Applications

Continuing Professional Development (CPD)
Medical Education Office

TIMELINE FOR APPLICATIONS

- **12-14 weeks before the activity**
  Submit a new application at least 14 weeks prior to the start date or first session date. Allow more than 16 weeks for large conferences if they involve sponsorship and large numbers of international speakers.

- Automated email notifications are sent to planners, admin, faculty to complete profiles and disclosures. Everyone must register on the Cloud.

- Electronic approval process with comments for applicants.

- Applications will be APPROVED or REJECTED.

- Disclosures must be submitted prior to the activity.
  Allow a minimum of 2 weeks for COI resolution.
  Allow a minimum of 1 week without COI.

Planning to accredit a new educational activity?

1. Plan your Activity.

2. Form a Scientific Planning Committee (SPC) that represents your target audience.

3. Prepare the following documents:

- ❑ **DHP Audit Form:** Kindly complete the attached form by filling out the sections highlighted in yellow.

- ❑ **Attachment 1:** Minutes of 2 Scientific Planning Committee (SPC) meetings.

- ❑ **Attachment 2**: Carry out a needs assessment/use internal data on educational gaps.

- ❑ **Attachment 3 & 4**:Program Brochure/Agenda; the preliminary/final brochure including activity schedule, presenters and learning objectives for the overall activity and individual sessions.

- ❑ **Attachment 5**: Any other materials used to promote or advertise the activity (if applicable).

- ❑ **Attachment 6:** Each member of the SPC, speaker, moderator, facilitator, and author involved in the CPD activity should complete their disclosure on their CloudCME (indicating the correct role) account prior to Application submission.

- ❑ **Attachment 7:** RCOI form completed by anyone who has disclosed any relationship/conflict of interest.

- ❑ **Attachment 8:** The template evaluation form(s) developed for the activity – you can add any activity-specific questions on the attached form, but you cannot remove any existing questions.

- ❑ **Attachment 9: (After the event);** the summarized evaluation results.

- ❑ **Attachment 10:** Commercial Support Budget Form; The budget for the activity that details the receipt and expenditure of all sources of revenue for this activity, including an indication of whether funds were received in an educational grant or in-kind support. (put N/A if there's no Commercial Support, the Activity title and the 5 future dates)

- ❑ **Attachment 11:** Signed sponsorship/exhibitor prospectus developed for the activity to solicit sponsorship/exhibitors (if applicable).

- ❑ **Attachment 12:** The template certificate of participation provided to participants (template to be amended and replaced by the chair's signature)

- ❑ **Attachment 13: (For renewal applications);** Records of attendance for each participant (including the actual number of hours that each learner is eligible to record for credit).

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Planning to accredit a new educational activity?

If your activity falls under Category 3; the additional documentation is required as per below:

For Knowledge assessment programs, you need to submit the ff: A14, 15, 16 and 17

For Simulation programs, you need to submit the ff: A14, and 16

For Direct Observation programs, you need to submit the ff: A17, and 19

❑ **Attachment 14:** Tools or methods used to enable participants to demonstrate or apply their knowledge, skills, clinical judgment or attitudes in all key areas or domains. This refers to instruments, techniques, or activities designed to allow participants to showcase what they've learned or can do in practice. Examples include:

- Pre/Post test
- Simulation scenarios (e.g., medical simulations, case scenarios).
- Objective Structured Clinical Examinations (OSCEs).
- Practical demonstrations or hands-on activities.
- Role-playing or problem-solving tasks.

❑ **Attachment 15:** Tools or methods used to enable participants to record their answers to any assessment questions.

This involves mechanisms for participants to document their responses during assessments. Examples include:

- Survey Monkey, Any assessment (Q & A)
- Written answer sheets.
- Online assessment platforms.
- Clicker-based systems for multiple-choice responses.
- Survey tools or forms.

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Planning to accredit a new educational activity?

If your activity falls under Category 3; the additional documentation is required as per below:

❑ **Attachment 16:** Tools or methods used to give feedback to participants on their performance in assessment activities.

These tools provide participants with feedback on their assessment results to help improve their learning. Examples include:

- CPD existing forms you can use: GAS and/or RUST model tool
- Automated scoring systems with immediate feedback.
- Instructor-provided feedback via reports or debriefs.
- Peer feedback forms.
- Scorecards with detailed analysis.

❑ **Attachment 17:** Tools or methods used to guide participant reflection after participating in assessment activities.

The evaluation system must allow or invite participants to assess:

- CPD existing forms you can use: Attachment 8 and 17
- whether the learning objectives were met;
- the relevance of the simulation activity to their practice;
- the appropriateness of the scenario;
- whether instructors evaluated the competencies, skills and/or attitudes.
- whether instructors provided feedback on performance;
- whether the simulation activity provided sufficient time for instruction, practice and debrief.
- whether facilitators and/or authors disclosed their relationships as required by the DHP-AS Conflict-of-Interest Declaration Policy.

