CME/PD Application Forms:
 - 4.1 Speaker CV Summary Form
 - 4.2 Activity Accreditation Form

Submit this PTC Proposal Form with the following documents, duly accomplished and signed/approved:

- 1.) _____
- 2.) _____

APPROVALS:

PRIOR TO SUBMISSION TO THE PEC-CME

(Postgraduate Education Committee on Continuing Medical Education, CFO# KSAU-HS-009-14)

Proposed by:

Chairman of the Activity's Scientific Committee:

(Name and Signature) (Date)

Department Head / Chairman:

(Name and Signature) (Date)

Reviewed and Recommended for presentation to PEC-CME by:

Director, Continuing Professional Development:

Director, Continuing professional Development
Deanship of Postgraduate Education
King Saud bin Abdulaziz University for Health Sciences (Date)

AFTER PRESENTATION TO THE PEC-CME

Approved by:

DR. ALIA ZAWAWI
Associate Dean
Postgraduate Studies
King Saud Bin Abdulaziz University for Health Sciences (Date)

Approved for implementation

Other: _____

PROF. FAYEZ AL HEJAILI
Dean
Deanship of Postgraduate Education,
King Saud Bin Abdulaziz University for Health Sciences (Date)