



Accreditation/Certification Application Checklist

Note: Please submit your completed checklist and attachments at least 30 business days prior to your event to allow for processing time and revisions (if applicable).

We are seeking accreditation for *(please tick the appropriate box)*:

- Continuing Professional Development
- Faculty Development

? (Continuing Professional Development programs focus on clinical skills for practitioners.
Faculty Development programs focus on preparing FHS faculty for their current and future roles through skill development.)

Send completed Checklist and Attachments (attachments in one .zip file):
for Faculty Development programs to fac.dev@queensu.ca
for Continuing Professional Development programs to cpd.che@queensu.ca

Date of Application: E.g. February 1/2018 _____

? (The date you are preparing this application. As far in advance as possible, in order to allow for review and revisions if necessary)

Program Information:

Program Name: E.g. Helping Learners Learn _____

? (Name of program that will be on certificates of completion)

Program Date: E.g. April 1, 2018 _____

? (List date of program. If you will be holding this program more than once, you will have the opportunity to list additional dates below)

Location: E.g. The Gananoque Inn, 550 Stone Street South, Gananoque ON _____

Is this program:

Live/in person (City and Venue)

Live web broadcast

Asynchronous online

Will this program be offered more than once during this calendar year?

No

Yes.

Please list additional dates:

? (please list all dates that you are aware the program will be presented)

<p>Where will this program be delivered:</p> <p><input type="checkbox"/> Inside Canada – <i>if so, which provinces and territories</i> _____</p> <p><input type="checkbox"/> Outside Canada – <i>if, so which countries</i> _____</p> <p>_____</p> <p>Please provide the total educational contact time (hours and minutes) in the proposed program (learning time only; please exclude breaks and meals)</p> <p>_____</p> <p>_____</p>	<p>E.g. September 1, 2018 and December 1, 2018 for those who were unable to attend the first session.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Administrative Key Contact:
<p>Name: E.g.: Terry Smith _____</p> <p>Email: E.g.: smitht@universityhospital.ca _____</p> <p>Phone: E.g.: 24680 _____</p>

This program is seeking accreditation / certification for (tick all boxes that apply):		
College & Credits	Name of Planning Committee Member Representing this College	Queen's Faculty?
<input type="checkbox"/> The Royal College of Physician and Surgeons of Canada– MOC Section 1	<i>(Can be a specialist that is representative of the target audience)</i> _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Canadian Family Physicians of Canada – Mainpro+ (1 credit / hour) Would you like this session to appear on the CFPC member-accessible calendar of Events? <input type="checkbox"/> Yes <input type="checkbox"/> No	At least 1 active CFPC Member for in-person programs, and 3 for online programs _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

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*For MOC Section 3 credits or assistance with your application for Mainpro+ 2 credits/hour and 3 credits/hour, please contact cpd.che@queensu.ca

This program is seeking (please tick the appropriate box):
<input type="checkbox"/> Group-Learning credits (e.g. conferences, rounds, journal clubs)
<input type="checkbox"/> Assessment credits (e.g. practice audits, QA programs, Linking Learning to Assessment, Provincial Practice Review)
<input type="checkbox"/> Self-Learning credits (e.g. online programs, Linking Learning exercises)

Planning Committee:		
Planning Committee Members		
Identify the Chair of the Planning Committee:	College, speciality or profession the Chair of the planning committee represents:	
Name: E.g. Dr. Bev Jones _____ Email: E.g. jonesb@kingstonhsc.ca _____ Phone: E.g. (613) 987-6543 _____ Fax: E.g. (613) 123-4567 _____	E.g. CFPC _____ _____	
Identify the other members of the Planning Committee (Please tick the box to indicate if Queen's Faculty):	College, speciality or profession the planning committee member represents:	
Name:	Queen's	
E.g. Taylor Swift	<input checked="" type="checkbox"/>	E.g. Nursing
E.g. Dr. Meredith Grey	<input checked="" type="checkbox"/>	E.g. RCPSC
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

Is the Planning Committee accountable to the head of the department, chief of staff, or equivalent?

