

Note: For forms indicated in **RED**, you are required to use the CHSE templates provided on our website.

In order to complete your application, you will need the following documentation:

- Signed **Declarations and Approvals Form**
- Completed **Planning Committee Members Form**
- Signed **Conflict of Interest form** for each member of your planning committee
- Completed **EDNA Mapping** form
- A copy of your **Program Agenda**
- Completed **Program and Faculty Speakers Form**
- A sample of your **Speaker Letter** you may use the template provided by CHSE. If not, your letter must include the following:
  - Overall learning objectives and individual topic objectives (including CanMEDS-FM/CanMEDS Roles)
  - Instruction to incorporate evidence (especially Canadian data)
  - Instruction to address barriers to change
- Your preliminary **Budget** including:
  - All sources of income (registration/sponsorship)
  - Expenditures
  - CHSE Accreditation Review Fees (please refer to the **Accreditation Review Fee table below**)
  - Research and Innovation Fund calculation (3% Tithe)
- Completed **Sponsorship Agreement Form** for each Sponsor
- A copy of your **Evaluation Form** - we recommend that you use the template provided by CHSE. If not, your evaluation must include the highlighted questions on the CHSE Evaluation Template.
- A copy of your **Marketing/Promotional Material**
- Payment information **\*\*Applications will not proceed for review until payment has been received**

### Accreditation Review Fees

CHSE Activity	McMaster Faculty Development (without external funding)	McMaster Activity		External (Non-McMaster) Activity Developed by a Physician Organization with involvement of FHS Faculty Members
Group Learning Activity (MOC Section 1 and /or Mainpro+) (if received 8 weeks prior)	\$400	\$700		\$1500
Simulation, Self Assessment, MOC Section 3 & Online Modules	\$1200	\$1500		\$2500
Review without Accreditation/Certification	To be determined depending on the complexity of the application			
Expedited Applications	6 weeks prior additional 25%	4 weeks prior additional 50%	2 weeks prior additional 75%	If less than 2 weeks prior, requires approval from CHSE Manager