Help for distance learning programmes

- Please carefully complete the following application and submit it to EBAC at least 3 months before the Distance Learning Programme is released.
- Your application will be reviewed by EBAC and you will receive a first decision with recommended changes to be made to your Distance Learning Programme.
- Once the requested changes have been performed, the EBAC evaluators will release their final decision on accreditation (with final number of credits granted) within 4 weeks after receipt of your modified CME programme.

Important advice

1 - General information

Type:

Article/Text

It may take some time to complete the application form. You can choose between two options:

- Download and print an empty form, complete it off-line, and come back to this website to fill it in on-line (Use the last option of the left menu to download the form).
- Complete the application form directly on-line. We advise you to save the form, from time to time (by clicking on the "save" button on the left menu). You can easily re-open it from your home page to continue to fill it in.

Saving the form will prevent you from losing all your entries in case of computer or Internet connection problems.

	Attole	
AF ID :	USERID-6AKHME0H	
Created on :	17 Mar 2005 14:19 CET	
Society / Institution:	Scientific or Academic Institution Name	
Provider ID :	USERID	
Status :	Draft	
Evaluation date :		
2 - Contacts		
Contact person resp	oonsible for this application :	
Title:	○ Mr ○ Ms	
First name:		
Last name:		
Job title:		
Address:		Help: Address same as the one of the contact person entered in your registration form? Click here.
City:		
Code:		
Province / State:		
Country:	<select from="" list="" the=""></select>	
Telephone:		Help: Tel & Fax: Please do not use any symbols like "/ () - +" enter only numbers
Fax:		
E-mail 1:		VERY IMPORTANT : This e-mail will be used everytime we contact you about this event.
E-mail 2:		

Web site:		
Course Director appoint	ed by the scientific institution	
(Person responsible for	the scientific content of the programme, f	or CME articles/texts = Journal Editor)
* Title :	○Mr ○Ms	
* Medical Doctor :	○Yes ○No	
* First name:		
* Last name:		
* Job title:		
* Academic appointment :	Yes No	
If yes, specify:		
* Address:		Help: Address same as above? Click here.
* City:		
* Code:		
Province / State:		
* Country:	<select from="" list="" the=""></select>	
* Telephone:		Help: Tel & Fax: Please do not use any symbols like "/ () - +" enter only numbers
* Fax:		
* E-mail 1:		
E-mail 2:		
3 - The programme subn	nitted for accreditation - Article/Text	
* Title of the CME article/to	ext:	
* What is the title of the jo	urnal in which the article/text will be publi	shed?
* Who (institution) is the o	wner of the journal ?	
* What will be the way of a Paper Online Other (please speci	accessing the CME article/text/journal?	
_	s be distributed to participants?	
PaperOnline		
Other (please speci	fv) :	
		support to users of the electronic system distributing
Yes No	anual, hotline number to call, online suppo	ort, etc.)

4 - Educational objectives and target audience	⚠ Glossary
4 - Educational objectives and target audience	•
* Please describe the educational objectives/ expected learning	
* Please indicate how the educational needs for this programm	ne were determined:
* Please indicate the target audience (click on one or more box	xes):
☐ Trained Cardiologists ☐ Cardiologists in training ☐ Other physicians ☐ Nurses and technicians ☐ Non-physicians ☐ Others (please specify): 5 - Scientific content of the article/text The CME article/text * The Accreditation will concern: ☐ The entire article/text ☐ A part of the content	☐ Glossary: Cardiologists in training ☐ Glossary: Trained cardiologists ☐ Glossary: Trained cardiologis
* If only a part of the content, please specify which part:	
Sections/modules of the article/text	
	Help: To add a module, fill in the fields and click on the "Add to list" button.
*Title:	
*Comprehensive reading of the article/text will last:	
*How many words does the article/text contain (approximately))?
Main author (mandatory) *Title: Mr Ms Dr Prof	Co-author (optional) Title: Mr Ms Dr Prof
*First name: *	First name:

Last name: *Institutional affiliation:			Last name: Institutional affiliation:	
*City: *Country:	<select from="" list="" the=""></select>		City: Country:	<select from="" list="" the=""></select>
Please add	modules here	Add to list Remove select	red	
Please list t	he members of the Scient	ific Committee		◯ Glossary
	hey must complete and sigr icate the respective roles ar			Scientific Committee.
Title : 🔘 N	Ir Ms Medical title : (Prof. ODr ONo	medical title	
First and la	ist name:			
Role in the	programme:			
	l Affiliation :			
City:				
Country:	<select from<="" td=""><td>n the list></td><td></td><td></td></select>	n the list>		
Add	Remove selected			
* Please ad	d the committee members h	ere		
6 - Commer	cial support and disclosu	re of conflict of inte	erest	
Disclosure of	of conflict of interest			(III) Glossary
	d use the "EBAC Disclosure			hors of the CME article/text.
conflicts of	uires also that providers of a interest by placing relevant ommends using the "EBAC	information at the e	nd of the CME article	audience about the disclosed/indicated e/text.
* Do you wa	ant to use EBAC standard	text on disclosure	? □Yes □No	
EBAC star	ndard text on disclosure			
participat presentat The Organ	ing in this programme ha ions.	ve disclosed potent onsible for ensuring	tial conflicts of inte g that all potential o	ns/ course directors/ authors, erest that might cause a bias in the conflicts of interest relevant to the

If no, please type in the text of disclosure of conflicts of interest that will be placed at the end of the CME article/text.

