

Continuing Education Application Form

Name:

Organization:

All required field are marked with an asterisk ().*

SERVICES

At this time, we partner with organizations to seek accreditation of educational activities for Physicians, Nurses and Social Workers. Additionally, we can provide certificates of attendance (without accreditation).

***Based on the expected audience, please indicate the type of services you are requesting (check all that apply):**

- CME for Physicians and Physician Assistants (two or more will attend)- through the **American Academy of Family Physicians (AAFP)**
- CEU for Nurses- through the **California Board of Registered Nursing (CBRN)**
- CEU for Social Workers- through the **National Association of Social Workers, AZ Chapter**
- Non-accredited **Certificates of Attendance** -to serve as proof of attendance/participation/completion of an educational activity
- CE for other Health Professionals**-please specify which other type of health professionals you expect to be in attendance, if would like to see if we can assist with accreditation services:

***Overall Title of Single-Live Event, RSS, Enduring Material or Multi-Site/Date (Single or Series) Series:**

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For an RSS Series, Live or Enduring Material, please list the titles of the first two sessions:

1.

2. _

***Suggested Date(s) and Time(s) of Event or Series:**

Start Date:

Start Time:

End Date:

End Time:

***Estimated Number of Participants:**

***CE HOURS- How many minutes of content are you requesting to be accredited?**
Total minutes will be rounded to the nearest quarter hour. Nursing CE requires courses to be a minimum of one hour in length. (Please note agenda time spent on Welcome/ Introductions/ Breaks is not eligible for continuing education credit so please make sure your agenda delineates time accordingly.)

- *Minutes:*

***OVERVIEW/ DESCRIPTION OF EVENT OR SERIES (ABSTRACT):**

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***OVERALL LEARNING OBJECTIVES FOR THE EVENT OR SERIES:**

What are the proposed learning objectives? Should be actionable (I.E. "Participants will be able to...")

1.

2.

3.

***TEACHING METHODS (select all that apply):**

- Case / Problem-Based Learning
- Hands-On / Skill-Based
- Panel discussion
- Performance / Quality Improvement (QI) Process
- Q & A
- Simulation
- Small groups
- Other (describe):

***Please identify the core topics this educational activity addresses: (please select all that apply)**

- Interprofessional Education
- Behavioral Health Integration
- Social Determinants of Health
- Cultural Competency
- Practice Transformation
- Current and Emerging Health Issues

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***AGENDA:**

Briefly describe this educational activity or provide an attachment include presenter(s) with credentials, agenda with time breakdown. Note: 2-3 learning objectives need to be noted per hour (i.e. if there is one speaker, and their presentation is for an hour, we need 2 to 3

learning objectives for their presentation) *For help, you can use our agenda tool:*

<https://custom.cvent.com/15AB08E089464D46A7D7ACDC1B610587/files/254ea39b99dc43d7ac6e63ca40239faa.docx>

ATTENDANCE AND EVALUATION

***As an Area Health Education Center there are several data elements we need collect (for evaluation and demographics). We will provide an evaluation we'd like distributed to 100% of participants. Do you have additional evaluation needs?**

Yes

If "Yes" is selected, please describe or attach

No

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CERTIFICATE: *Certificates are issued based on the completion of the post-event evaluation.*

***Please describe the procedures for verifying attendance and distributing the evaluation:**

PROMOTION AND MARKETING

***How do you plan on marketing or advertising your event? (i.e. flyer or brochure)**

****If you have one, please send in attachment to us—we need to approve materials****

For brochures and flyers: (Please use the general statement: "We are applying for CE/CME credits." Accrediting bodies have specific rules for allowable language)

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***As an AHEC, we have a strong network of partners, local and beyond. Is this activity something you'd like us to help promote? If yes, please provide a marketing description (< 150 words):**

Instructor/Speaker Information

Individuals responsible for teaching, authoring, or otherwise communicating the content of the activity to the learners must be Subject Matter Experts (SME). SMEs must be currently licensed or certified in the area of expertise if appropriate and show evidence of specialized training in the subject area and have at least one year's experience within the past two years in teaching in area taught to the learner of this activity.