This refers to tools that help participants critically analyze their performance and learn from it. Examples include:

- Structured reflection templates or journals.
- Guided debriefing sessions.
- Self-assessment forms.
- Online reflection tools or surveys.

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Planning to accredit a new educational activity?

If your activity falls under Category 3; the additional documentation is required as per below:

☐ **Attachment 18:** Any multisource feedback instruments.
This refers to tools that collect feedback from multiple sources (e.g., peers, instructors, patients) about a participant's performance. Examples include:
- 360-degree feedback tools.
- Surveys or evaluation forms completed by colleagues or patients.
- Peer assessment checklists

☐ **Attachment 19:** Any direct observation assessment instruments.
These are tools used to evaluate participants by observing them perform tasks or activities directly. Examples include:
- Checklists or rubrics used during clinical observations.
- Assessment sheets for OSCEs or practical exams.
- Observation forms used during workplace-based assessments.

4. Schedule a meeting with the CPD OFFICE (if help is needed).
5. Once the CPD Office confirmed the documents, you can now start your application via https://sidra.cloud-cme.com/application.aspx. Complete all sections.
6. Submit the application for review only when you have completed all sections and ALL Documents have been uploaded. The application will be locked for review once submitted.

You will receive emails about the progress:
- Reviewers write their comments online for applicants on improvements
- Reviewers/approve or reject to unlock the application to allow changes

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What is Cloud CME?

Cloud CME is a one stop shop solution for all accredited CPD activities.

The features include:

Online Application - Form for accreditation

Access for teaching faculty – disclosures, conflict of interest resolution

Educational Rounds – RSS Dashboard – for Administrators

Financials – income and expenses **auto-populated to accreditation bodies**

Participants – registration, evaluations, certificates –

Mobile App from the App Store

Forms – pre-built electronic and customized templates

Attendee portal – reporting attendance to generate credits for activities

Commercial Support – electronic form to declare financial and in-kind support

Application approval or rejection

1. **Approval:** there are no further changes needed.

2. **Rejection:** further changes, minor to major, are required and the application has to be rejected to unlock if for editing by you, the applicant. This is most often the case and you will receive an email to inform you about this. You can go ahead and make the changes, upload corrected versions of documents. Submit again and it will be either approved or rejected.

3. Every action on the online application form means you will get an email to inform you.

4. You will be the 'owner' of your activity.

5. Once approved, you will then be able to work on the admin side which means recording attendance for your activity dates. You will be able to add more sessions for educational rounds and workshops, but this means you will be the nominated coordinator.

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Content Review Checklist

1. Learning objectives (should follow Bloom's Taxonomy and should be SMART) from Needs Assessment; Feedback from previous learners and teachers

2. Activity title and description

3. Format, topics and sessions

4. Awarding credits – Partial credits?

5. Content aligns with learning objectives

6. Curriculum is based on the latest evidence

7. Curriculum in based on industry standards

8. Learning materials have been developed

9. Content for slides follow best practice guidelines?

10. Evaluations measure the knowledge, skills and performance?

11. Reporting changes in learners and changes to patient outcomes – how and who will report back to the CPD Office?

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AGENDA ITEMS

1. Needs assessment results

2. Educational content planning – what to include

3. Discussion on how the curriculum will be evidence-based; references to literature and society guidelines

4. Discussion on the best format and length

5. Target audience – who is it aimed at?

6. Evaluations – how will the activity be evaluated?
   Who will do the analysis and report back at the end of the activity year?

7. Admin support – identify person/s and tasks

8. Content review checklist: discuss your responses, are you providing partial credit?

Attachment 1
Minutes of 2 meetings

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Attachment 2
Needs Assessment

A needs assessment is a training needs analysis of the target audience; it focuses on learning needs/gaps. It addresses specific topics that are designed to fill the learning gaps.

New Applications: Involve your learners and collect their comments about their specific learning needs, use clinical incident report data or data from audits. Use one or more methods as per table on the next slide. Use your educators and their view of the learners' learning needs. Use the literature to document new information on the topics you want to cover.

Re-applications: You need to analyze the evaluations from the entire course in previous year/s. What did you learn to improve the learning activity? What did you change?

Complete form Needs Assessment.

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Needs Analysis Methods

Audit of patient records	Focus group discussion	Quality unit data
Current research	National guidelines	Regulatory requirements – QCHP – Joint Accreditation
Database analyses	Needs assessment survey	Request from healthcare staff
DATIX clinical incidents	Patient feedback	Requested by the institution
Department leadership	Peer reviewed literature	Specialty society guidelines
Departmental quality metrics	Planning committee member views	Feedback from patients
Evaluation results from previous years' activities	Sidra hospital performance data	Any other data

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Attachment 3 & 4
Program Brochure or Agenda

- Educational content for the whole workshop, course, conference, symposium is available
- Educational content and Speakers for the first 5 sessions are available for educational rounds and journal clubs
- Content needs to match the learners' educational gaps
- Content needs to match the learning outcomes
- Learning outcomes are based on what learners should be able to know or do because of the activity – use Bloom's Taxonomy
- Content needs to be evidence-based. Refer to literature and national/society guidelines
- Educational planners assess/modify the content
- Educators are selected to deliver the activity
- Use the Program Agenda template - it contains mandatory statements and logo

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- Bloom's Taxonomy

Level	Characteristic	Verbs for assignments	
Remember	Exhibit memory of previously learned material by recalling facts, concepts, and answers	Cite Define Find Highlight Label List Locate Name Recall Recognize Reproduce Retrieve Search	Foundational
Understand	Demonstrate an understanding of the facts by explaining ideas or concepts	Annotate Convert Demonstrate Describe Discuss Explain Extend Identify Interpret Outline Paraphrase Predict Research Review Summarize	
Apply	Use existing knowledge to solve new problems or apply acquired knowledge in new situations	Apply Articulate Calculate Change Choose Complete Dramatize Execute Illustrate Interpret Operate Practice Relate Share Show Teach Use	
Analyze	Examine and break information into parts to explore relationships	Analyze Categorize Classify Compare Conclude Contrast Correlate Deconstruct Deduce Differentiate Distinguish Edit Investigate Reverse engineer Select Separate Solve	
Evaluate	Defend opinions and decisions; justify a course of action by making judgements about information	Argue Assess Collaborate Criticize Critique Debate Decide Defend Estimate Evaluate Hypothesize Judge Justify Measure Moderate Predict Recommend Reflect Test Verify	
Create	Generate new ideas and products or compile information in a new way	Assemble Compile Compose Construct Create Design Develop Draft Formulate Invent Model Plan Produce Propose Publish Repurpose Upload Write	Complex

https://bokcenter.harvard.edu/sites/g/files/omnuum6756/files/shadowbok/files/blooms-taxonomy.jpg

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Attachment 6
Disclosure

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<< Back to Sidra Medicine
Welcome Jean Bayaborda, PTRP

Sign Out   Events Calendar   CPD Calendar   Resources   About Sidra   Contact   Help   Faculty   My CE

Welcome

Sidra Medicine is a premier women's and children's hospital with a commitment to lifelong learning and excellence in healthcare. The continuing professional development program fosters the ongoing educational needs of the culturally diverse, interprofessional healthcare team by improving knowledge, competence, and performance based on the latest evidence; this translates into exceptional healthcare quality and patient outcomes.

Learners
My Account/Transcripts

Speaker/Presenter
Complete Disclosures
Claim Speaker Credit
Policies and Resources

Administration
Sidra Medicine CPD
cpd@sidra.org
Launched in September 2019

Disclosure Form

Disclosure Form Required by The Standards for Integrity and Independence

This section to be completed by the Planner, Faculty, Author, Content Reviewer or Others Who May Control Educational Content:

Please disclose all relationships that you have had in the past 24 months with organizations as defined above. For each relationship, enter the **name** of the organization and the **nature** of the relationship(s).

Please complete the information below, and then scroll to the bottom of the screen and click Submit. Required fields are indicated with an asterisk (*) and must be completed, the form cannot be submitted without an answer.

Within the past 24 months, have you or your spouse/partner received financial or other support (in any form) from an organization (including employment, consulting, research grant support, honoraria, etc.)?

○ Yes. In the past 24 months, I, or my spouse/life partner, have an existing and/or have had a relationship with an organization (list these relationships below).
◉ No. In the past 24 months, I, or my spouse/life partner, have not had relationship with any organization.

I have disclosed all relevant relationships, and I will disclose this information to learners.
◉ Yes   ○ No

The content and/or presentation of the information with which I am involved will promote quality or improvements in health care and will not promote a specific proprietary business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be balanced, evidence-based and commercially unbiased.
◉ Yes   ○ No

I understand that my presentation/content may need to be reviewed prior to this activity, and I will provide educational content and resources in advance as requested.
◉ Yes   ○ No

If I am providing recommendations involving clinical medicine, they will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to will conform to the generally accepted standard of experimental design, data collection and analysis.
◉ Yes   ○ No

Role in the activity
○ Speaker
○ Course Director
○ Planning Committee
◉ Content Reviewer
○ Author
○ Other

Others
[   ]

I attest that the above information is correct as of this date of submission (type your name):

Signature: Date
Jean Bayaborda   1/19/2026

Attachment 7: RESOLUTION OF CONFLICT OF INTEREST (RCOI)

Conflicts of interest must be resolved for anyone involved in the planning, presentation or implementation of a CPD activity who has disclosed relevant relationship(s) with commercial interest(s).

