

**The Centre for CME Accreditation**

**The Tamil Nadu Dr. MGR Medical University, Guindy, Chennai.**

**Application for Accreditation of CME activity**

- A. Your Application **MUST** reach the Centre for CME Accreditation,  
**4 weeks before the start of the educational activity.**
- B. Send the completed check list along with the filled application form  
(page 2-7).
- C. Attach all the mandatory supporting documents to the completed  
application form for processing of the application.

**Please send the completed application addressed to**

To

Dean of Students,  
The Centre for CME Accreditation,  
The Tamil Nadu Dr. MGR medical University,  
Guindy, Chennai – 600032.

**The Tamil Nadu Dr. MGR Medical University, Guindy, Chennai.**

**The Centre for CME Accreditation**

**Checklist for application for CME accreditation**

**Particulars Marked \* is Mandatory – without which the application will NOT be processed.**

<b>Serial Number</b>	<b>Name of the document</b>	<b>Attached (Please tick if attached )</b>
1	* Covering Letter	
2	Attach Organisational chart and Staff reporting relationship for the applied CME activity	
3	* Original of the invite or circular prepared for the CME	
4.	* Area of Specialty and Primary Beneficiaries mentioned	
5.	Aim and objectives of the CME	
6	Synopsis of each presentation	
7	* CV of speakers	
8	* Scientific session in the given format	
9	* Program Evaluation form ( model/ template)	
10	* Certificate to the participants ( model/ template)	

**Signature of the Organising Secretary:**

**Name, Date and seal:**

**The Tamil Nadu Dr. MGR Medical University, Guindy, Chennai.**

**The Centre for CME Accreditation**

**Application format for CME accreditation**

**Sections A: Administrative Details**

**Note: Particulars Marked \* is Mandatory, without which applications will NOT be processed**

1	<b>* Title of the Activity</b>	
2	<b>* Scheduled Dates</b>	
3	<b>Duration in Hours of the Educational sessions</b>	
4	<b>* Venue</b>	
5	<b>* CME Provider</b> (Name of the Institution or Association)	
6	<b>* Type of the organising institution</b> (Circle appropriately)	1. Academic Institution 2. Professional body 3. Hospital or Health Center 4. Others
7	<b>* Contact Details of the CME Provider</b> (Institution or Association)	
	<b>Address</b>	
	<b>Phone</b>	
	<b>Email</b>	
	<b>Fax</b>	

8	<b>Organizational Chart for the CME</b>	Attach Organisational chart and Staff reporting relationship for the applied CME activity
9	<b>* Co-coordinator of the CME activity</b> (Person in charge of organising the CME activity)	
<b>Name</b>		
<b>Designation</b>		
<b>Department</b>		
<b>Phone (landline)</b>		
<b>Mobile Number</b> (Mandatory)		
<b>Email</b>		
<b>Fax</b>		
10	<b>Previous educational activity or activities accredited by the University</b>	1. 2. 3. 4. 5.
11	<b>* Commercial support for the educational activity</b>	<div style="display: flex; justify-content: space-around; align-items: center;"> <span>1. Yes</span> <span>2. No</span> </div> <p style="text-align: center;">(Circle appropriately)</p> <hr/> <p>If yes, mention</p> <p>a. Name of the sponsor</p> <p>b. Extent of Sponsorship</p>

**Signature of the Organising Secretary:**

**Name, Date and seal:**

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**Sections B: Academic Details**

**Note: Particulars Marked \* is Mandatory, without which applications will NOT be processed**

1	<b>Type of Activity</b> (Circle appropriately)	1. Conference 2. Symposia 3. Seminar 4. Workshop 5. Lecture series 6. Others  <b>* Attach the original of the invite/circular</b>
2	<b>Category under which applied</b> (please refer website)	
3 a	<b>* Area of specialty</b>	
3 b	<b>* Mention The Primary Beneficiary Departments</b>  <b><i>NOTE: Only the Participants from the area of Specialty and Primary Beneficiary Departments will be eligible to receive the full credits points allotted.</i></b>  <b><i>Participants from other specialties/ departments are eligible for only 50% of the credit points.</i></b>	1. 2. 3.
4	<b>Aim and objectives</b>	<b>Attach separately the CME mission statement</b>

5	<p><b>* Scheduling of sessions</b></p> <p><i><b>This information is MUST for calculation of credit points.</b></i></p> <p><i><b>Registration process CANNOT start until this information is received by the CME Center.</b></i></p>	<p><b>Attach scientific programme with</b></p> <ol style="list-style-type: none"> <li>1. Starting and finishing time of each presentation</li> <li>2. Scheduled breaks</li> <li>3. Title of each presentation</li> <li>4. Speaker and other resource persons for each presentation,</li> <li>5. Stating whether the resource person local or external resource person for each session.</li> <li>6. Type of activity (lecture, group work, practical, clinical etc.).</li> </ol> <p><b>See below for format</b></p>
6	<p><b>Synopsis of each presentation</b></p>	<p>Please Attach</p>
7	<p><b>* CV of speakers</b></p>	<p>Please Attach</p>
8	<p><b>Target audience</b></p>	<p>Approximate number :</p>
		<p>Background:</p>
9	<p><b>* Program Evaluation form</b></p>	<p>Attach a copy</p>
10	<p><b>* Certificate Template</b></p>	<p>Attach a copy</p>

**Signature of the Organising Secretary:**

**Name, Date and seal:**



## CME Evaluation Form

**Name of Course**

Location of Course

Date of Course

Please circle the number which most closely represents your view on each of the following.

1. The presentations met the program objectives

Poor    1        2        3        4        5        6        7    Excellent

2. The quality of the speakers

Poor    1        2        3        4        5        6        7    Excellent

3. Effectiveness of the written handouts/materials

Poor    1        2        3        4        5        6        7    Excellent

4. Practical value of the subject matter to me

Poor    1        2        3        4        5        6        7    Excellent

5. Value of the program in a public health setting

Poor    1        2        3        4        5        6        7    Excellent

6. Information presented at course will help me improve:

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7. The material presented will be incorporated in my practice in the following way:

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8. My overall impression of the program

Poor    1        2        3        4        5        6        7    Excellent

9. I have the following recommendations for improvement of the program:

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10. I would suggest the following topics for future symposia:

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