


Help for events programmes

- Please carefully complete the following application and submit it to EBAC at least 3 months before the event.
- Your application will be reviewed by EBAC and the final decision on accreditation will be sent to you within 6 weeks after receipt of your application

1 - General information

Type :  **Event**

Title : **Event**

AF ID : **USERID-6AKHCV23U**

Created on : **17 Mar 2005 14:05 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.

Contact person responsible for the scientific content :

* 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: <Select from the list...> 

* 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 accredited event

* Title of Event: _____

* Type of Event:

Congress

Conference

Seminar

Lecture

Workshop

Clinical training

Other (please specify) : _____

-  [Glossary : Congress](#)
-  [Glossary : Conference](#)
-  [Glossary : Seminar](#)
-  [Glossary : Lecture](#)
-  [Glossary : Workshop](#)

* Estimated number of active participants:

1 day meeting

0-50 participants

50-200 participants

200-400 participants

400-700 participants

700-1500 participants

1500-3000 participants

3000-6000 participants

6000-10 000 participants

More than 10 000 participants. Please give a number : _____


The CME event will take place:

* Name of the Institution/Building/Congress Centre:

* Address: _____

* City: _____

* Code: _____

 **Help :**
 Address same as the one of the
 contact person ?
[Click here.](#)

Province / State: _____

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

* Telephone: _____

* Fax: _____

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

Please indicate the dates of the event and the number of teaching hours :

[Glossary](#)

(According to the preliminary programme and excluding breaks and commercial satellite symposia).

* Date : / / Number of hours :

* Please add days here.....

Help :
- To add a day, fill in the fields and click on the "Add a day" button.

Registration fee for your event

[Glossary](#)

* The standard registration fee is : _____ Euro

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 - Programme of the event

Please indicate below the event's preliminary programme and forward the final programme when available.

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

Enter programme as text

Help :

Attach programme as a file

- You can type in the programme or you can attach it as an electronic file.

Option 1 : Enter programme as text



Option 2 : Attach the programme as a file

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.

Please list the members of the Organizing Committee

[Glossary](#)

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 event :

Institutional Affiliation :

City :

Country :

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

Please list the Faculty members

[Glossary](#)

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 of the EVENT and disclosure of conflict of interest

Disclosure of conflict of interest

[Glossary](#)

Please note that all members of organizing committees and faculty have to disclose/indicate potential conflicts of interest. 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 on all printed and promotional materials (programmes, brochures, web pages, etc).

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 on all printed and promotional materials:

Vertical text input field

Commercial support for the accredited event

[Glossary](#)

* Will you use commercial support for the event ? 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.):

Vertical text input field

* Will there be any advertising during your event ? Yes No

[Glossary](#)

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

* Are there any exhibitions or stands during the event ? Yes No

 [Glossary](#)

If **yes**, please indicate the number of exhibitors/stands:

If relevant, please provide a list of the 10 most important companies exhibiting:

* Are there any satellite programmes/sessions (educational programmes organised by commercial companies) organised during the CME event ? Yes No

Please note that EBAC accreditation does not include any of them.

 [Glossary](#)

If **yes**, how many satellite sessions will be organised ? Please indicate the number:

Please list the companies organising the Satellite sessions:

7 - Quality Assurance of the event

Language:

* What will be the working language(s) used during the event?

* In which language(s) will the course materials be provided?

 [Glossary](#)

* In case there are activities in a language other than English, will a simultaneous translation into English be provided?

Yes

No

All activities are in english

Multimedia

 [Glossary](#)

* Will you use multimedia teaching methods during the event? Yes No

If **yes**, please specify which methods you will use:

Evaluation of the accredited CME activity by the participants themselves

 [Glossary](#)

Please note that all programmes must be evaluated.

* How will the CME activity 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.

Assessing the participants' knowledge:

 [Glossary](#)

* Are there assessment procedures for the participants (tests, examinations) foreseen in the CME activity? Yes No

 [Glossary](#)

If yes, give a short description:

Will there be a self-assessment procedure/test proposed to the participants?

 [Glossary](#)

* At the beginning of the event: Yes No

* At the end of the event: Yes No

Attendance

* Is there a method for verifying attendance? Yes No

If yes, give a short description:

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.

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.

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