



Certification Application Questions

Before beginning the application for Mainpro+ Certification providers are expected to review the [Understanding Mainpro+® Certification](#) guide thoroughly. Failure to adhere to Mainpro+ guidelines may result in a delay in the review process or a rejection of the application for certification.

Program Details

1.	Do you intend to deliver this program in Quebec?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.1	<p>If yes please refer to the “Mainpro+ certification of programs delivered in the province of Quebec” section of the Understanding Mainpro+ Certification guide and read the specific requirements related to program delivery in Quebec before proceeding with this application. If your scientific planning committee and program structure does not meet the requirements this program cannot be delivered as Mainpro+ certified in Quebec (and CFPC members may not claim certified credits for attending any sessions delivered in Quebec).</p> <p>Please note that if you intend to deliver this program in Quebec in French and in English you must submit the French content for review simultaneously with the English content.</p>	
2.	Program Title:	
3.	Program Start Date:	
4.	Provider Organization:	
5.	Contact Name:	
6.	Email:	
7.	Telephone:	
8.	Application contact (if different from above):	
9.	Contact First Name: Contact Last Name:	
10.	Email:	
11.	Telephone:	
12.	(If yes to Quebec): What is the name of the physician organization accountable for this program?	

Financial

13.	Does this program receive financial or in-kind support from a for-profit company or organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.1	(if yes to above) Select the type (s) of for-profit support received:	<input type="checkbox"/> Financial <input type="checkbox"/> In-kind
13.2	Provide the following:	
13.2.1	Amount of financial support from for-profit organization(s) received or anticipated to receive:	
13.2.2	Amount of in-kind support from for-profit organization(s) received or anticipated to receive:	
13.2.3	List of for-profit supporters/sponsors:	
14.	Does this program receive financial or in-kind support from a not-for-profit organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.1	(if yes to above) Select the type (s) of not-for-profit support received:	<input type="checkbox"/> Financial <input type="checkbox"/> In-kind
14.2	Provide the following:	
14.2.1	Amount of financial support from not-for-profit company received or anticipated to receive:	
14.2.2	Amount of in-kind support from not-for-profit company received or anticipated to receive:	
14.2.3	List of not-for-profit supporters/sponsor:	
15.	Does the CPD provider organization have written agreements with sponsors outlining the terms, conditions, and purposes by which sponsorship is provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Is this program self-funded by a for-profit organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Does the CPD provider organization and/or scientific planning committee have measures in place to ensure that interactions with sponsors meet professional and legal standards including the protection of privacy, confidentiality, copyright, and contractual law regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Has the CPD provider organization ensured that all sponsorship funds are paid directly to the CPD provider organization/scientific planning committee or third-party non-commercial interested designated by the CPD provider organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	(if yes to Quebec) Is a physician organization responsible for paying speaker and scientific planning committee honoraria and travel?	<input type="checkbox"/> Yes <input type="checkbox"/> No

20.	Registration fee:	\$
21.	Additional costs to participants (describe in detail):	
22.	Are there any social events or activities associated with this program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22.1	(if yes to above) Describe in detail the social activities related to this program including when these activities take place in relation to the certified learning.	

Location and Credits

23.	Select the format for this program:	<input type="checkbox"/> Live <input type="checkbox"/> Online Self-study
23.1	Select all that apply (if live selected above):	<input type="checkbox"/> In-person <input type="checkbox"/> Webcast
24.	Where will this program be delivered?	<input type="checkbox"/> Inside Canada <input type="checkbox"/> Outside Canada
25.	Select all the provinces and/or territories in which the program will be delivered:	<input type="checkbox"/> Alberta <input type="checkbox"/> British Columbia <input type="checkbox"/> Manitoba <input type="checkbox"/> New Brunswick <input type="checkbox"/> Newfoundland & Labrador <input type="checkbox"/> Northwest Territories <input type="checkbox"/> Nova Scotia <input type="checkbox"/> Nunavut <input type="checkbox"/> Ontario <input type="checkbox"/> Prince Edward Island <input type="checkbox"/> Quebec <input type="checkbox"/> Saskatchewan <input type="checkbox"/> Yukon
26.	Select the Country (s) the program will be delivered in:	