Yes. Describe how and to whom accountability is measured for the planning committee.

E.g. The planning committee is accountable to Dr. Department Head. Accountability is measured by the committee members' involvement. _____

No. (Please explain why not.)

Will / have the Planning Committee members demonstrated substantial input by:
(Please explain each box that is ticked No)

Determining the selection of all topics

Yes

No

 *Although normally the planning committee will determine the selection of topics, there may be exceptions.*

Explain if No: **E.g.** Please see the attached Module from Big University, which was used as the basis for this presentation.

Determining the program content

Yes

No

? Although normally the planning committee will determine the selection of topics, there may be exceptions.

Explain if No: **E.g.** Please see the attached Module from Big University, which was used as the basis for this presentation. The planning committee reviewed and approved the use of this Module to satisfy a gap identified in the needs assessment.

Writing the learning objectives

Yes No

? The planning committee should at least co-write the learning objectives with the speakers/presenters, etc.

Explain if No:

Selecting all speakers / presenters

Yes No

Explain if No:

Ensuring disclosure slides are presented

Yes No

? Gathering the slides can be assigned to an administrator, however the planning committee remains accountable for ensuring the slides are presented

Explain if No: **E.g.** Our Administrative Assistant will coordinate with speakers to ensure disclosure slides are presented.

Reviewing evaluations

Yes No

? It is not necessary for the planning committee to review individual evaluations, however they must review the summary of evaluations


Reviewing all presentation materials to:

- a) Determine content is evidence-based Yes No
- b) Medication is referred to by the generic name (*Trade names can only be listed if all trade names are included*) Yes No
- c) Slides / materials do not contain sponsor logos and do not follow the corporate colours of any relevant pharmaceutical company or product Yes No

? If the planning committee does not review all presentation materials, please describe the committee's process for program development and communication with speakers here

Reviewing Conflict of Interest disclosures, and adhering to a plan to mitigate potential biases

Yes No

 *Reviewing the slides can be assigned to an administrator, however the planning committee remains accountable for ensuring all disclosures are made and submitted*

Ensuring speakers and programs adhere to the [Rx&D Code of Ethical Practices](#)

Yes **No**

 *This is required, however this task may be assigned to an administrator, with the planning committee remaining accountable*

Ensuring speakers and programs adhere to the [CMA Guidelines for Physicians in Interactions with Industry](#)

Yes **No**

 *This is required, however this task may be assigned to an administrator, with the planning committee remaining accountable*

Ensuring speakers and programs adhere to the [National Standard for Support of Accredited CPD Activities](#)

Yes **No**

 *This is required, however this task may be assigned to an administrator, with the planning committee remaining accountable*

Who is the target audience for this program (select all that apply):

Family Physicians with a community of practice in:

- | | | |
|--|--|--|
| <input type="checkbox"/> Academic Family Physicians | <input type="checkbox"/> Addiction Medicine | <input type="checkbox"/> Health Care of the Elderly |
| <input type="checkbox"/> Interprofessional teams | <input type="checkbox"/> Cancer Care | <input type="checkbox"/> Hospital Medicine |
| <input type="checkbox"/> Researchers | <input type="checkbox"/> Child and Adolescent Health | <input type="checkbox"/> Maternity and Newborn Care |
| <input type="checkbox"/> Residents | <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Rural & Remote practicing Family Physicians | <input type="checkbox"/> Dermatology | <input type="checkbox"/> Occupational Medicine |
| <input type="checkbox"/> Urban practicing Family Physicians | <input type="checkbox"/> Developmental Disabilities | <input type="checkbox"/> Palliative Care |
| | <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Prison Health |
| | <input type="checkbox"/> Family Practice Anesthesia physicians | <input type="checkbox"/> Respiratory Medicine |
| | <input type="checkbox"/> Global Health | <input type="checkbox"/> Sport and Exercise Medicine |

