



CPD Approval Proforma for Blended Learning Applications CPD Approval: Blended Learning Application Form

Once complete, please email CPDApproval@thefederation.uk with this form and all applicable supporting information listed in Step 11.

Step 1. Title of blended learning:

Code (to be generated by the CPD Team)	Start Date	Title of Blended Learning
Total Hours (split between live/live streamed learning and online)		
<i>Live-live streamed hours</i>		<i>Online hours</i>

Step 2. Basic Details

User Fee (£)	
Type (Clinical or Non-Clinical)	
Contact Name	
Contact Job Title	
Contact Email	
Contact Tel	
Registered Organisation Name	
Organisation Type (Commercial or Non-Profit)	
Organisation Website	

Step 3. Product hyperlink and login details

Website/URL	
Username	
Password	
Approval Duration	1 year

Step 4. Additional Details

For large products such as these we understand that the objectives are likely to be broad and generic but please summarise the objectives covered by your product.

Learning Objective 1	
Learning Objective 2	
Learning Objective 3	

Competing interest	<p>In compliance with Federation guidelines, the provider/applicant confirms that they of have disclosed any potential or actual competing interest. This includes any financial or other support that might cause bias. The provider/applicant accepts responsibility for ensuring that all potential competing interests relevant to the product are declared to the user prior to the user engaging in that CPD activity.</p> <p>Do you have any competing interests or potential sources of bias to declare?</p> <p>Yes No</p>
Competing interest declaration	<p>I/we agree that I/we have provided all the requested information regarding competing interests of the organisation and faculty and have been accurate and truthful about the status of our organisation (Not-for-profit or For-profit).</p> <p>Yes No</p>

Step 5. Target Audience

We approve products primarily targeted towards Consultant/SAS grade Physicians. Provided the product is appropriate for consultants and SAS grade physicians, it is also acceptable for the educational material to be appropriate for trainees and other healthcare professionals. Please list the target audiences for your content below:

Please also list the Physician specialties from our [specialty list](#) that your content would be particularly relevant for below:

Please confirm if your audience is national or international. If relevant to a specific region, please state so below.

Step 6. Educational Needs Assessment

Please provide a statement below about educational needs. This might include a survey to identify needs, evidence of a lack of appropriate educational material relating to a particular topic/group of topics or evidence of a need for more e-learning for physicians:

Step 7. Active Learning (online only)

For the online learning: Please provide a summary of the way in which active learning is provided (for example are there questions for the user throughout the product or at the end of each section or module?)

Step 8. Legal, Medico-Legal and Ethical Considerations

Please confirm below that all legal, medico-legal and ethical considerations have been met. These include copyright, patient consent for clinical materials used, patient confidentiality and data protection.

Step 9. Sponsor Details

Do you have any sponsors? Yes No

If yes, please provide details below.

Step 10. Learner Engagement

Providers should describe how learner engagement will be monitored or assessed. A method of monitoring educational activity is required for the approval of e-libraries.

How will this product be evaluated by users?

Step 11. Supporting Information

Please email the following documents (where applicable) to CPDApproval@thefederation.uk in support of your application:

- Evidence that key authors or editors have appropriate specialist skills and knowledge
- Statement about how authors are selected for their content
- Sample certificate of completion (you may wish to refer to our [sample certificate](#) as a template.)
- Completed [Declaration of Interest form](#) (under Documents)

DISCLOSURE FORM

(to be completed by the programme director or programme committee chair)

Date:

Name:

Professional details:

Main occupation and employing organisation:

Event:

Provider organisation:

Date of event:

Please declare any interests here relating to the 36 months prior to the event.

Commercial

The existence of any significant financial activity or other relationship the speaker or programme planner has with manufacturer(s) of any commercial product and/or providers of commercial services used on or produced for patients these include:

Research grants

Speaker fees

Other educational activities

Honoraria or consultation fees

Ownership of stocks or shares, directorships

Any other financial relationship

Other conflicts of interest such as expert functions in health care and health guidance processes

E.g. Board member in a development project, member of health board in the municipality

Signature:

Date:

PROGRAMME DIRECTOR'S DECLARATION

Please note that failure to fully complete this form may result in a delay to the application process.

Event:

Provider organisation:

Date of event:

I declare that:

1. The programme was developed under my supervision and I have overall responsibility for it. It represents a balanced perspective of the subject matter.
2. This programme complies with all relevant ethical, medico-legal, regulatory and legal requirements applicable in the country where it is being held.
3. I am aware of the source and form of any commercial funding received to support this event
4. All speakers at this event will disclose any potential or actual conflict of interest. These will be stated at the beginning of their presentation(s).
5. All members of the programme organising committee have declared their conflicts of interest.

Signed:

Date:

1. If financial support has been provided from a commercial organisation other than the organisation submitting this application, please confirm whether any of the sponsoring organisations have influenced the structure or content of the programme. **(Please select)**

Signed:

Date:

Full name (block capitals):

GMC Number (or other appropriate registration details):

Address:

Email:

Telephone: