

COVID-19 Accreditation Checklist and Criteria

The criteria below is only valid for CPD programs that relate to COVID-19

This checklist must be signed by the physician responsible for overseeing the development of content.

The criteria below must be met for all activities

- The program cannot have commercial or sponsorship support.
- Planning committee members, moderators and faculty must submit conflict of interest to the planning committee for review.
- Conflicts of interests are disclosed to participants (whether there is or is not a conflict to disclose)
- The description of therapeutic options must use generic names (or both generic and trade names) and not reflect exclusivity and branding.
- There must be a disclosure of off label drugs.
- The content must be based on the identified educational needs of the target audience.
- The learning objectives must be derived from educational needs identified in the needs assessment.
- Participants are provided with an opportunity to ask questions and interact with faculty.
- Participants are provided with an opportunity to evaluate the activity.
- The evaluation form contains a question as to whether commercial bias was perceived
- Participants are provided with a certificate of attendance with the appropriate accreditation statement.
- Records of attendance must be kept for a minimum of 5 years
- Product-specific advertising and/or branding strategies cannot be included within the program.

Section 1 Online Programs

Along with the criteria above , Section 1 online programs must include:

- Platform must have the capacity for participants to ask questions to the faculty.



Section 3 Self-Assessment Programs

Along with the criteria above , Section 3 self-assessment programs must:

- Identify correct and incorrect answers with a rationale.
- Provide references to support the evidence

Section 3 Simulation Programs

Along with the criteria above, Section 3 simulation programs must:

- Include evidence that direct and detailed feedback was provided to participants.

I acknowledge that the above information is accurate. By completing this form and sending it to the Royal College of Physicians and Surgeons of Canada via email, I agree to the above-mentioned statements.

Signature of Responsible Physician

Date



COVID 19 Program Information

Title of COVID 19 Program:

Hospital/Institution:

Date(s) of Program:

Registration Information:

Link to Program information:

Name of Lead Physician:

Email:

Phone: