

KERALA STATE MEDICAL COUNCILS-GUIDELINES FOR ONLINE CME PROGRAMMES

A. GENERAL CONDITIONS

- All guidelines prescribed for physical CME Programmes on Kerala State Medical Councils (KSMC) website will be applicable, if not otherwise mentioned here,
- Online CME's conducted by accredited institutions, organizations, Medical Colleges and teaching institutes only will be considered for approval.
- The organizations should have all the requisite and demonstrated ability to plan and implement CME programmes to cover the targeted group
- Organizations can be accredited by Kerala State Medical Councils (KSMC) on cases to case basis.

B. APPLICATION

- Application for accreditation of the webinar to be made online to Kerala State Medical Councils (KSMC) website to be done at least 7 days prior to the conduct of the webinar in a standard prescribed format which is uploaded on Kerala State Medical Councils (KSMC) Website.
- The organizing Secretary of the webinar should apply in the prescribed format, online. Brochure of the programmes should be sent along with.
- It will be the responsibility of the organization to see that adequate standards are maintained.

- The speakers/Faculty should be of National or International repute. Faculty should have adequate knowledge, qualification and experience to talk on that subject.
- The webinar should not have any advertisement of Company/ Companies, Hospital/Hospitals, Individual/individuals propaganda material.
- The webinar should not have any Pharmacy company sponsorship.
- The accredited organization shall be responsible for any irregularity in the conduct of webinar submitted to Kerala State Medical Councils (KSMC)

C. ATTENDEE REGISTRATION, SCREEN SHOTS FOR SUBMISSION

- All the delegates should log in for the webinar showing their name and Medical Council Registration Number.
- Periodic time stamped screenshots of the programme, including the list of attendees at that point of time, should be taken and should be mailed to Kerala State Medical Councils (KSMC).
- The first Screenshot should be within 30 minutes of the start of the programme
- Subsequent Screenshot is to be done at every one-hour interval till the end of the programme.
- Last Screenshot should be in the last 30 minutes of the CME Programme.
- Delegates seen present in all the screenshots only will be awarded credit hours.

D. OBSERVERS

- Kerala State Medical Councils (KSMC) can choose to appoint an observer to attend the webinar.
- The observer must be allowed to independently view all the participants any time during the webinar and verify their attendance.
- The link to the webinar should be sent to the Council and to the observer at least 2 days prior to the programme.

E. CREDIT HOURS

- Each webinar, should be of at least 90 minutes duration, excluding ceremonies like inauguration.
- Minimum credit hour will be 30 minutes.
- Credit hours allotted will be 40% of the academic session.
- Allotment of credit hours will be the discretion of the Council, considering the relevance of the topic in updating the knowledge of the medical Practitioners like latest advances in the field, national programmes, local needs of the area or state etc.

F. PAYMENTS

- As per Kerala State Medical Councils (KSMC) rules

G. SUBMISSION OF DOCUMENTS (after webinar)

- After the webinar, the organization should send the details as mentioned below

- Name of delegates, their registration number, name of Medical Council in which they are registered, along with the time stamped screenshots of attendees as mentioned above, within 7 days by E.mail.
- Hard copies of above details should reach the office within 2 weeks, along with a pen drive containing soft copies.

H. ISSUE OF CERTIFICATES

- Credit Hours will be awarded to individual participants after going through the documents submitted by the council.

I. PRESERVATION OF DOCUMENTS

- The organization should preserve the recording of the whole webinar for at least 6 months and the same should be made available to the council, if requested.


REGISTRAR





Phone : 0471-2557227 (Office)
e-mail : registrar.ksmc@kerala.gov.in
www.medicalcouncil.kerala.gov.in

KERALA STATE MEDICAL COUNCIL OF MODERN MEDICINE
COMBINED COUNCIL BUILDING, RED CROSS ROAD, THIRUVANANTHAPURAM- 695 035, KERALA, INDIA.

No.

To

The Registrar
Kerala State Medical Councils,
Red Cross Road,
Thiruvananthapuram-35

APPLICATION FORM FOR CME ACCREDITATIONS

1. Name of Institution/Organization/Association }
(with Reg. No. , Place, address/registered
Address & date of Registration, if any) }
2. Email id, Phone Number & Fax :
3. Organization Secretary :
- (i) Address :
- (ii) K.S.M.C Registration Number :
- (iii) Email id & Phone number :
4. Details of CME Programme :
 - 1) Title/Subject :
 - 2) Venue :
 - 3) Date :
5. Actual Number of CME Hours :
6. Number of Delegates :

7. Details of Fees Paid

- | | |
|-------------|---|
| 1. D.D. No. | : |
| 2. Bank | : |
| 3. Amount | : |

Ihereby certify that the facts stated above are correct. I shall submit the completion report within 10 days of conducting the programme, failing which I understand that the accreditation for the CME shall stand cancelled and credit hours, if any, granted for the CME programme shall be forfeited.