27.	Please provide the total education contact time included in the proposed program (not including breaks, meals, opening & closing remarks, or time allotted to complete program evaluations). Please submit the program agenda for confirmation purposes.	Hours: Minutes:
28.	This program is seeking:	<input type="checkbox"/> One-credit-per-hour certification <input type="checkbox"/> Two-credits-per-hour-certification <input type="checkbox"/> Three-credits-per-hour-certification
29.	Programs seeking two and three credits per hour must be developed and implemented by or in collaboration with a not-for-profit physician organization. Identify the not-for-profit physician organization:	
30.	Identify the appropriate credit category:	<input type="checkbox"/> Assessment <input type="checkbox"/> Group Learning <input type="checkbox"/> Self-Learning
31.	Is accreditation for this program being sought with any other organization or group?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31.1	(if yes above) Name of Organization:	
31.2	Number of credits:	
31.3	Type of credit	
32.	Please select the type of program:	<input type="checkbox"/> One credit per hour hospital or clinical rounds program <input type="checkbox"/> One credit per hour Journal Club <input type="checkbox"/> One credit per hour small group learning activities <input type="checkbox"/> One credit per hour Faculty Development program <input type="checkbox"/> One credit per hour Regularly Scheduled Series (RSS) <input type="checkbox"/> A single-delivery conference, scientific assembly, congress or similar event (excludes satellite symposia and ancillary sessions) <input type="checkbox"/> Any other CPD program or activity

Planning

33.	(if hospital or clinical rounds selected above) Is the planning committee accountable to the head of the department, chief of staff, or equivalent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34.	Is the scientific planning committee independent and responsible for content development?	<input type="checkbox"/> Yes <input type="checkbox"/> No
35.	Who is the target audience for this program? (Select all that apply)	<ul style="list-style-type: none"> <input type="checkbox"/> Academic Family Physicians <input type="checkbox"/> Interprofessional teams <input type="checkbox"/> Researchers <input type="checkbox"/> Residents <input type="checkbox"/> Rural & Remote practicing Family Physicians <input type="checkbox"/> Urban practicing Family Physicians Family Physicians with a community of practice in: <input type="checkbox"/> Addiction Medicine <input type="checkbox"/> Cancer Care <input type="checkbox"/> Child and Adolescent Health <input type="checkbox"/> Chronic Pain <input type="checkbox"/> Dermatology <input type="checkbox"/> Developmental Disabilities <input type="checkbox"/> Emergency Medicine <input type="checkbox"/> Family Practice Anesthesia physicians <input type="checkbox"/> Global Health <input type="checkbox"/> Health Care of the Elderly <input type="checkbox"/> Hospital Medicine <input type="checkbox"/> Maternity and Newborn Care <input type="checkbox"/> Mental Health <input type="checkbox"/> Occupational Medicine <input type="checkbox"/> Palliative Care <input type="checkbox"/> Prison Health <input type="checkbox"/> Respiratory Medicine

