



## Continuing Medical Education

Humboldt-Del Norte Consortium  
P.O. Box 6457 • Eureka, CA 95502-6457  
(707) 442-2353 • Fax (707) 442-8134  
E-mail: ttaylor\_hdncms@sbcglobal.net

### APPLICATION FOR CME APPROVAL/PLANNING PROCESS

**TITLE OF PROGRAM:** \_\_\_\_\_

**NAME OF SPEAKER(S)**

**TITLE OR POSITION**

**ADDRESS**

**PHONE AND FAX NUMBER**

**FED TAX ID # OF SPEAKER**

**DATE:** \_\_\_\_\_ **TIME(S)** \_\_\_\_\_

**LOCATION(S)** \_\_\_\_\_

**SUPPORT** \_\_\_\_\_

**CONTACT NAME** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**HOW WAS THE EDUCATIONAL NEED IDENTIFIED:**

**IDENTIFY THE PROFESSIONAL PRACTICE GAP in terms of changed physician knowledge, competence, performance in practice, and/or patient outcomes:**

**WHAT IS THE DESIRABLE PHYSICIAN ATTRIBUTE (e.g., IOM Competencies -provide patient-centered care, work in interdisciplinary teams; ACGME Competencies - patient care, medical knowledge, professionalism; ABMS Competencies - evidence of professional standing, commitment to lifelong learning, etc), *Criteria 6*:**

**COURSE OBJECTIVES:**

By the end of this activity, participants will be able to::

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**WHAT IS THE PHYSICIAN TARGET AUDIENCE:**

-----  
-----

**HOW WILL EDUCATIONAL OBJECTIVES BE MEASURED:**

1. \_\_\_\_\_  
2. \_\_\_\_\_

**WHAT CULTURAL AND/OR LINGUISTIC GAP OR OBJECTIVE HAS BEEN IDENTIFIED (IF ANY) FOR THIS PRESENTATION:**

-----  
-----

**EDUCATIONAL METHODS:**

____ LECTURE	____ LCD
____ CASE PRESENTATION	____ LCD & LAPTOP
____ BREAKOUT GROUPS	____ SLIDE PROJECTOR
____ VIDEOTAPE	____ POINTER
____ NO A/V EQUIPMENT NEEDED	

**APPLICATION SUBMITTED BY:**

NAME _____	DATE _____
TITLE _____	PHONE _____

*\*Please attach supporting documentation if applicable and a copy of Speakers CV.*

-----

**FOR OFFICE USE ONLY**

APPLICATION FEE: \_\_\_\_\_ \$350.00 GRAND ROUND/NON-GRAND ROUND  
 \_\_\_\_\_ \$350.00 APPLICATION FEE & \$250.00 A/V RENTAL  
 \_\_\_\_\_ FEE WAIVED

SIGNATURE OF CONSORTIUM COMMITTEE MEMBER \_\_\_\_\_  
 DATE OF APPROVAL \_\_\_\_\_  
 APPROVED FOR \_\_\_\_\_ AMA PRA CAT 1 CME CREDITS™

**WHAT WAS THE OVERALL CHANGES IN COMPETENCE, PERFORMANCE, OR PATIENT OUTCOMES?**

-----  
-----  
-----  
-----

**CULTURAL & LINGUISTIC COMPETENCY FORM**

**TOPIC:** \_\_\_\_\_  
**FACULTY:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_

California AB 1195 requires continuing medical education activities with patient care components to include curriculum in the subjects of cultural and linguistic competency. The bill requires CME providers to develop standards for this curriculum by July 1, 2006.

It is the intent of the legislature to encourage physicians, CME providers in the state of California, and the Accreditation Council for Continuing Medical Education to meet the cultural and linguistic concerns of a diverse patient population through appropriate professional development.

**DEFINITION:**

Cultural competency is defined as a set of integrated attitudes, knowledge, and skills that enables health care professional or organizations to care effectively for patients from diverse cultures, groups, and communities.

Linguistic competency is defined as the ability of a physician to provide patients who do not speak English or who have limited ability to speak English, direct communication in the patient's primary language.

**INITIATIVE FOR COMPLIANCE:**

The Humboldt-Del Norte Consortium for Continuing Medical Education believe there is relevant cultural diversity information relating to one or more of the following: gender, race, age, sexual, orientation, religion, language, socio-economics, ethnicity, etc. that impacts the care of patients and you are required to include it in your presentation. The HDNCME also has a list of resources that are made available upon request by the speakers, planners or participants. The following objectives question will be added to the course evaluation form.

***1) Issues in cultural and linguistic competency (e.g. differences in prevalence, diagnosis, treatment in diverse population; linguistic skills; pertinent cultural data) were adequately addressed in this activity.***

***Agree                      Disagree***

I have read this form and will comply with AB 1195 as outlined above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_