Please select the keywords most relevant to your program from the list below:

- | | | |
|---|---|---|
| <input type="checkbox"/> Aboriginal health | <input type="checkbox"/> Family/general practice/primary care | <input type="checkbox"/> Ophthalmology |
| <input type="checkbox"/> Academic medicine | <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Orthopedic surgery |
| <input type="checkbox"/> Addiction medicine | <input type="checkbox"/> General surgery | <input type="checkbox"/> Pain management |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Genetics | <input type="checkbox"/> Palliative care |
| <input type="checkbox"/> Adolescent medicine | <input type="checkbox"/> Geriatric medicine/care of the elderly | <input type="checkbox"/> Pathology |
| <input type="checkbox"/> Allergy | <input type="checkbox"/> Global health | <input type="checkbox"/> Patients |
| <input type="checkbox"/> Allied health professionals | <input type="checkbox"/> Gynecology | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Alternative/complementary medicine | <input type="checkbox"/> Health economics | <input type="checkbox"/> Pharmacology |
| <input type="checkbox"/> Anesthesia and analgesia | <input type="checkbox"/> Health policy | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Basic sciences | <input type="checkbox"/> Hematology | <input type="checkbox"/> Preventive medicine |
| <input type="checkbox"/> Behavioural science | <input type="checkbox"/> History | <input type="checkbox"/> Prison medicine |
| <input type="checkbox"/> Cancer care | <input type="checkbox"/> Homecare | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Cardiovascular medicine | <input type="checkbox"/> Hospitalist care | <input type="checkbox"/> Psychotherapy/counseling |
| <input type="checkbox"/> Cardiovascular surgery | <input type="checkbox"/> Imaging techniques | <input type="checkbox"/> Public health |
| <input type="checkbox"/> Child Abuse | <input type="checkbox"/> Immunology | <input type="checkbox"/> Radiation therapy |
| <input type="checkbox"/> Chiropractic medicine | <input type="checkbox"/> Infectious disease | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Chronic disease management | <input type="checkbox"/> International medicine | <input type="checkbox"/> Rehabilitation medicine |
| <input type="checkbox"/> Clinical practice guidelines | <input type="checkbox"/> Laboratory medicine | <input type="checkbox"/> Religion/spirituality |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Legal/medico-legal | <input type="checkbox"/> Research methods |
| <input type="checkbox"/> Community medicine | <input type="checkbox"/> Lifestyle | <input type="checkbox"/> Respiratory medicine |
| <input type="checkbox"/> Critical care | <input type="checkbox"/> Management | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Culture | <input type="checkbox"/> Medical careers | <input type="checkbox"/> Rural medicine |
| <input type="checkbox"/> Dentistry/oral medicine | <input type="checkbox"/> Medical education | <input type="checkbox"/> Sexual health and medicine |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Medical informatics | <input type="checkbox"/> Sociology |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Medical students and residents | <input type="checkbox"/> Sports and exercise medicine |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Men's health | <input type="checkbox"/> Statistics |
| <input type="checkbox"/> Drugs | <input type="checkbox"/> Molecular medicine | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Emergency medicine | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Thoracic surgery |
| <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Neurology | <input type="checkbox"/> Toxicology |
| <input type="checkbox"/> ENT | <input type="checkbox"/> Neurosurgery | <input type="checkbox"/> Transplant medicine |
| <input type="checkbox"/> Environmental medicine | <input type="checkbox"/> Nuclear medicine | <input type="checkbox"/> Travel medicine |
| <input type="checkbox"/> Epidemiology | <input type="checkbox"/> Nursing | <input type="checkbox"/> Tropical medicine |
| <input type="checkbox"/> Ethics | <input type="checkbox"/> Nutrition and metabolism | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Evidence-based medicine | | <input type="checkbox"/> Vaccines |
| | | <input type="checkbox"/> Vascular surgery |

