The Continuing Education Team will review Continuing Education applications on an ongoing basis. It will approve, recommend revisions, or deny applications based on whether the educational intervention meets the following criteria established by the Accreditation Council for Continuing Medical Education, American Medical Association, American Association of Nurse Practitioners, American Psychological Association, and/or the American Academy of Physician Assistants.

1. Meets the definition of continuing education
2. The target audience is first and foremost practicing clinicians and/or clinical researchers beyond graduation and training.
3. Have planning team with representation from each profession within the target audience for which credit is to be offered.
4. Address care the learners can influence in one or more of the six American Board of Medical Specialties core competencies (professionalism, patient care and procedural skills, medical knowledge, practice-based learning & improvement, interpersonal and communication skills, systems-based practice).
5. Have specific, measurable, and relevant learning objectives for improvement of care, research or healthcare administration.
6. Use appropriate, relevant, and evidence-based performance measures that include measurement related to patient care and/or clinical research at the appropriate unit of analysis (physician, clinic, care team, etc.).
7. Include appropriate interventions and learning formats for improvement.
8. Possess sufficient and appropriate resources to support the successful conclusion of the activity.
9. Include substantive analysis of educational outcomes.

**This document must be submitted in Microsoft WORD format
(all other formats will be returned)**

**Please return this document via email attachment to:** **cmarosze@mcw.edu**

**Submission Date:**

**Title of CE activity:**

**Anticipated Start & End Dates**:

**Proposed Location**:

**CE Coordinator:
Name/email address/phone number**

**Please list the names of collaborating organizations. (if applicable)**

**I am using this application form to request continuing education credit for:** (check all that apply)
[ ]  Physician credit (Attending physicians, Preceptors, community physicians and other practicing physicians) and Hours of Participation Credit for Allied Health Care Professionals.
[ ]  Nurse Practitioner credit (AP/NP, FNP, NP, DNP)**\***
[ ]  Physician Assistant credit (PA, PA-C) **\***

[ ]  Psychology credit (Psychologists) **\***
**\* Additional fees apply and are based on the number of credit types for which the activity is approved.**

**Note: students and trainees are not eligible for *AMA PRA category 1 credit™*.** Those who successfully complete and ACGME accredited residency or fellowship program should submit a copy of their certificate or letter of completion directly to the American Medical Association to received 20 CME credits per year. Residents and Fellows should go to [www.ama-assn.org/go/pra](file:///C%3A%5CUsers%5Cpnelson%5CDesktop%5Cwww.ama-assn.org%5Cgo%5Cpra) for more information.

**Support, Resources, and Funding:** [*Check all that apply*]
[ ]  Internal support and resources (i.e. practice and/or hospital sources such as data support)
[ ]  External sources (i.e. grant, national funding), please identify and describe the source of funding:

[ ]  Foundation (private) Grant(s)

[ ]  Pharma or Device Funding

[ ]  Public Grant(s)

[ ]  Other (describe the source of this funding such as registration fees):

# CE PERSONNEL

Planning team members must represent the professions which credit is sought. Planners are those who have control over the content of the CE activity. Meaningful participation in planning includes:

* Reviewing practice data to identify quality gaps
* Reviewing the literature for bench marking data and advances in medicine
* Documenting the educational needs of practicing clinicians
* Developing learning objectives based on desired changes in practice
* Analyzing and discussing CME educational outcomes data

**Planning Team Members** *(name with credentials)***:**

|  |  |
| --- | --- |
| Director of Activity: |  |
| Physician Planner(s): |  |
| Psychologist Planner(s): (***Required if applying for APA credit***) |  |
| Nurse Practitioner Planner(s): (***Required if applying for NP credit***) |  |
| Pharmacist Planner(s): |  |
| Physician Assistant Planner(s): (***Required if applying for PA credit***) |  |
| Nurse Planner(s): |  |
| Social Work Planner(s): |  |
| Other clinical planner(s): |  |
| Patient/Public Representative(s): |  |
| Student/Trainee Representative(s): |  |

# ACTIVITY DESCRIPTION

* + - 1. **What patient population(s) does this CE activity address?**
1. **ACCME Criterion 2** The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.

**What is/are the gap(s) in practice that resulted in the development of this CE activity?**\*\*Include baseline data and/or benchmark/comparison data\*\*

1. **Is the CE activity associated with any specific MCW, CSG, MCP, CP, CMG, CHW, Froedtert, or VA initiatives?**

[ ]  No
[ ]  If Yes, Explain:

1. **Is the CE activity associated with any specific other organizational,** **regional or national initiatives?**

[ ]  No
[ ]  If Yes, Explain:

1. **Choose the Institute of Medicine quality dimension(s) the CE activity addresses.**
[ ] Safety [ ] Equity
[ ] Efficiency [ ] Timeliness
[ ] Effectiveness [ ] Patient Centeredness
[ ] Practice-based learning & Improvement [ ] Systems-based practice
2. **Does this CE explicitly address: Reduction of Harm (Patient Safety), Readmissions or Cost of Care?**[ ] No
[ ] Reduction of Harm (Patient Safety)
[ ] Cost of Care

[ ] Readmissions

**If you checked yes, explain:**

1. **Choose the ACGME/ABMS competencies the CE activity addresses:**
[ ] Communication/Interpersonal Skills [ ]  Patient Care and Procedural Skills
[ ] Medical Knowledge [ ] Professionalism
2. **State the evidence/data that verifies the need for this educational intervention: 3-4 relevant reference that supports the need for an educational intervention**. (If applicable a minimum of 6 references are required for psychology accreditation.)
3. **This CE activity is designed to change the following variables. Identify barriers to change in practice the CE activity is designed to help learners overcome and identify enablers that the CE activity is designed to help learners take advantage of.**

# Goals and Objectives

1. **What is the specific learning objective(s) of the CE activity?** (***Note*:** Learning objectives should include: (1) a Condition - Describe the condition of performance (tell what is presented to the learner) (2) a Behavioral verb and content – (tell what the learner is expected to do), and (3) a Standard - specify standard(s) for judging a learner’s performance.

*Example learning objectives:*

* (cognitive domain) Given a healthy child, list the routine vaccines for a two year old that are currently recommended by the CDC.
* (affective domain) For your terminally ill patient, justify your position on pain management in palliative care.
* (psychomotor domain) The learner will participate in a simulation of ventricular fibrillation, and then she/he will direct a team through the appropriate ACLS protocol until the mannequin shows a normal cardiac rhythm.

1. We would like to offer MOC Part II (self-assessment modules SAMS) for this CE activity.[ ] Yes

[ ] Not at this time.

As the Activity Director for this activity, I certify that I completed this Continuing Education Activity Application. Should this CE activity be approved, I agree to provide educational outcome data within 60 days after the completion of CE activity. I understand that failure to meet the accreditation requirements may result in the revocation of CE credits for this activity.

**Activity Director (e-Signature) Date:**