

## 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

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.**

### 1 - General information

Type :  CD-Rom  
 Title : CDROM  
 AF ID : USERID-6AKHN510U  
 Created on : 17 Mar 2005 14:20 CET  
 Society / Institution : Scientific or Academic Institution Name  
 Provider ID : USERID  
 Status : Draft  
 Evaluation date :

### 2 - Contacts

Contact person responsible for this application :

\* Title :  Mr  Ms

\* First name: \_\_\_\_\_

\* Last name: \_\_\_\_\_


\* Job title: \_\_\_\_\_

\* Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\* City: \_\_\_\_\_

\* Code:

Province / State: \_\_\_\_\_

\* Country: <Select from the list...> 

\* Telephone: \_\_\_\_\_

\* Fax: \_\_\_\_\_

\* **E-mail 1:** \_\_\_\_\_  
 \_\_\_\_\_

E-mail 2: \_\_\_\_\_

\* Web site: \_\_\_\_\_

#### Help :

Address same as the one of the contact person entered in your registration form ?  
[Click here.](#)

#### Help :

Tel & Fax: Please do not use any symbols like "/"  
 () - + " enter only numbers

**VERY IMPORTANT :**  
**This e-mail will be used everytime we contact you about this event.**

**Course Director appointed by the scientific institution**

(Person responsible for the scientific content of the programme, for 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\* City: \_\_\_\_\_

\* Code:

Province / State: \_\_\_\_\_


\* Country:  


\* Telephone: \_\_\_\_\_

\* Fax: \_\_\_\_\_

\* E-mail 1: \_\_\_\_\_

E-mail 2: \_\_\_\_\_

 **Help :**  
 Address same as above ?  
[Click here.](#)

 **Help :**  
 Tel & Fax: Please do not use any symbols like "/"  
 ( ) - + " enter only numbers

**3 - The programme submitted for accreditation - CD-Rom**

\* Title of the CD-Rom: \_\_\_\_\_

\* The Accreditation will concern:

**The entire CD-Rom**

**A part of the content**

If only a part of the content, please specify which part: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\* How many copies will be produced? \_\_\_\_\_

\* What will the CD-Rom selling price be?

\* What will be the way of distributing the CD-Rom ? (Check one or more boxes)

**Sales**

**Gifts**

**Through Healthcare industry**

**Free copies**

**Other (please specify) :** \_\_\_\_\_

- \* Will you provide technical support to users of the CD-Rom?  Yes  No  
If yes, in what form? (manual, hotline number to call, online support, etc.)

#### 4 - Educational objectives and target audience

 [Glossary](#)

- \* Please describe the educational objectives/expected learning outcomes of the programme:


- \* Please indicate how the educational needs for this programme were determined:

 [Glossary](#)

- \* Please indicate the target audience (click on one or more boxes):

- Trained Cardiologists  
 Cardiologists in training  
 Other physicians  
 Nurses and technicians  
 Non-physicians  
 Others (please specify) : \_\_\_\_\_

 [Glossary](#) : Cardiologists in training

 [Glossary](#) : Trained cardiologists

#### 5 - Scientific content of the programme

##### Duration of the course

- \* The accredited CME Course lasts: \_\_\_\_\_ minutes

##### Structure of the content

- \* Is the content divided in several sections/sessions/modules?  Yes  No

If yes, for which of the sessions do you wish to obtain accreditation?

- All of them  For selected ones (see below)

Please list the sessions/modules of the course **that you wish to accredit:**  
For each of them, please specify the title, duration and content.

Title:	<input type="text"/>
Duration:	<input type="text"/> minutes
Content:	<input type="checkbox"/> Voice <input type="checkbox"/> Video <input type="checkbox"/> Slides <input type="checkbox"/> Text <input type="checkbox"/> Other (please specify) : <input type="text"/>

Add to list

 **Help :**

- To add a module, fill in the fields and click on the "Add to list" button.

\*

Please add modules here.....

Move down

Remove selected

**Contributors**

**Please list the persons contributing to the course.**

Note that they must complete and sign the "EBAC disclosure form", which should be sent to EBAC by fax or by mail prior to accreditation being awarded.

**Members of the Scientific Committee**

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Note that they must complete and sign the "Disclosure Form"

Please indicate the respective roles and specify the Director/Chairman of the Scientific Committee.

Title :  Mr  Ms    Medical title :  Prof.  Dr  No medical title

First and last name:

Role in the programme:

Institutional Affiliation :

City :

Country :

\* Please add the committee members here.....

**Course Faculty (speakers/presenters) (mandatory)**

Note that they must complete and sign the "Disclosure Form"

Do you want to type in the names or do you prefer to attach a file ?

Option 1 : Enter names in a list

Option 2 : Attach list as a file

 **Help :**

- In case of many speakers, you can attach the list as an electronic file
- Please keep the following format:  
**Name, title, country.**

**Option 1 : Enter names in a list**

Title :  Mr  Ms    Job title :  Prof.  Dr

First and last name:

Institutional Affiliation :

City :

Country :

\*

Please add the faculty members here.....

### Option 2 : Attach the list as a file

Click on the button 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.

## 6 - Commercial support and disclosure of conflict of interest

### Disclosure of conflict of interest

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Please note that any potential conflicts of interest must be disclosed by:

- Members of organizing and scientific committees
- Faculty members
- Course Directors

You should use the "EBAC Disclosure Form" for this purpose.

[Click here](#) to see it.

EBAC requires also that providers of accredited CME programmes inform their audience about the disclosed/indicated conflicts of interest by placing relevant information:

- For CD-Roms: on the CD-Roms cover and at the beginning of the CME programme/presentation.
- For Internet-based course: on the Home Page and at the beginning of the CME programme/presentation.

