



# CCFP Master Application Form — 1-3-Day Workshop (Repeatable Offering)

## Caribbean College of Family Physicians (CCFP) — Application for CME Accreditation (Master Activity)

### Activity Title:

**Activity Type:** Workshop (face-to-face/online with \_\_\_ hour(s) synchronous online session)

**Delivery Model:** Repeat offerings in multiple territories using a standardised agenda and learning outcomes

### Applicant (Provider)

- Organization (Legal Name): \_\_\_\_\_
- Address: \_\_\_\_\_
- Primary Contact (Name/Title): \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_
- Secondary Contact (on-site lead): \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Requested Accreditation Window (Master Approval)

- Start: \_\_\_\_\_ End: \_\_\_\_\_ (up to 12 months; content remains materially the same)

### Learning Objectives (please list or provide in a separate document)

1. \_\_\_\_\_.
2. \_\_\_\_\_.
3. \_\_\_\_\_.
4. \_\_\_\_\_.

### Target Audience (please indicate)

Primary: \_\_\_\_\_.

Secondary: \_\_\_\_\_.

### Education Methods (check all that apply)

- Presentations/mini-lectures  Skills lab/practicum  Case discussions/group work  
 Supervised field activity  Debrief/feedback session  Online synchronous session (MI)  
 Other (Please specify) \_\_\_\_\_

### Faculty (attach short bios & COI disclosures)

Below can be attached in a separate file

Name	Role/Topic	Credential &	Affiliation	Country	CIO Attached

# CCFP Master Application Form — 1-3-Day Workshop (Repeatable Offering)

## Timed Agenda (Master)

*Day 1*

*Day 2 (if applicable)*

*Day 3 (if applicable)*

## Total Credits Requesting Daily

- Days 1 \_\_\_\_\_
- Day 2 \_\_\_\_\_
- Day 3 \_\_\_\_\_

## Assessment of Learning (please indicate)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## How will attendance be verified? (please indicate)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Evaluation & Outcomes (please indicate)

1. \_\_\_\_\_
2. \_\_\_\_\_

## Enduring Material (if any recordings are issued)

- Will recordings be offered for credit?  Yes  No  
If Yes, describe completion verification & knowledge check:  
\_\_\_\_\_

## Country-Specific Approvals

- Jamaica delivery planned?  Yes  No  
If Yes, MCJ-NCCME application will be submitted for the Jamaica offering(s).  
 Acknowledged

**Attachments (check):** Concept Note  Detailed Agenda  Faculty list & COIs  
 Assessment tools  Evaluation form  Certificate sample

**Authorized Signatory (Provider)** \_\_\_\_\_ **Date** \_\_\_\_\_