



## Accreditation Application Form for Certified/Certified Assessment Activities

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

In what language(s) do you intend to deliver the program?

English

French

Both

Program Title:

Program Start Date:

Name of the physician organization accountable for this program (required for activities delivered in Quebec):

Provider Organization Name:

Contact Name:

Email:

Telephone:

Select the program type:

Hospital or clinical rounds program

Journal Club

Faculty Development Program

Regularly scheduled series

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

Any other CPD program or activity

Do you intend to deliver this program in Quebec?

YES

NO

If yes, please refer to the “Mainpro+ certification of programs delivered in the province of Quebec” section of the *Understanding Mainpro+ Certification* guide and read the specific requirement related to program delivery in Quebec before proceeding with this application. If your scientific planning committee and program structure do not meet the requirements, this program cannot be delivered as Mainpro+ certified in Quebec (and CFPC members may not claim certified credits for attending any session delivered in Quebec).



## Financial

1. Will this program receive financial or in-kind sponsorship from an external organization?

YES

NO

If yes, program providers are required to upload a copy of the program budget for review.

Sponsor Name	Type of Support		
	Financial support Amount received or anticipated to receive:	In-kind support Description:	For-profit sponsor or Non-profit sponsor
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2. Is this program self-funded by a for-profit organization?

YES

NO

3. Is a physician organization responsible for paying speaker and scientific planning committee honoraria and travel? (required for activities delivered in Quebec)

YES

NO

No honoraria or travel expenses will be reimbursed for this activity

4. Will this activity have an exhibit hall/exhibitor?

YES

NO

5. (if yes) Describe how the exhibit hall will be arranged and how the scientific planning committee has reviewed any incentives offered by exhibitors. If the event is virtual, describe how participants will access the virtual exhibit hall. You must attach the exhibitor prospectus to this application.

6. I attest that the CPD provider organization has written agreements with the sponsor(s) outlining the terms, conditions, and purposes by which sponsorship is provided. Note: you must upload a copy of your agreement(s) to guarantee compliance with the National Standard for Support of Accredited CPD Activities.

I agree N/A



7. Does the CPD provider organization and/or scientific planning committee have measures in place to guarantee that interactions with the sponsor(s) meet professional and legal standards, including protecting privacy, confidentiality, copyright, and contractual law regulations? YES NO N/A
8. Has the CPD provider organization made sure that all sponsorship funds are paid directly to the CPD provider organization/scientific planning committee or third-party non-commercial interest designated by the CPD provider organization? YES NO N/A
9. Registration Fee:
10. Additional costs to participants (describe in detail):
11. Describe in detail the social activities related to this program including when the activities take place in relation to the certified learning:

### Location and Credits

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

3. Is this program being marketed to a single province/territory? YES NO

4. Select all the provinces and/or territories in which the program will be marketed:

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



5. Identify the appropriate credit category:

Certified Activity (conferences/workshops/small group learning/rounds, journal clubs, asynchronous online independent and/or group learning activities, blended learning activities)

**If you have chosen Certified Activity, complete Section A.**

Certified Assessment Activity (self-assessment programs, simulation programs, practice review or practice audit activities, quality improvement programs, formal mentorship programs)

**If you have chosen Certified Assessment Activity, complete Section B.**

**If you are combining Certified and Certified Assessment Activity, please complete both Section A and B.**

6. What type of assessment is taking place? (if Certified Assessment Activity is selected).

Group Practice                      Individual Practice                      Organization

7. Does this activity include optional enhanced activities?                      YES                      NO

**If yes, complete the enhanced activities portion under Section A (Certified Activity) or Section B (Certified Assessment Activity) or both.**

8. Program duration requested:

Hours and minutes for base activity

9. Are you seeking accreditation for this program with any other organization or group?

YES                      NO

10. Organization name (if yes to above):

11. Number of credits:

12. Type of credits:

13. Does this program include teaching or demonstrating aesthetic medicine procedures?

YES                      NO

14. Is this a modular program?

YES                      NO

## Planning

1. Is the scientific planning committee independent and responsible for content development?

YES                      NO



Select the group(s) identified as the primary audience in the needs assessment (select all that apply):

Academic Family Physicians  
Interprofessional teams  
Researchers

Residents  
Rural & Remote practicing Family Physicians  
Urban practicing Family Physicians

Family Physicians with a community of practice in:

Addiction Medicine  
Cancer Care  
Child and Adolescent Health  
Chronic Pain  
Dermatology  
Developmental Disabilities  
Emergency Medicine  
Family Practice Anesthesia physicians  
Global Health