- Faculty Development
- Forensic medicine

- Obstetrics
- Occupation/industrial medicine
- Oncology

- Women's health

Identify the [CanMEDS-FM](#) / [CanMEDS](#) role(s) addressed in this program:

- Collaborator
- Communicator
- Family Medicine Expert / Medical Expert
- Health Advocate
- Leader
- Scholar
- Professional

Describe the CanMEDS roles/competencies for the overall activity and specific sessions as well as how they will be addressed:

Overall Program:

E.g. The program as a whole builds CanMEDS roles/competencies including medical expert (e.g. inserting a central line properly), advocate (e.g. considering patient values), and collaborator (e.g. productively working with folks with other learning styles)

Specific Sessions:

E.g. Dr. Smith's session on learning styles pertains most directly to collaborator

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

E.g. Content for this event is informed by the medical education research literature in consultation with clinicians from multiple specialties and education specialists with expertise in assessment and evaluation.

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

E.g. Conflict of interest slides are included and visually presented at the beginning of each presenter's slide deck, along with verbal declaration.

Quality Criterion 1: Needs Assessment and Practice Relevance

Requirement:

1. Indirect assessment of target audiences' needs was used to guide program development and to obtain generalized information on prior knowledge and practice experience (e.g. generalized sources, national survey, small sample survey, published study results).

Does the needs assessment meet this requirement? Yes No

2. Physician learning objectives are tied to needs assessment results.

Do the objectives meet this requirement? Yes No

3. Needs assessment addresses physician competency through CanMEDS-FM / CanMEDS Role(s).

Does the needs assessment meet this requirement? Yes No

 (Hint: These are required. If you have ticked any No boxes, please review and revise your program.)

Provide a description of the needs assessment for this program, including:

- Parties involved, and the roles performed, during the needs assessment process, development and implementation

- Method(s) used to collect needs assessment data, and rationale to support the use of each method
- How practice relevance is addressed
- How gaps in competency were identified, and how CanMEDS-FM / CanMEDS competencies were utilized in the needs assessment and curriculum development process
- If this program was previously Mainpro/Mainpro+ accredited/certified, you must include and describe how data collected from previous program evaluations was considered during the needs assessment process.
- Please attach a copy of all tools used to facilitate the needs assessment, as well as a brief summary of the needs assessment findings

E.g. Preceptors were surveyed anonymously at the end of the previous academic year for their development needs as well as from previous accredited events of this type. Program planning committee representing our participant group shared their insights in how the topics could be made more relevant to practice. Results showed a need for training and strategies to assist with the effective teaching and evaluation of learners. In addition to the survey, numerous literature sources (Germanotta et al., 2015; McCartney et al., 2016; Zappa et al., 2018) revealed that ... _____

Learning Objectives

List the learning objectives and how they were developed from the needs assessment. *Learning objectives must be listed for the program as a whole, and for each session.*

Help with writing effective learning objectives can be found here:

http://www.cfpc.ca/uploadedFiles/CPD/QTB_Writing_ENG_FINAL.pdf

<http://www.royalcollege.ca/rcsite/documents/continuing-professional-development/writing-learning-objectives-e.pdf>

Learning objectives should finish the sentence “At the end of this program, participants will be able to...”.

1. E.g. List the seven learning styles.
2. E.g. Demonstrate how to apply the seven learning styles in order to engage all learners.
3. E.g. Evaluate how learning has changed with the use of the seven learning styles.

 These words are better avoided, as they are open to many interpretations: appreciate; have faith in; know; learn; understand; believe; comprehend; appreciate; familiarize; study.

How the learning objectives were developed from the needs assessment:

E.g. Preceptors expressed a need to understand the different ways learners learn. After this session they will be able to list the seven learning styles, and demonstrate how to put them into practice. They will then be able to evaluate their learners' progress after adjusting their teaching style. _____

Quality Criterion 2: Interactivity and Engagement

Requirement:

1. Minimum of 25% of the program is conducted in an interactive manner.

Does the program meet this requirement? Yes No

 (Hint: This is required. If you have ticked the No box, please review and revise your program.)