EBAC recommends using the "EBAC standard text on disclosure"

\* Do you want to use EBAC standard text on disclosure ?  Yes  No

### ***EBAC standard text on disclosure***

***In compliance with EBAC/ EACCME guidelines, all speakers/ chairpersons/ course directors/ authors, participating in this programme have disclosed potential conflicts of interest that might cause a bias in the presentations.***

***The Organizing Committee is responsible for ensuring that all potential conflicts of interest relevant to the programme are declared to the participants prior to the CME activities.***

If **no**, please type in the text of disclosure of conflicts of interest that will be placed:

- For CD-Roms: on the CD-Roms cover and at the beginning of the CME programme/presentation.
- For Internet-based course: on the Home Page and at the beginning of the CME programme/presentation.

### Commercial support for the accredited programme

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\* Will you use commercial support for the programme?  Yes  No

If **yes**, please indicate the type and the origin of this support (name of the company, type of service and form of support: grant, donation, etc.):

Will there be any advertising/promotion placed within the accredited CD-Rom or Internet-based course (outside the accredited CME course)?  Yes  No

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\*

If yes, what kind of advertising (please indicate the company and form of advertising):

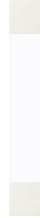
Advertising/logo present on the CD-Roms cover or on the Home Page of the Internet-based course

Advertising/logo present at the beginning of the CD-Roms or Internet-based course

Links to sponsors websites

Others (please specify) : \_\_\_\_\_

Other details (companies, etc.):



Commercial company providing technology support, producing or editing the accredited CD-Rom or Internet-based course

a. The company

\* Name: \_\_\_\_\_

\* Address: \_\_\_\_\_

\* City: \_\_\_\_\_

\* Code: \_\_\_\_\_

Province / State: \_\_\_\_\_

\* Country: <Select from the list...> 

\* Telephone: \_\_\_\_\_

\* Fax: \_\_\_\_\_

\* Web site: \_\_\_\_\_

\* E-mail 1: \_\_\_\_\_

E-mail 2: \_\_\_\_\_

 **Help :**

Tel & Fax: Please do not use any symbols like "/"  
( ) - "+" enter only numbers

b. The contact person responsible for the development of the accredited CD-Rom or Internet-based course

\* Title:  Mr  Ms  Dr  Prof

\* First name: \_\_\_\_\_

\* Last name: \_\_\_\_\_

\* Telephone: \_\_\_\_\_

\* Fax: \_\_\_\_\_

\* E-mail 1: \_\_\_\_\_

E-mail 2: \_\_\_\_\_

 **Help :**

Tel & Fax: Please do not use any symbols like "/"  
( ) - "+" enter only numbers

c. Company's profile

\* Please describe briefly the company, its main activities and technologies applied:

**d. Company's products**

\* Please describe briefly other products(CD-Roms, Internet-based courses, etc.) produced by the company:

**e. Quality recognition**

\* Please indicate whether any of the company's products were recognized or accredited by medical or scientific accreditation boards or used in medical teaching institutions:

**7 - Quality Assurance of the programme****Language:**

\* Will the content be presented in one or more languages (please specify)?

**Multimedia**

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\* Which multimedia technology will be used?

What will be the level of interactivity?

**Evaluation of the accredited CME activity by the participants themselves**

 [Glossary](#)

Please note that all programmes must be evaluated. Participants are automatically informed about evaluation results.

\* How will the programme be evaluated?

- EBAC standard evaluation forms**
- Other type of evaluation forms – please attach a copy !**
- Other evaluation methods (please specify) :**

**Please attach your evaluation form below :**

Click on the button below to select a file on your disk.

 
** 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:

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- \* EBAC requires that every CME course includes an evaluation section that will allow evaluation of knowledge acquired by participants during the programme.  
Note that the evaluation method and content (MCQ for ex.) must be defined by the scientific course director (or by the author(s) for CME articles).

**EBAC recommends the use of a Multiple Choices Questionnaire. The MCQ should contain a minimum of 6 questions par 30 minutes of educational activity.**

- \* Will you be using a MCQ?  Yes  No
- \* If Yes, will comments / explanations to participants' answers be displayed?
  - Correct answers
  - Incorrect answers
  - No explanation to any answers
- \* If No, please describe alternative method used:

- \* Please describe how you will assess the participants progress (if you plan to use a MCQ, the minimum score of correct answers necessary to obtain CME accreditation is 60%)

### Please attach your MCQ form below :

Click on the button below to select a file on your disk.

### 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.

### 8 - The life cycle of the Distance Learning CME Programme

- \* How long will the scientific content of the accredited CME course (CD-Rom, Internet-based or Article) be valid (from the day of release)?

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 accredited CME course (CD-Rom, Internet-based or Article)?

Yes  No

If yes, please specify:

Please note that EBAC accreditations is valid only for the first edition / version of the CD-Rom / Internet based course!  
In order to benefit from the EBAC accreditation for further updates / editions, you must notify EBAC and provide information on the changes effected.

**Please add any further information concerning your CD-Rom / Internet based course which may help the EBAC**



**evaluation process:****9 - Samples**

Please send us by mail **4 copies** of each CD-Rom submitted for accreditation to the following address:

**EBAC  
The European Heart House  
2035 Route des Colles  
Les Templiers  
BP 179  
06903 Sophia Antipolis  
France**

**Note that your application form will not be submitted until the CD-Roms are received.**

**Disclaimer**

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 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@ebac-cme.org](mailto:contact@ebac-cme.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](mailto: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.

** 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