		○ Sport and Exercise Medicine
36.	Identify the CFPC program planning/scientific committee member(s) who were actively involved in the planning committee of this program. Members will be required to confirm their involvement before the submitted program can be reviewed:	CFPC Member Name(s) CFPC Member Email(s)
37.	List all other planning committee/scientific committee members and their affiliations and expertise brought to the planning committee:	Name Affiliation Member ID (if applicable) Email Address
38.	Does this activity include speakers/presenters/facilitators?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39.	Was the scientific planning committee actively involved in:	
39.1	Selection of topics	<input type="checkbox"/> Yes <input type="checkbox"/> No
39.2	Determination of program content	<input type="checkbox"/> Yes <input type="checkbox"/> No
39.3	Selection of speakers/presenters (if yes to 38):	<input type="checkbox"/> Yes <input type="checkbox"/> No
39.4	The scientific planning committee is responsible for the selection and training of speakers/presenters (if yes to Quebec and yes to 38)	<input type="checkbox"/> Yes <input type="checkbox"/> No
39.5	Review of Evaluation (development as well as evaluation results):	<input type="checkbox"/> Yes <input type="checkbox"/> No
40.	Have you ensured that the scientific planning committee, speakers, moderators, facilitators, and authors complete conflict of interest disclosure forms and that the potential conflicts of interest will be disclosed to participants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41.	Does the scientific planning committee have a plan for review of conflict of interest disclosures and a plan to mitigate any potential for bias?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42.	Will you communicate with speakers regarding the CMA Guidelines for Physicians in Interactions with Industry , Innovative Medicines Canada Code of Ethical Practices , and for programs delivered in Quebec the Code of Ethics of the Conseil québécois de développement professionnel continu des médecins? You must include a copy of your speaker communication template.	<input type="checkbox"/> Yes <input type="checkbox"/> No

43.	How will you communicate with speakers/facilitators/moderators regarding the format, Mainpro+ Quality Criteria, and program learning objectives they will address? What kind of instructions will be given?	
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44.	<p>Program Key Words – In order to aid our members in searching for your programs most suited to their individual learning needs, please select the key words most relevant to your program from the list below:</p>	<ul style="list-style-type: none"> Aboriginal health Academic medicine Addiction medicine Administration Adolescent medicine Allergy Allied health professionals Alternative/complementary medicine Anesthesia and analgesia Basic sciences Behavioural science Cancer care Cardiovascular medicine Cardiovascular surgery Child Abuse Chiropractic medicine Chronic disease management Clinical practice guidelines Communication Community medicine Critical care Culture Dentistry/oral medicine Dermatology Diabetes Domestic Violence Drugs Emergency medicine Endocrinology ENT
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		Environmental medicine Epidemiology Ethics Evidence-based medicine Faculty Development Family practice/general practice/primary care Forensic medicine Gastroenterology General surgery Genetics Geriatric medicine/care of the elderly Global health Gynecology Health economics Health policy Hematology History Homecare Hospitalist care Imaging techniques Immunology Infectious disease International medicine Laboratory medicine Legal/medico-legal Lifestyle Management Medical careers Medical education Medical informatics
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		<p> Medical students and residents Men's health Molecular medicine Nephrology Neurology Neurosurgery Nuclear medicine Nursing Nutrition and metabolism Obstetrics Occupation/industrial medicine Oncology Ophthalmology Orthopedic surgery Pain management Palliative care Pathology Patients Pediatrics Pharmacology Pharmacy Preventive medicine Prison medicine Psychiatry Psychotherapy/counseling Public health Radiation therapy Radiology Rehabilitation medicine Religion/spirituality Research methods </p>
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		Respiratory medicine Rheumatology Rural medicine Sexual health and medicine Sociology Sports and exercise medicine Statistics Surgery Thoracic surgery Toxicology Transplant medicine Travel medicine Tropical medicine Urology Vaccines Vascular surgery Women's health
45.	Please identify the CanMEDS-FM roles addressed in this program:	<input type="checkbox"/> Collaborator <input type="checkbox"/> Communicator <input type="checkbox"/> Family Medicine Expert <input type="checkbox"/> Health Advocate <input type="checkbox"/> Leader <input type="checkbox"/> Professional <input type="checkbox"/> Scholar
46.	List the learning objectives for this activity as well as the CanMEDS-FM competency linked to the learning objective. What learning objectives have been developed for	a) the overall activity? b) Specific sessions?

