**Please note: This form is to be completed for online CPD courses only.**

**For CPD activities which are attended in-person, or in “real time” (e.g. Skype, or one-time Webinar), please complete the general Accreditation Application form.**

**INSTRUCTIONS**

Please attach the program/agenda/flyer for the online CPD activity if available, as the program will likely include much of the information referred to in the subsequent questions. If detailed information requested in the following questions is specified in the program agenda, please indicate “see program/agenda”.

**This form is a FILLABLE word form. Please input information into the appropriate fields and SAVE the document to your computer. Then, email the completed document to the MDPAC Office at info@MDPAConline.ca**

**NOTE: Please allow 6 weeks for your application to be processed.**

1. **1. Contact person’s information:**

*Note: the contact person is the person who is submitting the information about the online CPD activity, and to whom any questions about the activity should be directed, for purposes of the accreditation review.*

Name: Enter Name

Position: Enter Position

Phone # Enter Telephone and Extension

E-mail address: Enter Email Address

1. **2. Name of Sponsoring Agency:**

Enter Name of Sponsoring Agency

*Note: this is the name of the organization that is sponsoring or organizing the online CPD activity and requesting accreditation (e.g., OMA, university, other learning institution, professional organization, hospital, clinic etc).*

Was there a Physician Psychotherapist or Psychiatrist on the organizing committee?

☐ Yes ☐ No

1. **3. Overall Title/ Name of the Online CPD Activity (course/ module).** (name of the continuing professional development (CPD) activity):

Enter Title of CPD Course/ module.

1. **4. Topics and Presenters: Name and Qualifications of the Presenter/Leader of each Module:**

Enter Topic as well as Name and Qualifications of Presenter/Leader for each module

*NOTE: The topics must be directly relevant to the practice of GP Psychotherapy, Psychiatry or Mental Health.*

For a single online module- please include all of the topics and presenters for the module (if this information is not specified on the attached program agenda).

For a series of online modules, or an online course consisting of several modules- please include the topic(s) and presenter(s) for each module (if this information is not specified on the attached program agenda).

1. **5. Please confirm that this online CPD activity is being ethically offered in accordance with the CMA Guidelines for interaction with industry.**
2. **These Guidelines can be accessed at**  <http://policybase.cma.ca/dbtw-wpd/Policypdf/PD08-01.pdf>

☐ Yes ☐ No

If “no” please explain.

Please explain

1. **6. What are the goals and the learning objectives of the overall CPD activity and each of the online modules?**
2. Enter Goals and Learning Objectives of the Activity and Modules.
3. **7. Number of Modules included in the Online CPD activity: \_\_\_\_ module(s)**
4. **Please note: An online module, or online course which consists of several modules may be approved for a period of not longer than 12 months, as long as all of the required information for each module has been provided in this form (or as an attachment).**
5. **8. Please indicate: which of the following activities are included in each module:**
6. **☐didactic online teaching session or required reading component**
7. ☐ **a videotaped actual or simulated session as a teaching tool for each module.**
8. **☐ interactive component: please specify: ☐virtual therapist; ☐ posting of online questions or comments for other participants to read; ☐other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**☐ Self-assessment activity (quiz/ test) at the end of each module or at the end of the course**

1. **9. Amount of time required to complete each module (including all of the activities involved in the module, (listed above):\_\_\_\_hour(s) \_\_\_minute(s)**
2. **Amount of time required to complete the complete course (including all of the modules):**
3. **\_\_\_\_hour(s) \_\_\_minute(s)**
4. **10. What percentage of the session has been allocated for the interactive component of the module (e.g., virtual therapist, posting of comments, other interaction among the participants or between the participants and the presenters etc).** Please indicate % allocated for interaction **\_\_\_%**
5. **11. Will the participants be asked to complete a program evaluation, and will this information be used to modify and plan future programs?** ☐Yes ☐ No

If “no” please explain.

Please explain

**12. What are the criteria for achieving completion of each module?**

☐**online** **didactic or required reading component of the session/ module completed.**

**How will this be determined? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

☐**required reading** **didactic component of the session/ module completed.**

**How will this be determined? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

☐ **videotaped actual or simulated session**

**How will this be determined? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

☐ **interactive component completed.**

**How will this be determined? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

☐**quiz or test completed.**

**What is the minimum mark/ percentage required for successful completion of the module?\_\_\_\_%**

**☐other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**13 Will the participants be given confirmation of successful completion for audit purposes? ☐Yes ☐ No**

If “no” please explain.

Please explain

1. **14. Type of Credits being sought for the session:**

☐**CE-Group (continuing education – approved online learning activity):**

**Please note: CCI (continuing collegial interaction) credits are not awarded for online learning activities.**

1. **15. Additional Information**

Please enter any additional information which would be helpful in the review of this application.