



# CCFP LONG-TERM COURSE ACCREDITATION

## INITIAL APPLICATION FORM

Submit at least 60 days before the Course start date. Complete all sections and attach all required documents.

### A. Provider & Contact Information

- **Provider (Sponsor/Organizer) Name:** \_\_\_\_\_
- **Provider Type:**  Academic  Hospital/Health System  NGO  Government  Private/Corporate  Independent  Other: \_\_\_\_\_
- **CCFP Affiliate?**  Yes  No
- **Primary Contact (Name/Title):** \_\_\_\_\_
- **Email:** \_\_\_\_\_ **Phone/WhatsApp:** \_\_\_\_\_
- **Billing Contact (if different):** \_\_\_\_\_
- **Billing Email/Phone:** \_\_\_\_\_
- **Registered Address:** \_\_\_\_\_
  
- **Website (if any):** \_\_\_\_\_

### B. Course Identification

- **Course Title:** \_\_\_\_\_
- **Internal Course ID (if any):** \_\_\_\_\_
- **Course Term (start → end):** \_\_\_\_\_ → \_\_\_\_\_
- **Estimated Duration:** \_\_\_\_\_ months
- **Planned Sessions/Modules:** \_\_\_\_\_
- **Delivery Modality (check all):**  In-person  Live virtual  Hybrid  Moderated asynchronous  Supervised practice/clinical  Simulation
- **Primary Time Zone / Location(s):** \_\_\_\_\_
  
- **Anticipated Participants (choose one):**  Small ( $\leq 250$ )  Medium (251–500)  Large (501+)
- **Target Audience (check all):**  Family Physicians  GPs  Residents  Nurses  Allied Health  Other: \_\_\_\_\_

### C. Needs, Objectives & Competencies

1. **Needs Assessment Summary (150–300 words): (use separate page if necessary)**

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2. **Key Data Sources (guidelines/audits/literature): (use separate page if necessary)**

3. **Learning Objectives (SMART): (use separate page if necessary)**

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

4. **Mapped Competencies/Standards (brief list or attach curriculum map):**

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**D. Programme Structure & Instructional Design**

- **Structure Overview (cohort model, pacing, etc.):**  
\_\_\_\_\_
- **Teaching Methods (check all):**  Lectures  Case-based  Workshops  Journal club  
 Simulation  Team-based learning  Supervised practice  Reflective tasks   
Other: \_\_\_\_\_
- **Engagement Strategies (polls, breakout, assignments, mentoring):**  
\_\_\_\_\_
- **Accessibility & Inclusion (accommodations, UDL, captioning, etc.):**  
\_\_\_\_\_

**E. Faculty & Governance**

- **Programme Director (Name/Title/Email):**  
\_\_\_\_\_
- **Academic/QA Lead (if different):**  
\_\_\_\_\_
- **Faculty Roster Attached?**  Yes (CVs/short bios included)
- **Governance/QA Arrangements (committee, minutes, escalation):**  
\_\_\_\_\_

**F. Assessment & Evaluation**

- **Assessment Methods (check all):**  Pre/Post MCQ  OSCE  Viva  Assignments   
Portfolio  Direct Observation  Reflective write-ups  Other: \_\_\_\_\_
- **Standards/Passing Criteria & Remediation Policy (summary):**  
\_\_\_\_\_
- **Programme Evaluation (learner tools/KPIs/quality loop):**  
\_\_\_\_\_

**G. CME Credit Proposal**

- **Credit Rule:** 1 CME credit = 1 verified contact hour (ineligible time excluded).
- **Contact Hours by Module (attach table/schedule):**  Attached
- **Total Proposed Contact Hours/Credits:** \_\_\_\_\_
- **Verification Method(s):**  Attendance logs  Platform analytics  Proctored  
assessment  Other: \_\_\_\_\_

**H. Policies & Learner Support**

- **Policies attached:**  Attendance  Academic Honesty  Appeals  Remediation   
Learner Support/Accommodations
- **Data Protection/Privacy Compliance:**  Confirmed (law/regulation cited:  
\_\_\_\_\_)

**I. Commercial Independence & COI**

- **Commercial Support for this Course?**  None  Yes (describe nature/amount):  
\_\_\_\_\_
- **Independence Safeguards (no logos on scientific slides, separation of promo, etc.):**  
\_\_\_\_\_
- **Faculty/Planner COI Disclosures:**  Attached
- **Mitigation Plan (peer review/recusal/balanced evidence):**  
\_\_\_\_\_

## J. Attachments Checklist (Annex A)

- Syllabus & curriculum map  Session schedule/timeline
- Instructional materials list  Faculty roster & qualifications
- Assessment plan & tools  Evaluation instruments
- COI disclosures & mitigation plan  Evidence of independence/commercial support mgmt
- Proposed credit calculation  Policies (attendance/appeals/remediation/support)

## K. Fee Selection (per §19; USD or JMD equivalent)

- **Initial Accreditation (choose one):**  Small \$1,000  Medium \$1,200  Large \$1,500
- **Expedited Review requested?**  No  Yes (surcharge per §19.4; amount to be advised)
- **Purchase Order / Reference (if any):**  
\_\_\_\_\_

## L. Declarations

I/We certify the information provided is accurate and that the Course will be delivered as described, free from commercial bias, in compliance with CCFP standards. Records will be retained for  $\geq 4$  years and produced upon audit.

- **Authorised Signatory (Name/Title):** \_\_\_\_\_
  
- **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## M. Submission & Contact

Email completed application and attachments at least **60 days** before start to:

**familydoctorsregional@gmail.com.**

**CCFP Secretariat, MAJ House, 19A Windsor Avenue, Kingston 5, Jamaica |**

**Phone/WhatsApp: 876-946-0954 / 876-517-6636 | Website: [www.caribgp.org](http://www.caribgp.org)**

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## FOR CCFP USE ONLY

Received: // \_\_\_\_\_ Completeness Check:  Pass  Deferral (info requested) date: // \_\_\_\_\_

Peer Reviewers:  
\_\_\_\_\_

Decision:  Approve  Approve w/Conditions  Defer  Decline

Accreditation Term: \_\_\_\_\_ months (max 12) Total Credits Awarded (max): \_\_\_\_\_

Conditions/Notes:  
\_\_\_\_\_

Certificate Issued: // \_\_\_\_\_ Invoice #: \_\_\_\_\_ Payment Date: // \_\_\_\_\_