Signature

Place:

Date:

Instructions.-

1. Programme Brochure with Venue, Time Schedule, Topics, Faculty shall be enclosed with the application.
2. Copy of K.S.M.C Registration Certificate of Organizing Secretary shall also be enclosed.
3. Fee shall be drawn by Demand Draft in favour of Registrar, Kerala State Medical Councils and payable at S.B.T. main branch, Thiruvananthapuram.
4. **Copy of Institution Accreditation should also be furnished**



Phone : 0471-2557227 (Office)
e-mail : registrar.ksmc@kerala.gov.in
www.medicalcouncil.kerala.gov.in

KERALA STATE MEDICAL COUNCIL OF MODERN MEDICINE
COMBINED COUNCIL BUILDING, RED CROSS ROAD, THIRUVANANTHAPURAM- 695 035, KERALA, INDIA.

No.

Dated:

CME REPORT

(To be submitted within 10 days of conduction of CME Programmes)

1. Name of Organization/Institution :
2. Name of Organizing Secretary :
3. K.S.M.C. Accreditation Letter No :..... Date.....
4. CME
 - (a) Title:
 - (b) Date:
 - (c) Venue:
 - (d) Number of delegates attended:
5. CME Accreditation for : Hours
6. Name of Observer :
7. Any Remarks from Observer :
8. Whether list of participants with
K.S.M.C. Reg. No. and signature
has been attached }
9. Whether list of faculty with K.S.M.C.
Reg.No.has been attached }
10. Whether foreign faculty involved: if so
the name & address of the person &
MCI registration particulars }

Place:

Date:

Signature



Phone : 0471-2557227 (Office)
e-mail : registrar.ksmc@kerala.gov.in
www.medicalcouncil.kerala.gov.in

KERALA STATE MEDICAL COUNCIL OF MODERN MEDICINE
COMBINED COUNCIL BUILDING, RED CROSS ROAD, THIRUVANANTHAPURAM- 695 035, KERALA, INDIA.

No.

Dated:

**FORM FOR ACCREDITATION OF INSTITUTION/ORGANIZATION FOR
CONDUCTING CME**

1. Name of Institution/Organization/Association
(with Reg.No., Place, address/registered
Address & date of Registration, if any) }
2. Name, designation & address of Head/President
of the institution/Organization/Association and
its office bearers (with K.S.M.C. Reg. No.
& Date, if any) }
3. Tenure of the office Bearers :
4. Academic credentials of the institution/organization
including experience in the field of conducting
CME programme }
5. Period of Accreditation applied for 1year/3years
6. Details of fees paid
1. D.D.No.
2. Bank
3. Amount }

Place:

Date:

Signature



Phone : 0471-2557227 (Office)
e-mail : registrar.ksmc@kerala.gov.in
www.medicalcouncil.kerala.gov.in

KERALA STATE MEDICAL COUNCIL OF MODERN MEDICINE
COMBINED COUNCIL BUILDING, RED CROSS ROAD, THIRUVANANTHAPURAM- 695 035, KERALA, INDIA.

No.

Dated:

CME OBSERVER FEEDBACK FORM

1. Name of organization/Institution :
2. CME/Work hours/Conference : Date.....
3. Credit Hours attended..... KSMC/CME Ref.No.....
4. Details of the Programme (including details of foreign faculty involved)

(Please attach extra sheets if required)

Sl No.	Name of the Speaker (with Reg. No. if any)	Topic covered	Time/Duration	Remarks

5. Attendance :
 - a. No. of Registered Delegates :
 - b. Spot Registration :
6. Time of distribution of Certificates :
7. Hospitality of the observer :
 - a. T.A./D.A. : Arranged / not arranged
 - b. Accommodation : Arranged / not arranged
 - c. Place provided on Dias/Stage : Yes / No
 - d. Honorarium paid :
8. Any other Remarks :
 - 1.
 - 2.
 - 3.

9. Name, address, K.S.M.C. Reg.No.
and phone No. of the observer

Signature of the observer