Describe each interactive component of the program by indicating:

- The type of interactivity occurring (e.g. discussion periods, small groups, workshops, etc.)
- When/where the interactive component occurs
- How long the interactive component is anticipated to last

E.g. During the workshop, learners will break into small groups for 15 minutes to discuss and identify learning styles.

Attach a copy of the Agenda, with the interactive components highlighted.

Example Agenda

Identifying and Applying Learning Styles

Monday, April 2, 2018

12:00 – 2:00 pm

The Lecture Hall

123 Main Street
Kingston Ontario

At the end of this session, participants will be able to:

1. List the seven learning styles.
2. Demonstrate how to apply the seven learning styles in order to engage all learners.
3. Evaluate how learning has changed with the use of the seven learning styles.

Agenda:

12:00 – 12:30 pm Registration and light lunch

12:30 – 1:00 pm “Identifying Learning Styles” –
Dr. Department Head

1:15 – 1:30 pm Group work – How to overcome the challenges of each of
the seven learning styles

1:30 – 1:45 pm Group presentations of findings

1:45 – 2:00 pm Recap, closing and evaluation –
Dr. Department Head

Quality Criterion 3: Incorporation of Evidence

Requirement:

1. *Provide an outline of the evidence used to create the content. You must include references: author(s), article title, journal, year, volume, and page numbers within/on materials.*

Does the program meet this requirement? Yes No

2. *Evidence comes from systematic reviews/meta-analyses of studies (RCTs {randomized control trials}, cohort case control studies), or single, moderate-sized, well-designed RCTs, or well-designed, consistent, controlled, but not randomized trials, or large cohort studies.*

Does the program meet this requirement? Yes No

3. *Any lack of evidence for assertions or recommendations must be acknowledged.*

Does the program meet this requirement? Yes No

4. *If a single study is the focus or select studies are omitted, the rationale to support this decision must be included.*

Does the program meet this requirement? Yes No

5. *Graphs and charts or other evidence-related materials cannot be altered to highlight one treatment or product*

Does the program meet this requirement? Yes No

6. *Both potential harms and benefits should be discussed; an efficient way to present these to clinicians is through number needed to treat (NNT) and number needed to harm (NNH), as well as through a presentation of absolute and relative risk reductions*

Does the program meet this requirement? Yes No

 *(Hint: These are required. If you have ticked any No boxes, please review and revise your program.)*

Describe how each requirement has been/will be addressed.

E.g. These requirements will be met by consulting with various journal articles and engaging with subject matter experts. _____

-list references, etc.

**Quality Criterion 4:
Addressing Barriers to Change**

Describe how this program’s educational design includes discussion of commonly encountered barriers to practice change.

E.g. The educational design of the program provides multiple opportunities for discussion of commonly encountered barriers to practice change. The overall design of the program is broken down into cycles of Introduction, small group activities, followed by large group debriefing session (see Agenda). _____

**Quality Criterion 5:
Evaluation and Outcome Assessment**

Requirement:

1. There are measures to assess self-reported learning or change in what participants know or know how to do as a result of the program or activity

Does the evaluation meet this requirement? Yes No

 (Hint: This is required. If you have ticked the No box, please review and revise your program.)

