UCDAVIS HEALTH | Office of Continuing Medical Education

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Course Request Form

Instructions: Please download this PDF form to your computer. Complete the form and submit it to cme@health.ucdavis.edu for consideration, along with the CME Financial Disclosure Form. **For Mac Users**: To save your file after editing click on "File > Export as PDF". A window will pop up. Choose a destination folder and click "Save" to save your file as a Windows readable PDF. For additional guidance when completing this form, please visit our website for a variety of helpful resources. All fields must be completed to process your request.

Today's Date:

Requester: **Email:**

Phone: **Department(s):**

Course Chair(s):

Course Co-Chair(s):

Planning Committee Member(s):

Course Title:

Course Frequency:

Do you plan to record the conference/activity?

If yes, what is the intended use of the recording(s)?

For One-Time and Enduring Courses:

Proposed Date(s): Start Date: 4/23/26 End Date:

Start Time: End Time:

Proposed Location: ☐ N/A
(For an online course, mark N/A)

Total Hours of Instruction:

Working with third party organization?

If yes, specify organization name:

Who is managing the logistics of your course?
(i.e. event planning by Department, Conference and Event Services, External Event Planning Service, etc.)

If other, explain:

Who is the course planning contact?

Name: Email:

Phone:

Type of Course:

If Combination, please explain:

Regularly Scheduled Series (RSS) Only

Activities included in this series (select all that apply):

☐ Grand Rounds ☐ Tumor Boards ☐ M&Ms ☐ Case Conference ☐ Journal Club

☐ Other If other, please explain:

Proposed Date(s):

Start Date: End Date: Day of Week:

Start Time: End Time: Hours of Instruction:

Frequency (e.g. daily, weekly, quarterly):

Location:

Building: Room # ☐ Meeting room changes.

Course Type:

If combination, please explain:

RSS Coordinator Info:

Name:

Email:

Phone Number:

Additional information and additional coordinators (please specify name, email, phone number):

Evaluations:

For RSS, a standardized evaluation will be accessible to all attendees through CloudCME after each session.
Custom questions and longitudinal evaluations for RSS are not available at this time. <Sample RSS Evaluation>

Fees:

The department/division will be charged a $1500 fee annually for the series regardless of how many sessions are held.
Please specify the chart string to be charged for this series:

	Entity	Fund	FinDept	Acct	Purp	Prog	Project	Activity	Task
G/L String	0000	00000	0000000	0000000	00	000	0000000000	000000	000000

Instruction Methods: (select all that apply):

Didactic Lecture Online/Interactive Simulation Tabletop Exercises

Other:

Target Audience: (select all that apply):

☐ Primary Care Physicians ☐ Specialty Physicians Internal UC Davis Health Learners ☐ External Learners

Interdisciplinary (please list professions):

COURSE IS INTENDED TO CHANGE: (Select other outcomes in addition to Medical Knowledge)

Abilities/Skills	Community Health Outcomes	Patient Outcomes
Quality Improvement	Practice	✔ Medical Knowledge

COURSE DESCRIPTION: (Write 4-5 sentences describing the purpose/goal of this course and expand on the educational format you plan to use.)

GAPS: (Describe the difference between current practice and desired or optimal practice, such as the problems, issues and/or challenges to be addressed. Resource: Explaining Gaps, Needs and Objectives)

NEEDS: (Cause or reason for the gap, such as knowledge, competence or performance causes.)

CULTURAL and LINGUISTIC COMPETENCY AND IMPLICIT BIAS STANDARDS:

Continuing medical education courses that address the practice of medicine and patient care must address the cultural and linguistic competency and implicit bias standards in the curriculum (CA Assembly Bill (AB) 1195 and AB 241).

Please select one or more items from each section that will be integrated into the curriculum.

Section 1: Cultural and Linguistic Competency (CLC):

Designed and focused activities that will address the following four elements:
a) Applying linguistic skills to communicate effectively with the target population.
b) Utilizing cultural information to establish therapeutic relationships.
c) Eliciting and incorporating pertinent cultural data in diagnosis and treatment.
d) Understanding and applying cultural and ethnic data to the process of clinical care.
e) Understanding and incorporating mitigation strategies to overcome implicit bias in patient care.

