

## Maintenance of Certification Group Learning Application Form (for Physician Organizations)

Section 1 of the Framework of Continuing Professional Development (CPD) of the Maintenance of Certification (MOC) program  
(Last updated: February 2026)

Forward this completed application form, along with the required supporting documentation and payment to the Canadian Paediatric Society **at least 2 months prior to the start of the course**. A \$300 rush charge will be applied to applications received less than 2 months prior to the course. No reference may be made to CPS or its MOC accreditation prior to the actual notification that accreditation has been awarded. Type or print clearly. **Incomplete or illegible applications will be returned.**

### SECTION 1 - COURSE INFORMATION

Program title:

Program is:  Live (face-to-face)      Hotel/Meeting Facility  
City:      Province:  
 Web-based      Web address:  
 Both web-based and Live (face -to- face)

Program dates:  
Start date (DD/MM/YYYY)      End date (DD/MM/YYYY)

Estimated number of participants:

How many times will this program be offered in the calendar year?  Once     2-3 times     4+ times

Number of credits applying for:

### SECTION 2 - ORGANIZATION REQUESTING APPROVAL

Events submitted for approval must meet the requirements of either option 1 or 2. The application form must be completed by a member of the physician organization\* that developed or co-developed this event. Please select the option that applies to your organization:

- Option 1** – We are a **physician organization** that is planning this educational event **alone or** in conjunction **with another physician organization.**

Physician Organizations:

Please provide a description of how your organization meets the Royal College requirement for “physician organization” (see page 2)

Point of contact:

Name:

Email address:

- Option 2** – We are a **physician organization** that is co-developing this educational event **with a non-physician organization**. We (the physician organization) have been prospectively involved in planning this event and accept accountability for its entire program.

<b>Physician Organizations:</b> Please provide a description of how your organization meets the Royal College requirement for “physician organization” (see page 2) -	<b>Non-Physician Organizations:</b>
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**\*Physician Organization:** A not-for-profit group of health professionals with a formal governance structure, accountable to and serving, among others, its specialist physician members through:

- Continuing professional development
- Provision of health care; and/or
- Research

This definition includes (but is not limited to) the following groups:

- Faculties of medicine
- Hospital departments or divisions
- Medical (specialty) societies
- Medical associations
- Medical academies
- Physician research organizations
- Health authorities not linked to government agencies

Types of organizations that ‘Are Not’ considered Physician Organizations

- Disease-oriented patient advocacy organizations (e.g., Canadian Diabetes Association)
- Government departments or agencies (e.g., Health Canada, Public Health Agency of Canada)
- Industry (e.g., pharmaceutical companies, medical device companies)
- Medical education or communications (MEC) companies (e.g., CME Inc.)
- For-profit online educators, publishing companies or simulation companies (e.g., Medscape, CAE)
- Small number of physicians working together to develop educational programming

**SECTION 3 - MANDATORY EDUCATIONAL REQUIREMENTS**

All education requirements in this section **must** be met and required supporting documentation submitted (brochure for the activity, evaluation form/tools, budget identifying all sources of revenue) in order for the activity to be approved under Section 1 of the MOC program.

**Criterion 1: The event must be planned to address the identified needs of the target audience.**

Please provide an explanation or supporting documentation for each of the following:

1. Describe the identified target audience for this event. If applicable, please indicate if this event is also intended to include other health professionals.
  
2. List all members of the planning committee, including their medical specialty or health profession. In the case of the co-development of this educational event, please indicate which members are representing the physician organization.

Name	Specialty/health profession

3. What sources of information were selected by the planning committee to develop the content of this event? Examples can include reviews of the scientific or education literature, clinical practice guidelines, and surveys or focus groups conducted by the organization planning the event.
4. What gaps in knowledge, attitudes, skills or performance did the planning committee identify for this event? Examples of strategies to assess these needs can include assessment of physician performance from hospitals, provincial or national databases, self-assessment programs, chart reviews, 360 degree assessments, case scenarios, audits of practice and/or quality improvement activities.
5. Select the CanMEDS roles relevant to this activity:  
 Medical expert       Communicator       Collaborator       Leader  
 Health advocate       Scholar       Professional

**Criterion 2: Learning objectives that address identified needs must be created for the overall event and individual sessions. The learning objectives must be printed on the program brochure and/or handout materials.**

**Required supporting documentation:** Please include a program brochure for this event that includes overall and session specific learning objectives.

