



**Accreditation Application Form**  
 Mainpro+ Certification Platform  
 The College of Family Physicians of Canada

Before beginning the application for Mainpro+ Certification providers are expected to review the [Guide to Mainpro+ Certification](#) thoroughly. Failure to adhere to Mainpro+ Guidelines may result in a delay in the review process or a rejection of the application.

**Program Details**

- Program Title:
- Program Start Date:
- Provider Organization:
- Contact Name:
- Email:
- Telephone:
- Application Contact: (If different from above)
- Company Name:
- Email:
- Telephone:

**Financial**

1. Does this program receive financial or in-kind support from for-profit company or organization?

Yes                      No

Select the type(s) of for-profit support they receive:

Financial                      In-Kind

Provide the following:

Amount of Financial Support from for-profit organization(s) received or anticipated to receive	
Amount of In-Kind support from for-profit organization(s) received or anticipated to receive	
List of for-profit supporters/sponsors	



2. Does this program receive financial or in-kind support from a not-for-profit company or organization?

Yes                      No

Select the type(s) of not-for-profit support they receive:

Financial

In-Kind

Provide the following:

Amount of Financial Support from not-for-profit organization(s) received or anticipated to receive	
Amount of In-Kind support from not-for-profit organization(s) received or anticipated to receive	
List of not-for-profit supporters/sponsors	

3. Describe in detail how funds will be used including whom is responsible for paying speaker and scientific planning committee honoraria and travel:

4. Please describe all costs to participants including registration fees, education materials, meals, accomodation, and social events:

5. Additional costs to participants (describe in detail):



6. Are there any social events or activities associated with this program?      Yes      No

If yes, describe in detail the social activities in relation to the certified learning.

**Location and Credit**

1. Select the format for this program:

- Live
- In Person
- Webcast
- Online self-study

2. Where will this program be delivered?

Inside Canada

Outside Canada/Outside United States

Inside the United States (Contact a CFPC Certification Coordinator for more information - 1-866-242-5885 or 905-361-8233)

3. Select all the provinces and/or territories in which the program will be delivered:

Alberta	Nunavut
British Columbia	Ontario
Manitoba	Prince Edward Island
New Brunswick	Quebec
Newfoundland & Labrador	Saskatchewan
Northwest Territories	Yukon
Nova Scotia	

4. (If outside Canada and the United States) City:

5. Country:

6. Please provide the total education contact time included in the proposed program (not including breaks, meals, opening and closing remarks, or time allotted to complete program evaluations). Please submit the program agenda for confirmation purposes.

Did you attach a copy of the program?      Yes      No



7. The program is seeking:

One-credit-per-hour certification

8. Identify the appropriate credit category:

Group Learning      Self Learning

9. Is accreditation for this program being sought with any other organization or group?      Yes      No

Name of Organization

Amount and type of credits requested:  
 (Please enter all that apply)

10. Please select the type of program:

One credit per hour Rounds program

One credit per hour Journal Club

One credit per hour Practice Based Small Group Learning (PBSGL)

One credit per hour Regularly Scheduled Series (RSS)

A single-delivery conference, scientific assembly, congress or similar large event (excludes satellite symposia and ancillary sessions)

Any other CPD program or activity

**Planning**

1. (If Rounds selected) is the planning committee accountable to the head of the department, chief of staff, or equivalent?      Yes      No

2. Please explain how and to whom accountability is measured for the planning committee:

3. Who is the target audience for this program? (Select all that apply)

Academic Family Physicians

Residents

Interprofessional teams

Rural & Remote practicing Family Physicians

Researchers

Urban practicing Family Physicians



Family Physicians with a community of practice in:

- |                                       |                             |
|---------------------------------------|-----------------------------|
| Addiction Medicine                    | Health Care of the Elderly  |
| Cancer Care                           | Hospital Medicine           |
| Child and Adolescent Health           | Maternity and Newborn Care  |
| Chronic Pain                          | Mental Health               |
| Dermatology                           | Occupational Medicine       |
| Developmental Disabilities            | Palliative Care             |
| Emergency Medicine                    | Prison Health               |
| Family Practice Anesthesia physicians | Respiratory Medicine        |
| Global Health                         | Sport and Exercise Medicine |

4. Identify the CFPC program planning/scientific committee member(s) who were actively involved in the planning committee of this program. Members will be required to confirm their involvement before the submitted program can be reviewed.

