

LEARNING ASSOCIATED WITH TEACHING MEDICAL STUDENTS AND RESIDENTS

CME ATTESTATION FORM

Instructions: Complete this form in order to claim credit for the time spent learning new clinical information or ways to improve your teaching, in preparation for teaching medical students or residents/fellows in a University of New Mexico, School of Medicine program. Submit your form to the Office for Continuous Professional Learning (CPL) for review and endorsement (hsc-cpl@salud.unm.edu). This attestation form must be accompanied by your *Learning-from-Teaching Plan* document and any relevant disclosure forms (see below).

Credit: The University of New Mexico, School of Medicine, Office of Continuing Education and Professional

Development designates this live activity for a maximum of 2 *AMA PRA Category 1 Credits™* per 1 hour of interaction with medical students and/or residents/fellows. Physicians should claim only the credit commensurate with the extent of their participation in the teaching activity. Note that the credit is awarded for your preparation and *not* for the teaching activity itself. Although time is measured in quarter-hour increments of teaching. If you teach the content or teach with the identified learning strategy more than once, you can only claim the activity for CME on the first occasion.

As a part of review by CPL, your participation in this teaching activity will be confirmed by either the Undergraduate Medical Education or the Graduate Medical Education office.

Accreditation: The University of New Mexico is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Name _____ Professional Degree(s) _____

Address _____ City _____

State _____ Zip _____ Phone _____ Email _____

Attestation

I attest that this is an accurate description of my participation in this self-directed learning activity.

Signature: _____ Date: _____

Who will be/were your learners?

Students Residents Fellows

For teaching students, please list the block name: _____

For teaching residents/fellows, please list the ACGME-accredited program: _____

Amount of time spent TEACHING (not preparation) to nearest quarter hour _____

Date of teaching activity _____

Your teaching role(s) for this activity:

Formal presentation	Small-group tutor/facilitator	Teaching research methods
Teaching during clinical/hospital practice	Clinical supervision	Mentoring
Simulation supervision	Teaching procedures	Assessment of performance
	Case development	

Competencies addressed in your Learning from Teaching activity:

Medical knowledge	Communication skills	Clinical practice/patient care/procedural or technical skills
Professionalism	Practice-based learning/improvement	
System-based practice		

The educational resources you use must be independent of any ACCME-defined commercial interest. This is accomplished by utilizing: 1) peer-reviewed materials in professional journals that follow the Uniform Requirements for Manuscripts created by the International Committee of Medical Journal Editors; 2) an experienced colleague or expert in the field who has completed a conflict of interest disclosure form (included with this packet) and/or 3) accredited CME materials developed and presented in compliance with the ACCME-Standards for Commercial Support:

<http://www.accme.org/requirements/accreditation-requirements-cme-providers/standards-for-commercial-support>

I confirm that the educational resources I used for this new Learning from Teaching activity came from:

Peer-reviewed materials in professional journals (provide citations below)
A colleagues/expert in the field (provide name and institution below; *attach conflict of interest disclosure form*)
Accredited continuing medical education event/activity (provide name of activity, institution, location below)

List of resource(s)

VALIDATION AND CREDIT (TO BE COMPLETED BY UNM/GME & CPL OFFICES ONLY)

Validation of Approved Teacher Status

I certify that the applicant is an approved faculty member for UME GME

Name: _____ Title: _____

Signature: _____ Date: _____

Validation that the teaching activity is for an approved residency program (GME only)

I certify that this teaching activity is for an ACGME-accredited program

Credit (CME)

AMA PRA Category 1 Credits™ awarded _____