Please respond to the following questions:

1. What learning objectives were developed for?
  - i. The overall event?
  - ii. Specific sessions?
2. How were the identified needs of the target audience utilized in the creation/development of the learning objectives?
3. Do the learning objectives express what the participants will be able to know or achieve by participating in the event?       Yes       No

**Criterion 3: At least 25% of the total education time must be devoted to interactive learning**

**Required supporting documentation:** Please provide a detailed breakdown of the 25% interactive learning component. Be sure to include the proposed event schedule, with times indicating discussion periods, workshops, small group sessions, etc., with an explanation and supporting documentation for the following question:

1. What learning methods have been incorporated to promote interactive learning? Examples may include discussion periods, small groups (generally less than 16 participants), workshops, seminars, audience response systems, discussion forums, or videoconferencing.

**Each of the following questions applies to web-based activities only and MUST be met for this event to be approved under Section 1:**

2. Describe how the web-based activity includes opportunities for interaction between participants and course faculty/facilitators and enable participants to observe the interaction of other participants with the course faculty/facilitator (e.g. discussion forums / chat groups, teleconference / videoconferencing, twitter / email)
3. Participants must ‘log on’ to the interactive component to claim credits.  
 Yes, please provide temporary log-in details to access the web-based learning activity.  
 No, explain
4. Participants receive their certificate of participation only after participants have ‘logged on’ to the interactive component for the course?  
 Yes, please provide a sample of the certificate of participation.  
 No, explain

**Required supporting documentation:** Temporary log-in details to web-based activity and sample certificate of participation.

**Criterion 4: The event must include an evaluation of the event’s established learning objectives and the learning outcomes identified by participants.**

The evaluation strategies for events approved under Section 1 must include an assessment of the achievement of the identified learning objectives, provide opportunities for participants to identify what they have learned and its potential impact for their practice, and allow participants to indicate if any bias was perceived in the event (e.g., industry, personal opinion, stereotypes, stigma). Applicants are encouraged to use separate evaluation questions for each learning objective.

**Required supporting documentation:** Please provide a copy of the evaluation form(s) developed for this event, and respond to the following questions:

1. Do you provide an opportunity for participants to identify if the stated learning objectives were achieved?  
 Yes       No
2. Are there opportunities for participants to identify and/or reflect on what they have learned? One example of this would be a question asking what the participants learned or plan to integrate into their practice.  
 Yes       No
3. Do you provide an opportunity for participants to indicate whether any bias was perceived.  
 Yes       No
4. **(Optional)** Does the evaluation strategy intend to measure improved participant performance?  
 Yes       No

If yes, please describe the tools or strategies used.

## SECTION 4 - ETHICAL STANDARDS FOR CONTINUING PROFESSIONAL DEVELOPMENT

Group CPD events approved under Section 1 must:

- Meet the CMA Guidelines governing the relationship between physicians and the pharmaceutical industry ([Guidelines for Physicians in Interactions with Industry](#)).
- Meet the [Code of Ethics for parties involved in Continuing Medical Education](#) of the Conseil québécois de développement professionnel continu des médecins (only if event held in Quebec)
- Include evaluation form with the following question: “Did the activity comply with the Code of Ethics for parties involved in Continuing Medical Education?”

**Each of the following ethical standards MUST be met for this event to be approved under Section 1:**

- |                                                                                                                   | <b>We comply with<br/>this standard</b>                  |
|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1. The physician organization(s) must have control over the topics, content and speakers selected for this event. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Describe the process by which the topics, content and speakers were selected for this event.

- |                                                                                                                                                |                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 2. The physician organization(s) must assume responsibility for ensuring the scientific validity and objectivity of the content of this event. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|

Describe the process to ensure validity and objectivity of the content for this event.

- |                                                                                                                                                                                                                                                                                                             |                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 3. The physician organization(s) must disclose to participants all financial affiliations of faculty, moderators or members of the planning committee (within the past two years) with any commercial organization(s), regardless of its connection to the topics discussed or mentioned during this event. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|

Describe how conflict of interest information is collected and disclosed to participants.

**Required supporting documentation:** Provide a sample copy of the Conflict of Interest **form** completed by planning committee members and by faculty. Provide a copy of the **slide** used at the event to inform participants of any conflicts of interest.

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|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 4. All funds received in support of this event must be provided in the form of an educational grant payable to the physician organization(s). | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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Describe how the physician organization(s) assumes responsibility for the distribution of these funds, including the payment of honoraria to faculty.

**Required supporting documentation:** Provide a copy of the budget that identifies **all sources of revenue and expenditures for this event**

5. No drug or product advertisements may appear on, or with, any of the written materials (preliminary or final programs, brochures, or advanced notifications) for this event.  Yes  No

**Required supporting documentation:** Provide a copy of the preliminary program, brochure, or advanced notifications for this event.

6. Generic names should be used rather than trade names on all presentations and written materials.  Yes  No

Describe the process to advocate speakers' adherence to using generic rather than trade names of medications and/or devices included within all presentations or written materials.

