



American  
Association of  
Neurological  
Surgeons

## AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS JOINT SPONSORSHIP APPLICATION

### APPLICANT INFORMATION

Organization Name:

Meeting Name:

Meeting Dates:

Meeting Facility:

City, State:

CME Contact (must be a neurosurgeon):

Address:

City:

State:

ZIP Code:

Telephone:

Fax:

Email:

Administrative Contact (if applicable):

Telephone:

Fax:

Email:

### WEBSITE CONTACT INFORMATION

Your meeting will be posted on the AANS Meetings Calendar on the AANS website (unless you advise otherwise). Please provide the contact for your meeting registration and information and a link to your registration brochure or website.

Name:

Phone:

Email:

Website URL:

### PAYMENT CONTACT INFORMATION

The \$500 non-refundable application fee is due with the application and the joint sponsorship service fee payment will be expected within 60 days after your meeting date. Invoices should be sent to:

Name:

Email:

Address:

City:

State:

ZIP Code:

### EDUCATIONAL PLANNING

**Mission Statement:** (Brief description of purpose, function or mission statement.)

**Problem in Practice (i.e. Practice Gap):** A professional practice gap is defined as the difference between actual and ideal performance and/or patient outcomes. What is the practice based problem your meeting will address? And how are your learners involved? A problem in practice (or gap) does not have to be clinical. It can also be administrative, clerical or communication related.

**Educational Needs:** List each of the educational needs of your target audience based on professional practice gap(s) that you found. The identified need(s) should be based on competence levels. Competence is the ability to apply knowledge, skills, or judgment in practice if called upon to do so. (i.e. *What do you need to teach to close the gap?*)



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**Data Sources:** What data did you use to determine the practice gap(s) and need(s) for this meeting? Some examples of data sources are expert opinion, measures required by government, national guidelines, specialty guidelines, hospital IQ information, research findings, previous evaluations, etc. **Check the data sources used to identify the professional practice gap(s) of the target audience and submit each source with this application.**

- |  |   |
|--|---|
| <input type="checkbox"/> Previous evaluation results                                     | <input type="checkbox"/> Program committee/board consensus (as documented in meeting minutes) |
| <input type="checkbox"/> Survey of target audience                                       | <input type="checkbox"/> National and/or specialty guidelines                                 |
| <input type="checkbox"/> Medical literature review/Journal articles                      | <input type="checkbox"/> Local, regional, state or federal/national statistics                |
| <input type="checkbox"/> Outcomes data   | <input type="checkbox"/> Other (describe) _____   |
| <input type="checkbox"/> Expert opinion (as documented in meeting minutes, emails, etc.) |   |

**Educational Content Planners:** List all individuals who are involved in the planning of your scientific program (you must list these individuals in your final program and collect disclosures from them):

**Physician Attributes:** Please check ACGME/ABMS or IOM competencies (the physician attributes) that are associated with the meeting content.

- ☐ **Interpersonal and Communication Skills:** Demonstrate skills that result in effective information exchange and teaming with patients, their families and professional associates – e.g. Fostering a therapeutic relationship that is ethically sound, uses effective listening skills with non-verbal communication; working both as a team member and at times as a team leader.
- ☐ **Lifelong Learning:** Continuous education to enhance one's skills, knowledge and competence to improve patient care.
- ☐ **Medical Knowledge:** Demonstrate knowledge about established and evolving biomedical, clinical and cognate sciences and their application in patient care.
- ☐ **Patient Care:** Provide care that is compassionate, appropriate and effective treatment for health problems and to promote good health.
- ☐ **Professionalism:** Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to diverse patient populations.
- ☐ **Other(Describe):** \_\_\_\_\_

**Target Audience:**

Neurosurgeons in private practice	_____ %
Neurosurgeons in academic practice	_____ %
Neurosurgical residents	_____ %
Neurosurgical mid-level practitioners	_____ %
Other (specify): _____	_____ %

**Explain why this meeting is a good match for the target audience's scope of practice:**



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**Educational Format and Methods:** Check all the methods that apply for this meeting based on the target audience and desired results. Attach a copy of the preliminary agenda if available.

- |   |  |
|---|--|
| <input type="checkbox"/> Didactic lectures              | <input type="checkbox"/> Oral paper sessions     |
| <input type="checkbox"/> Case presentations/discussions | <input type="checkbox"/> Hands-on lab/simulation |
| <input type="checkbox"/> Panel discussions              | <input type="checkbox"/> Other (describe): _____ |

Committee members and/or those planning the educational content chose a *live* format vs. online, publication, DVD, etc. for this meeting because:

**Promotion:** Check the material(s) listed below that will be used to promote this meeting. Attach draft copies of items indicated below if available at this time. **Please remember that all promotional material must be approved by AANS prior to printing/distributing.**

- |   |  |
|---|--|
| <input type="checkbox"/> Call for abstracts/abstract form | <input type="checkbox"/> Newsletter announcement |
| <input type="checkbox"/> Flyer or brochure                | <input type="checkbox"/> Journal advertisement   |
| <input type="checkbox"/> Letter of invitation             | <input type="checkbox"/> Website                 |
| <input type="checkbox"/> Other: _____                     |  |

Which of the above items will include the learning objectives? (The learning objectives must be included in at least one of the advanced promotional materials.)

**Commercial Support/Exhibit Revenue:** Commercial support is financial or in-kind contributions given by a commercial interest, which is used to pay all or part of the costs of a CME activity. **Commercial support is separate from exhibit revenue.**

At the sole discretion of AANS, an audit of the finances of a particular activity may be required. This may include review of all invoices, receipts and expenditures that could be associated with the commercial support.

**Do you anticipate commercial support revenue for this meeting?**

- ☐ No
- ☐ Yes - If yes, describe how the educational grant revenue will be used to offset expenses:

**Do you anticipate exhibit revenue for this meeting?**

- ☐ No
- ☐ Yes

### REQUIRED ATTACHMENTS

Copies of the following are due to AANS for review and approval with this application:

Data Sources  
Preliminary Budget

Additional documents will be required throughout the joint sponsorship process.



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### APPLICATION SUBMISSION

AANS is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to offer CME activities. In order for AANS to jointly sponsor your program, we must partner with you to ensure that the Essential Areas and policies of the ACCME have been met. We are only able to consider requests for joint sponsorship which meet these requirements and complete the entire application process.

**By submitting this application you agree to all ACCME requirements and all AANS joint sponsorship requirements.** If at any time the AANS feels there are conditions that could adversely affect their CME accreditation or if the policies are not followed, joint sponsorship will be revoked or denied. At the discretion of AANS, an AANS staff representative may need to be present to audit your meeting at your expense.

Prepared by (print name):

Signature:

Date:

Approved by AANS:

Date:

**Return this completed application via email to your AANS staff contact at least six months prior to your meeting along with the \$500 non-refundable application fee. You may pay the fee by check or credit card.**

**A check should be sent to:**

American Association of Neurological Surgeons  
2370 Eagle Way  
Chicago, IL 60678-1023

*\*Reference your meeting name on the check.*

**Phone in your credit card payment to:**

AANS at (888)566-AANS (2267)

You will be notified by the AANS as to the acceptance of your application.