Commercial s	support for the accredited article	☐ Glossary
* Will you use	commercial support for the accredited prog	gramme ? OYes ONo
If yes , pleas grant, donati		pport (name of the company, type of serviceand form of support
	any advertising/promotion included and end end of the CME article/text?	■ Glossary
OYes ON		Glossaly
If yes, what	kind of advertising (please indicate the con	npany and form of advertising):
Advertis		
	sponsors websites please specify) :	
	s (companies, etc.):	
7 - Publisher a. The publish	of the journal which includes the CME a	rticle/text
* Name:		
* Address:		
714410001		
* City:		
* Code:		
Province /		
State:		
* Country:	<select from="" list="" the=""></select>	
* Telephone:		Help: Tel & Fax: Please do not use any symbols like "/ () - +" enter only numbers
* Fax:		
* E-mail 1:		
E-mail 2:		
* Wah sita:		

b. The contact	t person responsible for the online evaluatior	n system / CME certification
* Title:	○Mr ○Ms ○Dr ○Prof	
* First name:		
* Last name:		
* Telephone:		Tel & Fax: Please do not use any symbols like "/ ()-+" enter only numbers
* Fax:		
* E-mail 1:		
E-mail 2:		
c. Publisher's	profile	
* Please desc	ribe briefly the publishing company, its main acti	vities and technologies applied:
d. Publisher's		
* Please desc	ribe briefly other journals published by the publis	her:
e. Quality reco	_	to a Mala de la companya de la comp
scientific acc	creditation boards or used in medical teaching in:	eir articles/texts were recognized or accredited by medical or stitutions:
8 - Quality Ass	surance of the programme	
Language:		
* Will the conte	ent be presented in one or more languages (plea	se specify)?
Please note t	the accredited CME activity by the participan that all programmes must be evaluated. Participa programme be evaluated?	ts themselves Glossary ants are automatically informed about evaluation results.
☐ EBAC sta	andard evaluation forms	
_	pe of evaluation forms – please attach a copy	!
Other eva	aluation methods (please specify) :	
	ch your evaluation form below : coutton below to select a file on your disk. Browse	 Help: Once the form has been submitted, attached files can be seen at the bottom of the form. Click here to go to the end of the form to see previously attached files (if any). Please give an easy to understand name to the file.

Evaluation of the participants' knowledge:	⚠ Glossary
* EBAC requires that every CME course includes an evaluation participants during the programme.	
Note that the evaluation method and content (MCQ for ex.) r author(s) for CME articles/texts).	nust be defined by the scientific course director (or by the
Using MCQ – please attach a copy !	
Using alternative methods (please specify):	
EBAC recommends the use of a Multiple Choices Questionn 30 minutes of educational activity.	naire. The MCQ should contain a minimum of 3 questions par
Please attach your MCQ form below :	III Help:
Click on the button below to select a file on your disk. Browse	 Once the form has been submitted, attached files can be seen at the bottom of the form. Click here to go to the end of the form to see previously attached files (if any). Please give an easy to understand name to the file.
9 - The life cycle of the Distance Learning CME Programm	e
* How long will the scientific content of the accredited CME are Please note: EBAC accreditation is valid for 2 years only.	
One year	
○ Two years	
Three years	
☐ Four years	
More - Please justify:	
* Are you planning any update or new editions of the accredite Yes No If yes, please specify:	ed CME article/text?
Please note that EBAC accreditation is valid only for the first In order to benefit from the EBAC accreditation for further up on the changes effected.	edition / version of the article/text! odates / editions, you must notify EBAC and provide information
Please add any further information concerning your artic	cle/text which may help the EBAC evaluation process:
10 - CME Articles/Texts attachment Please provide us with a copy of each CME article/text subm	itted for accreditation:
•	
Please attach your articles/text below: Click on the buttons below to select a file on your disk. Browse	 Help: Once the articles/texts has been submitted, attached files can be seen at the bottom of the form. Click here to go to the end of the form to see previously attached files (if any).
Browse	- Please give an easy to understand name to the file.

You can attach 3 files at once. If you want to send more files, save the form, then edit it and attach more files. Note that your application form will not be submitted until we receive the articles/texts.

It is within the responsibility of the CME Provider to request prior authorisation from all persons whose personal data (name, address, ..etc) will be indicated to EBAC when completing the forms necessary for EBAC accreditation.

EBAC commits to treat all personal data as confidential according to the French Law on Data Processing and Civil Liberties 78-17 of January 6, 1978 and keep it for for the use of EBAC staff and EBAC evaluators only.

You have the right to access, amend and oppose any use of this personal data by contacting EBAC at the below mentioned address or by e-mail to: contact@ebaccme.org.

Unless otherwise informed, EBAC may send you information about its activities from time to time. Should you not wish to receive any information from EBAC, please inform us by e-mail at contact@ebac-cme.org."

EBAC, The European Heart House - Route des Colles - Les Templiers - BP 179 - 06903 Sophia Antipolis Cedex - France

I agree with EBAC Confidentiality Clause

I disagree with the EBAC Confidentiality Clause

Payments

Submission fee:

Application form not submitted.

Final payment:

Application form not yet evaluated.

Attached files

If you need to attach any other file to your application form, please click on the button below.

Browse...

III Help:

- Here are the files that have been uploaded with the application form (if any).
- Tip: If you want to read one of the files, right click on it and select "Open link in new window" from the pop-up menu.
- If you want to remove a file, check the box in front of its name and save the form.

No attachment