7. Please identify all organizations that are providing funding for this event. If necessary, please use an additional page.

Please provide details and names on all funding that has not been addressed above.

## SECTION 5 – DECLARATION OF CHAIR

**The chair of the planning committee must submit this application and be a physician.** The assessment result will be sent to this individual.

Name:

Address:

Tel.:

E-mail:

As the chair of the planning committee (or equivalent), I accept responsibility for the accuracy of the information provided in response to the questions listed on this application, and to the best of my knowledge, I certify that the CMA's guidelines, entitled, *CMA Policy: Guidelines for Physicians in Interactions with Industry (2007)*, and the [National Standard for Support of Accredited CPD Activities](#), have been met in preparing for this event. If this event is held in Québec, we are aware that it is mandatory to adhere to the Conseil québécois de développement professionnel continu des médecins Code of Ethics entitled, *Code of Ethics for parties involved in Continuing Medical Education*.

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Signature of Chair

Date

As the chair of the planning committee (or equivalent), I certify that the CPS [Antiracism in medical education resource](#) has been shared with all faculty, presenters, committee members and others involved in the development of the educational content for this activity.

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Signature of Chair

Date

**SECTION 7 – NOTIFICATION OF REVIEW FORM**

✓ All required fields (marked with an \*) must be completed.

<b>*Name of physician organization that developed the group learning activity:</b>	
<i>(if applicable)</i> French name of physician organization:	

<b>*Title of group learning activity:</b> i. <i>If group learning activity is a module within a larger program, this must be reflected in the title: e.g., "Title of overall course/program: Title of group learning activity module"</i>	
<b>English title:</b> (as it appears on the certificate of completion)	
<b>French title:</b> <i>(if applicable)</i> (as it appears on the certificate of completion)	

<b>*Delivery method of group learning activity:</b>	
If delivery method is face-to-face, provide the delivery date(s) and location(s):	City:
	Province:
	Date: <i>(dd/mm/yyyy)</i> <i>Select date from calendar.</i>
<i>For multiple occurrences, list the locations (city, province) and date(s) for each:</i>	

<b>*Accreditation date range:</b> <i>Group learning activities can be accredited for up to 12 months.</i>	Start date: <i>(dd/mm/yyyy)</i>
	End date: <i>(dd/mm/yyyy)</i>

<b>*Total number of <u>hours</u> for which the activity is accredited:</b>	Up to _____ hours.
<i>Participants must record the activity in My MOC in <u>hours</u>. Once entered into My MOC, the hours will be automatically converted to Section 3 credits.</i>	

<b>*Point-of-contact for participants:</b>	Name of contact:
	Email:
	Link to website:

<b>*Primary target audience/specialty:</b> <i>NOTE: Activity will be listed in the My MOC ePortfolio under the target audience selected.</i>	Paediatrics
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<b>*Was this activity <u>co-developed</u>?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the name of co-developing organization:	

<u>CanMEDS Roles(s)</u> relevant to this activity <i>(check all that apply)</i> :	<input type="checkbox"/> Collaborator	<input type="checkbox"/> Health Advocate	<input type="checkbox"/> Medical Expert	<input type="checkbox"/> Scholar
	<input type="checkbox"/> Communicator	<input type="checkbox"/> Leader	<input type="checkbox"/> Professional	

FOR CPS USE ONLY		
<b>*Program review:</b> Must be conducted by a <a href="#">Royal College accredited CPD provider</a>	<a href="#">Royal College accredited CPD provider</a> that reviewed this activity:	Canadian Paediatric Society
	Name & title of reviewer:	Matthew Murdoch, Manager, Continuing Professional Development and Accreditation
	Date of approval: <i>(dd/mm/yyyy)</i>	
	Signature:	_____



## SECTION 7 – ACCREDITATION FEE AND PAYMENT

### ACCREDITATION FEE AND PAYMENT

The Society charges a non-refundable accreditation fee to review all MOC applications. This fee covers the administrative costs associated with reviewing the program. A \$300 rush fee will be applied to applications received less than 2 months prior to the activity. **Applications received without payment will not be processed.**

Program title:

Organization requesting accreditation:

Address:

#### Accreditation fee:

- Program with no private sector funding \$750 (plus applicable taxes)
- Program with funding \$1,500 (plus applicable taxes)

#### Payment option:

- VISA                       MasterCard

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Card number

Expiry Date

CVV

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Name on card

#### Mail to:

MOC Application – Education Department  
 Canadian Paediatric Society  
 2305 St Laurent Blvd  
 Ottawa ON K1G 4J8

**E-mail to:** [education@cps.ca](mailto:education@cps.ca)

For more information, contact CPS Education Department at 613-526-9397, ext. 264 or [education@cps.ca](mailto:education@cps.ca).