Health Care of the Elderly  
Hospital Medicine  
Maternity and Newborn Care  
Mental Health  
Occupational Medicine  
Palliative Care  
Prison Health  
Respiratory Medicine  
Sport and Exercise Medicine

2. Identify the CFPC program planning/scientific planning committee member(s) actively involved in the program planning committee:

3. List all other planning committee/scientific planning committee members and their affiliations:

Name	Affiliation	Member ID (if applicable)	Email Address



4. Does this activity include speakers and/or presenters/facilitators/coaches/peer reviewers/assessors?  
 YES NO

5. We attest that the program/scientific planning committee was actively involved in:  
 Determining learning needs  
 Selecting topics  
 Determining program content  
 Selecting and training speakers/presenters (if applicable)  
 Reviewing evaluations  
 Reviewing conflict-of-interest disclosure forms and mitigating potential bias

6. Describe how the planning committee was selected and how they represent the target audience:

7. The scientific planning committee, speakers, moderators, facilitators, and authors have completed conflict-of-interest disclosure forms and potential conflicts of interest will be disclosed to participants  
 YES NO

Upload completed COI forms for all planning committee members.

8. Describe the scientific planning committee's process for selecting speakers and/or presenters/facilitators/coaches/peer reviewers/assessors:

9. The scientific planning committee has developed a process for managing disclosures of conflict of interest and mitigating bias for speakers and/or presenters/facilitators/coaches/peer reviewers/assessors.  
 YES NO

10. Did you upload the program's three-step conflict-of-interest slides? YES NO

11. We attest that there is a communication plan in place to make sure presenters and facilitators are aware of:  
 Mainpro+ education standards  
 Program learning objectives  
 CFPC conflict-of-interest disclosure slide presentation requirements  
 All applicable ethical standards, including the National Standard for Support of Accredited CPD Activities

12. Did you upload speaker communication? YES NO

13. We attest that:  
 This activity will not include content created by HPI organizations or agencies working on their behalf  
 We will adhere to all ethical and administrative standards in the promotion and marketing of this activity



14. Program keywords: To help our members search for programs suited to their individual learning needs, please select the keywords most relevant to your program from the list:

Aboriginal health	Gastroenterology	Patients
Academic medicine	General surgery	Pediatrics
Addiction medicine	Genetics	Pharmacology
Administration	Geriatric medicine/care of the elderly	Pharmacy
Adolescent medicine	Global health	Preventive medicine
Allergy	Gynecology	Prison medicine
Allied health professionals	Health economics	Psychiatry
Alternative/complementary medicine	Health policy	Psychotherapy/counseling
Anesthesia and analgesia	Hematology	Public health
Basic sciences	History	Radiation therapy
Behavioral science	Homecare	Radiology
Cancer care	Hospitalist care	Rehabilitation medicine
Cardiovascular medicine	Imaging techniques	Religion/spirituality
Cardiovascular surgery	Immunology	Research methods
Child Abuse	Infectious disease	Respiratory medicine
Chiropractic medicine	International medicine	Rheumatology
Chronic disease management	Laboratory medicine	Rural medicine
Clinical practice guidelines	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	Vascular surgery
Environmental medicine	Occupation/industrial medicine	Women's health
Epidemiology	Oncology	
Ethics	Ophthalmology	
Evidence-based medicine	Orthopedic surgery	
Faculty Development	Pain management	
Family practice/general practice/primary care	Palliative care	
Forensic medicine	Pathology	



## SECTION A: Quality Criteria - Certified activities

### Quality Criterion 1: Needs Assessment and Practice Relevance

1. Select the needs assessment methods used to identify the perceived needs of the learners:  
Surveys  
Evaluation of feedback from previous educational events  
Focus groups/interviews  
Other - please specify
2. Select the needs assessment methods used to identify the unperceived needs of the learners:  
Literature reviews  
Referral patterns  
Critical events sports  
Reports of near misses  
Epidemiological data analysis  
Patient feedback/input from people with lived experience  
Gap analysis  
Other - please specify
3. Outline the needs identified from the data collected and how this led to identifying knowledge, skills, or behaviour gaps in CanMEDS-FM competencies:
4. Upload copies of the needs assessment.
5. List the learning objectives derived from the needs assessment results and the most applicable CanMEDS-FM competencies addressed by the learning objectives:
6. Please identify the CanMEDS-FM roles addressed in this program:  
Collaborator  
Communicator  
Medical Expert  
Health Advocate  
Leader  
Scholar  
Professional
7. Include, if applicable, an explanation of how the diversity of patient populations was addressed/considered in the needs assessment process. If not, how this could be included in future programs?





