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CME Activity Accreditation Questionnaire

***Instructions: You may type your responses directly into this Word document, adding additional space as needed. Please answer all questions as completely as possible to help us have a better understanding of what you want to accomplish through the activity.***

* **What is/are the problem(s) or issue(s) you want to address in this activity?**
* **Why do you think this is/are a problem(s) or issue(s)?**
* **When or where in the practice, hospital, or patient care do the issues arise?**
* **Who is involved in or impacted by the issues or problems?**
* **What is it that the physicians should take away from the activity and apply in practice?** 
  + **How would you like to track any potential changes?**
* **How is this activity going to be structured to facilitate the needed changes or improvements?** 
  + **Who all is involved in planning or presenting? (List names, titles, roles, etc.)**
* **Are you seeking any pharmaceutical or outside financial support for this activity? Please describe.**