This form must be completed before the activity.

Activity Title and/or Presentation Title			Activity Date(s)			
Name of Person with Conflict	Speaker	Course Director	Planning Committee	Content Reviewer	Author	Other (list): _____
	☒	☐	☐	☐	☐	☐
Relevant Financial relationships:						

I have reviewed the disclosure(s) of the individual listed and above and resolved their conflict(s) of interest by the following means. (Choose a minimum of one method and provide further explanation as needed).

Use these methods for resolving Speaker, Author, Panel Member, etc. conflicts

1 ☐ A person's disclosed relationship(s) is not relevant to their presentation

   Explain why it is not relevant:
   _____

2 ☐ No changes to the content are required. (Content was reviewed and is fair, balanced, objective and free of bias).

3 ☐ The following changes were made to the content:
   _____

4 ☐ Content was reviewed and I attest that it is: a) valid and aligned with the interests of the public, b) All recommendations involving clinical medicine are based on the best available evidence, c) All scientific research referred to, reported or used in this presentation in support or as justification of patient care recommendations conforms to the generally accepted standards of experimental design, data collection and analysis.

5 ☐ I limited the individual's content to a presentation without diagnostic or treatment recommendations.

6 ☐ I limited or specified sources for recommendations that faculty can use.

Use these methods for resolving conflicts for Course Director, Planning Committee, Moderator, Content Reviewer, etc.

7 ☐ A person's disclosed relationship(s) is not relevant to their role in the activity.

   Explain why it is not relevant:
   _____

8 ☐ I chose someone else who had no conflict of interest to control that part of the content of the activity.

9 ☐ I changed the person's assignment so that it does not relate to their disclosed financial relationships.

10 ☐ I changed the session or activity so that it does not relate to the products/services of commercial interest.

11 ☐ Another planner participated in the planning process to ensure fair balance.

Comments: _____

I attest that the above information is true and accurate:

_____	Walid Mubarak	January 01, 2026
CPD Chair Signature	Print Name and Degree	Date

Received by Sidra CPD Office:

Initials: CPD-O

Date: January 1, 2025

Complete: Y/N

Attachment 8
Evaluation Form

Attachment 8: EVALUATION

Activity Title	
Date(s)	FIRST 5 DATES (same in Program Brochure)

1.	Will the knowledge you gained change your practice? ☐ Yes ☐ No
2.	Will the skills you gained change your practice? ☐ Yes ☐ No
3.	Will what you have learned benefit your patients and improve patient outcomes? ☐ Yes ☐ No
4.	Were the Activity learning objectives met? ☐ Yes ☐ No
5.	Were links to further resources or references provided? ☐ Yes ☐ No
6.	Was the content balanced and free of commercial or other sources of bias? ☐ Yes ☐ No (If no, please explain) _____
7.	Were you able to participate in a discussion? ☐ Yes ☐ No
8.	Did the speaker/s make relevant disclosures? ☐ Yes ☐ No
9.	Did the members of the Scientific Planning Committee, moderators, facilitators, and/or authors make relevant disclosures? ☐ Yes ☐ No
10.	Describe the knowledge you have gained and how it will change your practice. _____
11.	What topics should be included in the next activity to enhance your knowledge and skills? _____
12.	What talk and speaker did you get the most learning from this time and why? _____

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Attachment 10
Budget Form

Attachment 10: BUDGET FORM

☐ **Preliminary** OR ☐ **Final**

Activity Title	
Activity Code	(DO NOT PUT ANYTHING HERE)
Date	FIRST 5 DATES (Same as what you have in the Brochure)

1. **Commercial Support***

#	Name of Commercial Support	What was it used for?	INCOME in QR
1			
2			
3			
Total Registration Fees (Amount * # of attendees) 500 * 10 = 5000	Used for CATERING – QR 4000	QR 1000
Total amount received:		
Total Expenditure:		4000
Profit under 20%:		1000
Profit over 20%:		
Are you re-investing your profit into further CPD activities?	Yes ☐ No ☐	

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Attachment 10
Budget Form

- Commercial Support Budget Form; The budget for the activity that details the receipt and expenditure of all sources of revenue for this activity, including an indication of whether funds were received in an educational grant or in-kind support. (put N/A if there's no Commercial Support, the Activity title and the 5 future dates)

Attachment 11
Sponsorship Prospectus

- The sponsorship/exhibitor prospectus developed for the activity to solicit sponsorship/exhibitors (if applicable)
- This form will be provided by the Events team

Attachment 12
Certificate

- The template certificate of participation provided to participants – amend the information and replace the existing signatory with the Activity Chair's signature

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