The program evaluation must include the following questions. Please confirm that they have been included:

- This program enhanced my knowledge (Strongly Agree, Neutral...Strongly Disagree)
- The learning objectives were met (Strongly Agree, Neutral...Strongly Disagree)
- Please indicate which of the CanMEDS-FM / CanMEDS roles you felt were addressed during this educational activity (Collaborator, Communicator, Family Medicine Expert/Medical Expert, Health Advocate, Leader, Professional, Scholar)
- Did you perceive any degree of bias in any of the program? (No, Yes – Please Identify: _____)
- What learning will you integrate into your practice?
- Did the activity comply with the [Rx&D Code of Ethical Practices](http://innovativemedicines.ca/ethics/code-of-ethics/) found at <http://innovativemedicines.ca/ethics/code-of-ethics/>?
- Did the activity comply with the Code of Ethics for parties involved in Continuing Medical Education?" For more information on these standards: CMA: <http://policybase.cma.ca/dbtw-wpd/Policypdf/PD08-01.pdf>

 (These are required. If you have ticked any No boxes, please review and revise your program agenda.)

Describe how and where/when this program incorporates measurement of change relevant to the program content.

E.g. This program incorporates measurements of change relevant to the content throughout the session. There are opportunities for questions, feedback and information discussion. We also use an evaluation survey that asks participants to reflect on their perceived changes in their knowledge and practice as a result of the session. _____

How will speakers/facilitators be made aware of the Mainpro+ Quality Criteria, and program learning objectives that they will address? What kind of instructions will be given? *

E.g. Speakers will be sent a proposed Agenda and a letter outlining the Mainpro+ Quality criteria. Learning objectives will be stated in the proposed Agenda. _____

*Although not required to be submitted with this application, *please use this **template** to communicate important information to your speaker(s)*. Double-click on the icon to open the document.



Speaker Email
Template rev 02-2018

Describe how breaches in the Quality Criteria or ethical guidelines will be addressed, should they occur.

E.g. All breaches will be addressed directly with the speaker by a member of the planning committee. Depending on the severity, a correction made later in the day or a retraction may be sent to participants after the program. _____

How is this program funded? (please tick all boxes that apply)

- Participant registration fee
- Department/faculty funding
- From a not-for-profit company

Name of not for profit supporter	Amount or in-kind contribution anticipated or received:

From a for-profit company (Please identify):

Name of for profit supporter	Amount or in-kind contribution anticipated or received:
E.g. SpaceX	\$10,000. anticipated

From another source (Please detail):

Name of other source	Amount or in-kind contribution anticipated or received:

Attachments

Please indicate the items used to support this application by checking the appropriate box(es).

Double-click on the icons below to open the documents.

Please save all Attachments in one zip file and submit with your application.

To edit the PowerPoint slides:

1. Right-click the slide PowerPoint icon
2. In the dialogue box, slide down to Presentation Object and choose Edit
3. File and Save your edited slides into your preferred location

1. **Program disclosure slide: How this program mitigates bias**



Queens Program
Disclosure slides ter

2. **Presenter disclosure slide**



Queens FD
Presenter Disclosure

3. **Learning objectives slide. Note: You must submit learning objectives slides for the program as a whole, and for each session (if applicable).**



Program or Session
Learning Objectives

- 4. Items used in the needs assessment/summary of findings
- 5. Program announcement/invitation
- 6. Program agenda, with the interactive components highlighted
- 7. Conflict of interest forms for each member of the Planning Committee and for each speaker



COI form (combined
CFPCRC).pdf

- 8. Summary of previous event evaluations
- 9. Copy of program/presenter evaluation form



Evaluation Template
rev 02-09-2018.docx

- 10. Budget (including identifying sources of revenue, and disbursement of expenses)
- 11. References
- 12. Notification of Review Form – **Note: Must be completed for programs accredited for the Royal College of Physicians and Surgeons.**



Notification of
Review (NOR) Form v.

- 13. Other (please detail)

**If one or more attachments are Not Applicable to this program, please detail the reason(s):
The following Attachment(s) are not applicable because:**

E.g. We have not included a summary of previous event evaluations as this is the first time this session has been held. _____

Declaration

As the chair of the scientific 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 National Standard for Support of Accredited CPD Activities have been met in preparing for this event.

I Agree By clicking " I agree" you are agreeing to the declaration stated above

Name:

Click here to enter text.

Date:
(dd/mm/yyyy)

Click here to enter a date.