Quality Criteria Questions if “any other CPD activity” selected

47A. Quality Criterion 1 – Needs Assessment and Practice Relevance

<input type="checkbox"/> One-Credit-Per-Hour Requirements	<ul style="list-style-type: none"> ✓ Indirect assessment of target audience's needs were used to guide program development and to obtain generalized information on prior knowledge and practice experience (eg, generalized sources, national survey, small sample survey, published study results). ✓ Physician learning objectives are tied to needs assessment results. ✓ Needs assessment addresses physician competency through CanMEDS-FM Role(s)
<input type="checkbox"/> Two credits per hour - Must meet one credit per hour requirements AND include the following:	<ul style="list-style-type: none"> ✓ Needs assessment sample is representative of intended target audience (eg, all rural physicians), enhancing applicability of program content ✓ Needs assessment identifies gaps in physician competence in at least one CanMEDs-FM competency area
<input type="checkbox"/> Three credits per hour - Must meet one- and two- credits-per-hour requirements AND include the following:	<ul style="list-style-type: none"> ✓ Needs assessment, performed on actual program participants ✓ Information is collected from actual program participants about prior knowledge and practice experience ✓ Needs assessment identifies gaps in knowledge (eg, pre- and post-tests), competence (skills), or performance based on data from practice ✓ Gaps in physician competence in multiple CanMEDS-FM competency areas are identified
<p>In the space provided, please provide a thorough description of how the Quality Criteria requirements have been met including:</p>	<ol style="list-style-type: none"> 1. Parties involved, and roles performed, during the needs assessment process, and include scientific planning committee involvement 2. Method(s) used to collect needs-assessment data, and rationale to support the use of each method 3. How practice relevance is addressed 4. How gaps in competency were identified and how CanMEDS-FM competencies were utilized in the needs assessment and curriculum development process 5. If this program was previously Mainpro/Mainpro+ accredited/certified you must include information on how data collected from previous program evaluations was considered during the needs assessment process. 6. Please attach a copy of all tools used to facilitate the needs assessment

48A. Quality Criterion 2 - Interactivity and Engagement

<input type="checkbox"/> One-credit-per-hour requirements	<ul style="list-style-type: none"> ✓ Minimum of 25% of the program is conducted in an interactive manner
<input type="checkbox"/> Two-credits-per-hour requirements (must meet one-credit-per-hour requirements AND include the following):	<ul style="list-style-type: none"> ✓ Between 25 and 50% of the program is conducted in an interactive manner ✓ Learner engagement goes beyond audience question-and-answer period ✓ Program includes opportunities for participants to engage with each other, with facilitators, and with material being taught. (Self-Learning category programs require engagement with facilitators and materials being taught only.) ✓ A component of the activity is based on small groups or workshops (Self-Learning category small group requirement is replaced with case-based learning component)
<input type="checkbox"/> Three-credits-per-hour requirements (must meet one- and two-credits-per-hour requirements AND include the following):	<ul style="list-style-type: none"> ✓ Program is based on small-group learning (Self-Learning category programs must be based on case-based or immersive scenario learning) <ul style="list-style-type: none"> <i>Tool tip:</i> <i>Immersive learning environments (ILEs) are learning situations that are constructed using a variety of techniques and software tools, including game-based learning, simulation-based learning, and virtual 3D worlds. ILEs are distinguished from other learning methods by their ability to simulate realistic scenarios and environments that give learners the opportunity to practise skills.</i> ✓ Program includes activities that can be applied to participants' practice ✓ Program includes formal reflection on application of learning to practice over a realistic time period to assess practice change. <ul style="list-style-type: none"> <i>Tool tip:</i> <i>A realistic time-period is considered to be at least 6 weeks post program completion.</i>
<p>In the space provided, please describe how the Quality Criteria requirement has been met by indicating:</p>	<ol style="list-style-type: none"> 1. The type of interactivity occurring 2. When/where the interactive component occurs 3. How long the interactive component is anticipated to last <p>You will be required to upload a copy of the program schedule with the interactive components highlighted.</p>