- [ ] Incorporate translation/interpretation resources and/or integrate relevant strategies into materials for a CME activity.
- [ ] Incorporate a review and explanation of relevant federal and state laws and regulations regarding linguistic Access and Implicit Bias (please see CA AB 1195 for laws and regulations that must be included).

Section 2: Implicit Bias (IB):

- [ ] Examples of how implicit bias affects perceptions and treatment decisions of physicians and surgeons, leading to disparities in health outcomes.

  Strategies to address how unintended biases in decision making may contribute to health care disparities by shaping behavior and producing differences in medical treatment (along lines of race, ethnicity, gender identity, sexual orientation, age, socioeconomic status, or other characteristics).

LEARNING OBJECTIVES:

Please list what learners should be able to do in terms of changes in competence, performance or patient outcomes as a result of attending your course. At minimum, one combined learning objective must address Cultural and Linguistic Competency (CLC) and Implicit Bias (IB) standards. We recommend using the CLC/IB learning objective: "Identify cultural and ethnic disparities and ways to mitigate bias in the clinical conditions addressed."

If a different learning objective for these areas is not identified this suggested learning objective will be used.

Examples:
List the 4 criteria for diagnosing…
Develop a plan for screening for…
Cite the 3 leading causes of…
CLC/IB: Identify cultural and ethnic disparities and ways to mitigate bias in the clinical conditions addressed.

Course Learning Objective(s):

SOURCES: (What sources did you use to identify the needs? Please list and attach examples, such as journal articles, CDC guidelines, etc.)

COURSE EVALUATION (For Live and Asynchronous Activities)

Evaluation is an important element of CME to determine if the curriculum will change the learner's practice. Providing formative feedback during a course is also proven to increase comprehension and the application of new learning. Please answer the following questions outlining how you will address evaluation formatively and post-course.

Course Evaluation Methods: (Select all that apply. Must select at least one.)

- ☐ Checklist or Rubric
- ☐ Direct Observation and Feedback
- ☐ Survey
- ☐ Pre and Post-Test
- ☐ Interview
- ☐ Other:

Course Evaluation Type: (Must select one or both)

- ☐ Individual Evaluation
- ☐ Group Evaluation

Course Evaluation Questions:

All evaluations will include the CME Mandatory Evaluation Questions. The following section is to identify additional questions you will ask. For additional guidance, please refer to Creating Learning Objectives and Evaluations.

Based on the learning format of this course is there opportunity to provide formative feedback to the individual and/or group learners? If so, please describe.

Based on your selected course evaluation methods and type(s), please list the questions to ask the learners upon course completion. (Note: These are in addition to those questions CME will ask).

Based on your selected course evaluation methods, list any additional question(s) to those CME will ask to determine a demonstrated change in practice.

LONGITUDINAL EVALUATION (For Live and Enduring/Asynchronous Activities)

Longitudinal evaluations are important in confirming that information learned in the course was applied to practice. Please answer the following questions in relation to your longitudinal evaluation plan. For additional guidance please refer to Creating Learning Objectives and Evaluations.

Longitudinal Evaluation Timeline: (Please select only one)

For asynchronous activities hosted on CloudCME select 9 months; longitudinal evaluations will be distributed via Qualtrics every 9 months after the start of the activity. Please note below if an alternate timeline is needed.

☐ 3 Months ☐ 6 months ☐ 9 Months ☐ 12 Months

Notes:

List the longitudinal questions you will ask that will confirm a demonstrated change in practice.
(Note: These are typically the same questions you asked at course completion, only slightly reworded).

Examples: Which of the following areas did you incorporate into practice? (List practice areas)
Which of the following practices did you apply that you did not use before the course? (List practices)

List the evaluation method and planned delivery for the longitudinal evaluation. (e.g., Qualtrics survey, etc.)

List the tracking mechanism you will use to obtain and maintain the data that shows the demonstrated change in practice from the longitudinal evaluation. (e.g., Qualtrics reporting, etc.)

- **Complete the CME Financial Disclosure Form**
- **Submit digital version (PDF) of Course Request Form and the Course Criteria Form to cme@health.ucdavis.edu**
- **If you have supporting documents, please attach them as PDFs to the email.**
- **We will contact you as soon as we receive your request. Thank you!**