## Quality Criterion 2: Active Learning, Engagement, and Program Format

1. Describe how the activity design and format are appropriate for the content and allow the learner to achieve the learning objectives:
2. Select the methods used to meet the 25 per cent interactivity requirement:

Audience questions and answers period	Role playing
Audience response systems	Artificial Intelligence enabled tools
Case discussions	Simulation/immersive scenarios
Quizzes and multiple-choice questions	Learning circles
Discussion boards	Creative arts (therapeutic arts/storytelling)
Small group breakouts	Other - please specify
Game-based learning	
3. Upload a copy of the activity agenda or lesson plan that details time spent in each intervention and interactive elements.
4. Explain how participation is tracked and how learners can ask questions and receive answers about the program content:
5. Explain how you considered information and perspectives from various cultural, social, and demographic backgrounds to enrich the learning experience:
6. Explain the specific strategies used to make sure the program content reflects diverse perspectives relevant to the topic/content discussed. If you have not considered this, explain why not and how you might incorporate this in the future:
7. Describe your approach to designing instructional and learning activities that accommodate diverse learning preferences, abilities, challenges, interests, and background knowledge. If you have not incorporated this approach, explain why not and how you might incorporate this in the future:
8. Provide examples of how you created an inclusive learning environment that considers the accessibility needs of diverse participants:



### Quality Criterion 3: Incorporation of Evidence

1. Select the sources of evidence used to design and support the activity content:  
Systematic reviews of studies with/without meta-analysis  
Observational studies such as prospective or retrospective cohort studies, case-control studies, and case reports  
Randomized control trials and non-inferiority studies  
Clinical guidelines or resources that summarize evidence  
Pedagogical literature  
Social sciences literature  
Humanities literature  
Business literature  
Other - please specify
2. Describe how the evidence was identified and selected:
3. Will this activity include discussion of off-label or unapproved treatments?      YES      NO
4. If yes, explain the relevance of these treatments over approved options:

### Quality Criterion 4: Evaluation and Outcome Assessment

1. Select the evaluation formats used in this activity:  
Evaluation form (online or paper-based)  
Observation and feedback on performance  
Project completion/grading  
Exam/quiz/test  
Other - please specify
2. Describe how the evaluation strategy was selected and how it serves as a measure of learning objective effectiveness and learner competence:
3. Upload a copy of the evaluation forms (formats), which include the following:  
A self-reported change in knowledge/skill/performance  
Evaluation of bias related to financial interests as well as other types of bias (e.g., gender, speaker, race, content, etc.)  
Evaluation of learning activity effectiveness (e.g., format, design, facilitators, relevance, etc.)  
Evaluation of learner confidence in achieving/implementing program learning objectives



Collected data that can be disaggregated to make sure that feedback from equity-seeking learners can be highlighted and analyzed

Collected learners' feedback about the activity facilitation and delivery, as well as how well the instructors or facilitators created a safe, accessible, and productive learning environment for exploring and advancing knowledge and skills.

If delivered in Quebec, includes the following question:  
Did the activity respect the CQDPCM code of Ethics? YES or NO

4. Describe how evaluation feedback is used, who receives it, how often, and how it is used for quality improvement:

**SECTION A: Certified Activity - Enhanced activities (must have selected Certified Activity for the credit category)**

***Providers who wish to create opportunities for participants to earn additional optional credits may choose to include any of the following elements in their program. Select the optional activities you wish to include and respond to the additional questions.***

*A needs assessment activity that can be completed by the actual program participants that incorporates data from their practice*

*Practice tools and resources with follow up about impact on practice to increase practice relevance and to reinforce learning post-program*

*An exercise that includes formal reflection on application of learning to practice over a realistic period to assess practice change*

*An objective measurement of change in performance/competence/skill*

1. *Describe how these additional activities serve the program learning objectives:*
2. *Hours and minutes for optional enhanced activities:*

*Upload a copy of the activity for review.*



## SECTION B: Quality Criteria - Certified Assessment Activities

### Quality Criterion 1: Needs Assessment and Practice Relevance

1. Select the needs assessment methods used to identify the need for the assessment activity:  
Regulatory requirements  
Practice guideline changes  
Safety protocols  
Surgical procedures/checklists  
Strategic/operational plans  
Student/patient feedback  
Other - please specify
2. Outline the needs identified from the data collected and how this led to the assessment chosen:
3. Upload copies of the needs assessment.
4. List the learning objectives derived from the needs assessment results and the most applicable CanMEDS-FM competencies addressed by the learning objectives:
5. Please identify the CanMEDS-FM roles addressed in this program:  
Collaborator  
Communicator  
Medical Expert  
Health Advocate  
Leader  
Scholar  
Professional
6. Describe how assessors, if they are used, are selected and trained:
7. Explain, if applicable, how the diverse patient populations were addressed/considered in the needs assessment process. If not, how this could be included in future programs?



## Quality Criterion 2: Active Learning, Engagement and Program Format

1. Select the practice data sources that participants used:  
  
EMR data/patient records  
Teaching assessments  
Patient feedback  
360 feedback  
Other - please specify
2. Describe how you determined that the activity time frame is feasible for meeting the learning objectives:
3. Explain how information and perspectives from various cultural, social, and demographic backgrounds were incorporated to enrich the assessment experience:
4. How did you design this assessment activity to accommodate diverse learning preferences, abilities, challenges, interests, and background knowledge? Specify the strategies used to make certain the assessment activity reflects the diverse perspectives relevant to the activity's focus:
5. How did you make sure this assessment activity considered the accessibility needs of diverse participants?
6. Upload an example of the assessment tool/format.

## Quality Criterion 3: Incorporation of Evidence

1. Describe the sources of evidence used to design and validate this assessment activity:
2. Will this activity include discussion of off-label or unapproved treatments? YES NO
3. If yes, explain the relevance of these treatments over approved options:



#### Quality Criterion 4: Evaluation and Outcome Assessment

1. Select the objective measurements of change used for this activity:

Fulfillment of a quality improvement cycle

Commitment to change contract with follow-up

Observation and feedback in a practice setting

Summative assessment of change in knowledge/skill/performance

Others - please specify

2. Describe how the evaluation strategy was selected and how it serves as a measure of learning objective effectiveness and learner competence:

3. Upload a copy of the evaluation forms (formats), which include the following:

An objective measurement of change in competence and/or clinical performance for learners

Evaluation of assessment activity effectiveness (e.g., format, design, assessors, coaches, relevance etc.)

Evaluation of bias related to financial interests as well as other types of bias (e.g., gender, speaker, race, content, etc.)

Evaluation of learner confidence in achieving/implementing program learning objectives

Collected data that can be disaggregated to make sure that feedback from equity-seeking

learners can be highlighted and analyzed

Collected learners' feedback about the facilitation and the delivery of the activity

If delivered in Quebec, includes the following question:

Did the activity respect the CQDPCM code of Ethics? YES or NO

#### ***SECTION B: Certified Assessment Activity - Enhanced activities (must have selected Certified Assessment***

##### ***Activity for the credit category)***

***Providers who wish to create opportunities for participants to earn additional optional credits may choose to include any of the following elements in their program. Select the optional activities you wish to include and respond to the additional questions.***

*Formal reflection on the application of changes to practice because of the assessment activity*

*Completion and implementation of a practice improvement plan with follow up after a realistic period*

*Completion of a knowledge test after a realistic period*

1. Describe how these additional activities serve the program learning objectives:

2. Hours and minutes for optional enhanced activities:

*Upload a copy of the activity for review.*



### Additional Upload Requirements for Review:

- Budget (if applicable)
- Three-step conflict-of-interest slide template
- Speaker communication
- Conflict of Interest forms for the planning committee
- Program agenda and/or program invitation or brochure
- Evaluations
- Previous evaluation results
- Description of the assessment tool
- Tools used to facilitate needs assessment
- Program/activity content
- List of intended topics for discussion
- Sponsorship Agreement
- Sponsor branding
- If this program has for-profit financial support, please upload examples demonstrating corporate and product colors and branding for comparison purposes.
- Any other relevant materials

As the chair of the scientific planning committee (or equivalent), I accept the responsibility for the accuracy of the information provided in response to the questions listed on this application, and to the best of my knowledge, I certify that the CMA's guidelines, entitled CMA Policy: Guidelines for Physicians in Interactions with Industry (2021) and National Standard for Support of Accredited CPD Activities have been met in preparing for this activity.

Signature:

Date:

**Please provide your transaction basket # located at the top right hand corner of your receipt as proof of payment. We are unable to begin the review process without this information.**