49A. Quality Criterion 3 – Incorporation of Evidence

<input type="checkbox"/> One-credit-per-hour requirements	<ul style="list-style-type: none"> ✓ Provides an outline of the evidence used to create the content; must include references (authors, article title, journal, year, volume, and page numbers) within/on materials ✓ Evidence comes from systematic reviews/meta-analyses of studies (RCTs, cohort case control studies) or single, moderate-sized, well-designed RCTs, or well-designed, consistent, controlled, but not randomized trials, or large cohort studies. ✓ Any lack of evidence for assertions or recommendations must be acknowledged ✓ If a single study is the focus or select studies are omitted, the rationale to support this decision must be provided ✓ Graphs and charts or other evidence-related materials cannot be altered to highlight one treatment or product ✓ Both potential harms and benefits should be discussed; an efficient way to present these to clinicians is through number needed to treat (NNT) and number needed to harm (NNH), as well as through a presentation of absolute and relative risk reductions
<input type="checkbox"/> Two credits per hour (must meet one-credit-per-hour requirements AND include the following):	<ul style="list-style-type: none"> ✓ Content must reflect patient-oriented outcomes (outcomes a patient can feel or perceive) and avoid surrogate outcomes <i>Tool tip: A surrogate outcome is an event or a laboratory value that researchers hope can serve as a reliable substitute for an actual disease.</i> ✓ Canadian-based evidence is included where it exists
<input type="checkbox"/> Three-credits-per-hour requirements (must meet one- and two-credits-per-hour requirements AND include the following):	<ul style="list-style-type: none"> ✓ Provides opportunities for participants to seek, appraise, and apply best-available evidence (eg, research component for participants, assigned readings with discussion of evidence presented, and participant-driven literature reviews)
<p>In the space provided, please describe how the Quality Criteria requirement has been met.</p>	<p>For three credits per hour describe how and where/when this program provides opportunities for learners to seek, appraise, and apply best-available evidence.</p>

50A. Quality Criterion 4 – Addressing Barriers to Change

<input type="checkbox"/> One-credit-per-hour requirements	✓ Educational design includes discussion of commonly encountered barriers to practice change
<input type="checkbox"/> Two credits per hour (must meet one-credit-per-hour requirements AND include the following):	✓ Educational design includes discussion to overcoming these barriers
<input type="checkbox"/> Three credits per hour (must meet one- and two-credits-per-hour requirements AND include the following):	✓ This program solicits information on barriers (real or perceived) to change from actual program participants ✓ The educational design addresses strategies to address these identified barriers and discusses approaches to overcoming these barriers
In the space provided briefly explain how the Quality Criteria requirements have been met including:	<ol style="list-style-type: none"> 1. How and where/when this program addresses commonly encountered barriers to change relevant to the program content 2. How and where/when this program addresses approaches to overcome identified barriers (2 credits per hour) 3. How and where/when barriers to change, related to the content of this program, were solicited from actual participants (3 credits per hour) 4. What opportunities are provided for discussion of approaches to overcoming these barriers? (3 credits per hour)

51A. Quality Criterion 5 - Evaluation and Outcome Assessment

<input type="checkbox"/> One-credit-per-hour requirements	✓ Measures to assess self-reported learning or change in what participants know or know how to do as a result of the CPD program or activity
<input type="checkbox"/> Two credits per hour (must meet one-credit-per-hour requirements AND include the following):	✓ An objective measurement of change in knowledge (eg, pre/post-test) ✓ Opportunity for participants to evaluate changes across multiple CanMEDS-FM competencies
<input type="checkbox"/> Three credits per hour (must meet one- and two-credits-per-hour requirements AND include the following):	✓ An objective measurement of change in competence and/or clinical performance for all participants using work-based strategies ✓ Measurement of change in all the CanMEDS-FM competencies identified in the needs assessment and educational objectives
In the space provided describe how the Quality Criteria requirement has been met.	