**(If program is a provincial one, CFPC member is required from the province of delivery; if national, 3 CFPC members are required from any geographical location in Canada)**

5. List all other planning committee/scientific committee members and their affiliations and expertise brought to the planning committee:

Name	Affiliation	Member ID (if applicable)	Email Address



6. Describe in detail the planning/scientific committee's involvement in the following:

a. Selection of topics:

b. Determination of program content:

c. Selection of speakers/presenters:

d. Review of Evaluation:

7. Describe how potential conflicts of interest will be disclosed to participants and the planning/scientific committee's method for the mitigation of bias should a conflict be discovered? Ensure the CFPC Conflict of Interest slides are included in presentations for review:

Did you ensure the CFPC COI slides are included in presentations for review?

Yes

No



8. How will you communicate with speakers regarding the [CMA Guidelines for Physicians in Interactions With Industry](#), the [Innovative Medicines Canada Code of Ethical Practices](#), and for programs delivered in Quebec the [Code of Ethics for Parties involved in Continuing Medical Education of the conseil Quebécois de développement professionnel des Médecins](#)? You must include a copy of your speaker communication template.

Did you include a copy of your speaker communication templates?                      Yes                      No

9. How will you communicate with speakers regarding the format, Mainpro+ Quality Criteria, and program learning objectives they will address? What kind of instructions will be given?

10. How do you intend to manage breaches in the Quality Criteria or ethical guidelines should these occur in the delivery of this program?

11. If this program has been delivered in the past and breaches in the ethical guidelines occurred please explain how this was managed and what your planning committee is doing differently as a result?



12. Program Key Words – In order to aid our members in searching for your programs most suited to their individual learning needs, please select the key words most relevant to your program from the list below:

Aboriginal health	Forensic medicine	Patients
Academic medicine	Gastroenterology	Pediatrics
Addiction medicine	General surgery	Pharmacology
Administration	Genetics	Pharmacy
Adolescent medicine	Geriatric medicine/care of the elderly	Preventive medicine
Allergy	Global health	Prison medicine
Allied health professionals	Gynecology	Psychiatry
Alternative/complementary medicine	Health economics	Psychotherapy/counseling
Anesthesia and analgesia	Health policy	Public health
Basic sciences	Hematology	Radiation therapy
Behavioural science	History	Radiology
Cancer care	Homecare	Rehabilitation medicine
Cardiovascular medicine	Hospitalist care	Religion/spirituality
Cardiovascular surgery	Imaging techniques	Research methods
Child Abuse	Immunology	Respiratory medicine
Chiropractic medicine	Infectious disease	Rheumatology
Chronic disease management	International medicine	Rural medicine
Clinical practice guidelines	Laboratory medicine Legal/medico-legal	Sexual health and medicine
Communication	Lifestyle	Sociology
Community medicine	Management	Sports and exercise medicine
Critical care	Medical careers	Statistics
Culture	Men's Health	Surgery
Dentistry/oral medicine	Molecular medicine	Thoracic surgery
Dermatology	Nephrology	Toxicology
Diabetes	Neurology	Transplant medicine
Domestic Violence	Neurosurgery	Travel medicine
Drugs	Nuclear medicine	Tropical medicine
Emergency medicine	Nursing	Urology
Endocrinology	Nutrition and metabolism	Vaccines
ENT	Obstetrics Occupation/industrial medicine	Vascular surgery
Environmental medicine	Oncology	Women's health
Epidemiology	Ophthalmology	
Ethics	Orthopedic surgery	
Evidence-based medicine	Pain management	
Faculty Development	Palliative care	
Family practice/general practice/primary care	Pathology	





Please identify the CanMEDS-FM roles addressed in this program:

- Collaborator
- Communicator
- Medical Expert
- Health Advocate
- Leader
- Scholar
- Professional