***Speaker 1:**

Attach Presenter Bio, Presenter Photo, CV/Resume

- Name:
- License number (if applicable):
- License date of expiration (if applicable):
- Type of license (if applicable):
- Any previous or current teaching experience (*Title of course, description, location, Month/Year*)?

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Speaker 2:

Attach Presenter Bio, Presenter Photo, CV/ Resume

- Name:
- License number (if applicable):
- License date of expiration (if applicable):
- Type of license (if applicable):
- Any previous or current teaching experience (*Title of course, description, location, Month/Year*)?

Speaker 3:

Attach Presenter Bio, Presenter Photo, CV/ Resume

- Name:
- License number (if applicable):
- License date of expiration (if applicable):
- Type of license (if applicable):
- Any previous or current teaching experience (*Title of course, description, location, Month/Year*)?

Speaker 4:

Attach Presenter Bio, Presenter Photo, CV/ Resume

- Name:
- License number (if applicable):
- License date of expiration (if applicable):
- Type of license (if applicable):
- Any previous or current teaching experience (*Title of course, description, location, Month/Year*)?

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Speaker 5:

Attach Presenter Bio, Presenter Photo, CV/Resume

- Name:
- License number (if applicable):
- License date of expiration (if applicable):
- Type of license (if applicable):
- Any previous or current teaching experience (*Title of course, description, location, Month/Year*)?

PRACTICE GAP(S)/NEEDS ASSESSMENT

In the planning process for this activity, it is important to describe professional practice gaps and their underlying educational needs.

***Please select the methods used to determine the need for this educational activity: (Select all that apply)**

- Clinical Practice Guidelines / Recommendations
- Survey Results of Potential Learners
- Evaluation / Assessment from Previous CME Activities
- Literature Review
- Performance / Quality Improvement (QI) data
- Requirement / Mandate
- Other (please specify):

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***Methods used to evaluate the learner's achieved outcome level?**

(Select all that apply)

- Commitment to change**—Learner reflection, identification and documentation of a planned change as a result of the CME activity.
- Patient/Clinical Data**—Data that assesses the learners' quality of care following a CME activity, such as EHR data.
- Performance improvement**—An activity structure that requires learners to retrospectively assess their practice, apply performance measures prospectively, and reevaluate their performance.
- Pre/Post-Test**—Knowledge-based questions assessing learners' understanding of specific facts from the CME activity.
- Procedural observation**—Assessment by faculty of the learners' ability to perform the procedure within the CME activity

***Which of the following core competencies was this activity designed to help learners improve? (Please select all that apply)**

(Select all that apply)

- Medical Knowledge
- Patient Care
- Practice-based learning and improvement
- Interpersonal and communication skills
- Professionalism
- System-based practice

***How was the need for this program determined? (needs survey, regulatory requirements, etc):**

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***Describe how this education opportunity will help serve their target population/audience?**

INDEPENDENCE FROM ACCME-DEFINED COMMERCIAL INTEREST

***Will this activity receive COMMERCIAL SPONSORSHIP such as an educational grant (financial or in-kind support) from a pharmaceutical or medical device company?** If you cannot definitely answer "NO", please contact your AHEC region personnel for guidance in making a determination before proceeding with this form

Yes

If "Yes" is selected, please describe in detail:

No

***Will the participants pay to participate?**

Yes

If "Yes" is selected, please describe fees, the refund policy regarding non-attendance and notification of cancellation (include time frames).

No

***Will the presenters receive Honoraria?**

Yes

If "Yes" is selected, please describe

No

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Additional Comments:

Make sure to attach slide decks/ppt, handouts, speaker bio, speaker photo, speaker CV/Resume

If we agree to start a series, you will submit any subsequent sessions using the agenda and learning objectives template.