52A. Quality Criterion 6 - Reinforcement of Learning

<input type="checkbox"/> This requirement is not mandatory for one- credit-per-hour programs	
<input type="checkbox"/> Two credits-per-hour requirements:	✓ This program incorporates one or more validated strategies to reinforce and/or facilitate continued learning <i>Tool tip:</i> <i>Examples include reminders, checklists, guidelines and algorithms, feedback systems, protocols, patient education materials, etc. If a commitment-to-change contract is part of the designed curriculum, include a follow-up activity to review the contract at 6 and 12 weeks post course.</i>
<input type="checkbox"/> Three credits per hour (must meet the following requirement):	✓ This program incorporates two or more validated strategies to reinforce and/or facilitate continued learning; ideally administered at staggered time intervals (eg, 6 and 12 weeks) <i>Tool tip:</i>

	<p><i>Examples include reminders, checklists, guidelines and algorithms, feedback systems, protocols, patient education materials, etc. If a commitment-to-change contract is part of the designed curriculum, include a follow-up activity to review the contract at 6 and 12 weeks post course</i></p>
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53A. Upload requirements (if “Any other CPD activity” is selected)

<p>To finalize your submission requirements please upload the following:</p>	<ul style="list-style-type: none"> ✓ Content of the program/activity ✓ COI slide template ✓ Conflict of Interest forms for the planning committee and speakers (if speakers are known at time of application) ✓ Program Agenda and/or Program invitation or brochure ✓ Summary of previous event evaluations ✓ Copy of program/session evaluation form/format ✓ If this program has for-profit financial support, please upload examples demonstrating corporate and product colours and branding for comparison purposes. ✓ Tools used to facilitate needs assessment ✓ Evaluations ✓ Speaker communications template (required only if activity includes speakers/presenters) ✓ Other
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Quality Criteria Questions (one-credit-per-hour hospital or clinical rounds , one credit-per-hour journal club, one-credit-per-hour small-group-learning activity, one-credit-per-hour Regularly Scheduled Series (RSS) , one-credit-per-hour faculty development program, one-credit-per-hour single-delivery conference, scientific assembly, congress or similar event [excludes satellite symposia and ancillary sessions])

47B. Quality Criterion 1 – Needs Assessment and Practice Relevance

Describe	<ul style="list-style-type: none"> ○ How the perceived and unperceived needs of the target audience have been considered in the development of the educational activities ○ How CanMEDS-FM competencies have been considered in the needs-assessment process ○ How the needs assessment informed the development of learning objectives
Describe	<ul style="list-style-type: none"> ○ If this program was Mainpro/Mainpro+ accredited/certified in the past, describe how data collected from previous program evaluations was considered during the needs-assessment process.

48B. Quality Criterion 2 – Interactivity and Engagement

Describe	<ul style="list-style-type: none"> ○ The learning formats used to support the learning objectives ○ How the 25% interactivity requirement will be met

49B. Quality Criterion 3 - Incorporation of Evidence

Describe	<ul style="list-style-type: none"> ○ How the planning committee ensures scientific validity and objectivity of the program content ○ How speakers will be advised of the Quality Criteria requirements for the incorporation of evidence

50B. Quality Criterion 4 - Barriers to Change

Describe	<ul style="list-style-type: none">o How barriers to practice/physician change will be addressed within the program

51B. Quality Criterion 5 - Evaluation & Outcome Assessment

Please describe	<ul style="list-style-type: none">o How participants will evaluate both the series/event and the individual activities/sessions.o How participants will evaluate individual presenters/speakers
	<ul style="list-style-type: none">o

52B. Upload Requirements (one-credit-per-hour hospital or clinical rounds , one credit-per-hour journal club, one-credit-per-hour small-group-learning activity, one-credit-per-hour Regularly Scheduled Series (RSS) , one-credit-per-hour faculty development program, one-credit-per-hour single-delivery conference, scientific assembly, congress or similar event [excludes satellite symposia and ancillary sessions])

<p>To finalize your submission requirements please upload the following:</p>	<ul style="list-style-type: none"> ✓ COI slide template ✓ Conflict of Interest forms for the scientific planning committee and speakers (if speakers are known at time of application) ✓ Program Agenda with timing and interactivity ✓ Summary of previous event evaluations ✓ Copy of program/session evaluation form/format ✓ Program invitation or brochure ✓ Sponsor branding ✓ Tools used to facilitate needs assessment ✓ List of intended topics for discussion ✓ Speaker communication template (required only if activity has speakers) ✓ Other
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