**Quality Criteria Questions**

**Quality Criterion 1 – Needs Assessment and Practice Relevance**

One-Credit-Per-Hour requirements

*Indirect assessment of target audience's needs were used to guide program development and to obtain generalized information on prior knowledge and practice experience (eg, generalized sources, national survey, small sample survey, published study results) .*

*Physician learning objectives are tied to needs assessment results.  
 Needs assessment addresses physician competency through CanMEDS-FM Role(s)*

In the space provided, please provide a thorough description of the needs assessment phase of this program, including:

1. Parties involved, and roles performed, during the needs assessment process, and include scientific planning committee involvement
  
2. Method(s) used to collect needs-assessment data, and rationale to support the use of each method
  
3. How practice relevance is addressed



4. How the perceived and unperceived needs of the target audience have been considered in the development of the educational activities
  
  
  
  
  
  
  
  
  
  
5. How CanMEDS-FM competencies have been considered in the needs-assessment process
  
  
  
  
  
  
  
  
  
  
6. How the needs assessment informed the development of learning objectives
  
  
  
  
  
  
  
  
  
  
7. Provide the program learning objectives
  
  
  
  
  
  
  
  
  
  
8. If this program has been Mainpro+ accredited/certified in the past you must include information on how data collected from previous program evaluations was considered during the needs-assessment process.



## Quality Criterion 2 - Interactivity and Engagement

One-credit-per-hour requirements

*Minimum of 25% of the program is conducted in an interactive manner*

In the space provided, please describe each interactive component of the program by indicating:

1. The learning formats used to support the learning objectives
2. How the 25% interactivity requirement will be met/type of interactivity occurring
3. When/where the interactive component occurs

You will be required to upload a copy of the program schedule with the interactive components highlighted.

Did you upload a copy of the program schedule with the interactive components highlighted?

YES

NO



### **Quality Criterion 3 – Incorporation of Evidence**

One-Credit-Per-Hour requirements

*Provide an outline of the evidence used to create the content; must include references (authors, article title, journal, year, volume, and page numbers) within/on materials*

*Evidence comes from systematic reviews/meta-analyses of studies (RCTs, cohort case control studies) or single, moderate-sized, well-designed RCTs, or well-designed, consistent, controlled, but not randomized trials, or large cohort studies.*

*Any lack of evidence for assertions or recommendations must be acknowledged*

*If a single study is the focus or select studies are omitted, the rationale to support this decision must be provided*

*Graphs and charts or other evidence-related materials cannot be altered to highlight one treatment or product*

*Both potential harms and benefits should be discussed; an efficient way to present these to clinicians is through number needed to treat (NNT) and number needed to harm (NNH), as well as through a presentation of absolute and relative risk reductions*

1. Please describe how the planning committee ensures scientific validity and objectivity of the program content
2. Please describe how speakers will be advised of the Quality Criteria requirements for the incorporation of evidence

### **Quality Criterion 4 – Addressing Barriers to Change**

One-Credit-Per-Hour requirements

*Educational design includes discussion of commonly encountered barriers to practice change*

1. Please explain how and where/when this program addresses commonly encountered barriers to change relevant to the program content





**To finalize your submission requirements please upload the following:**

COI slide template

Conflict of Interest forms for the planning committee and speakers (if speakers are known at time of application)

Program Agenda

Summary of previous event evaluations

Copy of program/session evaluation form/format

Program invitation or brochure

If this program has for-profit financial support, please upload examples demonstrating corporate and product colours and branding for comparison purposes.

Tools used to facilitate needs assessment

List of intended topics for discussion

Evaluations

Sponsorship Agreement

Other

Signature:

Date:



*Note: Applicants should keep a list of attendees for a period of five years.*

This section is to be completed by the Accredited CPD Provider and returned to the program planner.

(The Accredited CPD Provider should keep a copy of the completed application form.)

This application is:

Approved

Requires Revisions Prior to Approval

Denied

Revisions Approved

Name of assessor:

On behalf of the Division of Continuing Medical Education, University of Saskatchewan

Date of Review:

Approved by the Accreditation Director and Associate Dean, CME