

Continuing Education Activity Application

CloudCME Technical Guide

Updated September 2021



Who should access this guide?

Individuals involved in the planning of continuing education (CE) activities who are tasked with completing the VCU Health CE Activity Application form.

Before initiating the online application process, please review the “Continuing Education Planning Guide”

Terms & Definitions

CE Activity Application – required online application form that documents elements necessary for VCU Health Continuing Education to review and approve an educational activity for credit

CloudCME – learning management system used by VCU Health Continuing Education to maintain required documentation, including CE Activity applications, online course content, registration and payment processing, and learner credit records

Contents

Creating and Navigating the CE Application - Slides 5 – 16

Provides instructions to access CloudCME to create a new CE Activity Application and navigate the sections of the application. Includes detailed instructions for submission.

The following sections include screenshots and helpful tips to complete each section of the CE Activity Application.

Basic Information – Slides 17 - 32

Gap and Needs – Slides 33 – 40

Reference VCU Health *Continuing Education Planning Guide* for additional guidance in conducting needs assessments and identifying practice gaps.

Objectives and Outcomes – Slides 41 – 44

Reference VCU Health *Continuing Education Planning Guide* for additional guidance in writing learning objectives and evaluating activities.

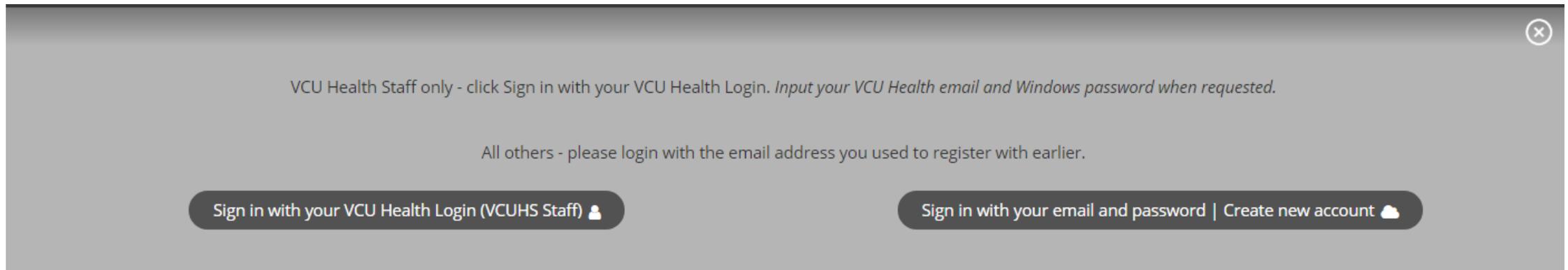
Planners and Faculty – Slides 45 – 46

Services Requested – Slides 47 – 49

Accessing CloudCME

Visit <https://vcu.cloud-cme.com> and click “Sign In”

- If you have an @vcuhealth.org email address, click “Sign in with your VCU Health Login”
 - If this is your first time accessing the site, you will be directed to complete the required profile information.
- All others should click “Sign in with your email and password | Create new account”
- If you do not have an account, click “Sign in with your email and password | Create new account” to create a new account
 - On the next screen click “Create New Account” and complete the required fields



Creating a New Application

After signing in, click “Application” on the home screen

VCUHealth
Continuing Education

<< Back to VCU Health
Welcome Andrea Perseghin Reviewer, MEd

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Monthly Digest Email Sign-Up >

Courses >

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Online Disclosure Form >

VCU Health Continuing Education is accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team through November 2025. JA Provider #4008237

Search:

Date	Event	Description
August 12 - October 21, 2021	2021 Project ECHO-Child Abuse and Neglect Course 3	ECHOing across Virginia Protecting children through equal access to child abuse resources
September 17, 2021	2021 Palliative Care Symposium	Join us for this year's live virtual event designed to equip you with the latest strategies and tools for providing optimal care to patients with life-limiting illnesses and their families.
September 23, 2021	Gynecologic Oncology Journal Club	This journal club fosters a collaborative network of providers caring for women with or at risk for

Creating a New Application

On the Application Screen, Click the “Create New Application” button

CE Application

Instructions: If you have any questions about the CE Application, please contact us at (804) 828-3640 or ceinfo@vcuhealth.org.

Admin User Lookup

Filter By Application Status:

Hide Approved

Search By Event Name:

 Search

Navigating the Application

Left menu bar allows user to navigate between sections.

The screenshot displays the 'CE Application' interface. On the left, a vertical navigation menu is shown with a red arrow pointing to the 'Basic Information' option. The menu items are: Basic Information, Gap and Needs, Objectives and Outcomes, Planners and Faculty, Services Requested, Files - upload/download, Comments, and Return To Applications List. The main content area is titled 'Basic Information' and contains the following text: 'Please specify the following for your activity.' Below this, there are three input fields: 'Activity Title' with the value 'CloudCME Application Technical Instructions Update September 2021', 'Organization/Department' with the value 'VCU Health Continuing Education', and 'Date Planning Started' with the value '09/03/2021'. A 'Find Disclosures' button is located in the top right corner of the main content area.

Navigating the Application

Required fields are highlighted in red until data is entered.

Before...

Basic Information

Please specify the following for your activity.

Activity Title * ?

You can't leave this empty: Activity Title

Organization/Department * ?
You can't leave this empty: Organization/Department

Date Planning Started * ?
You can't leave this empty: Date Planning Started

Accreditation Type:

Select all that apply: * ?

<input type="checkbox"/> Joint Accreditation (All Activities)	<input type="checkbox"/> ANCC (Nurses)
<input type="checkbox"/> AOTA (Occupational Therapists)	<input type="checkbox"/> ACPE (Pharmacists/Pharmacy Technicians)
<input type="checkbox"/> ACCME (Physicians)	<input type="checkbox"/> AAPA (Physician Assistants)
<input type="checkbox"/> APA (Psychologists)	<input type="checkbox"/> ASWB (Social Workers)
<input type="checkbox"/> ASHA (Speech-Language Pathologists)	

You can't leave this empty: Select all that apply:

Directly Provided (internal partner within VCU/VCUHS)
Jointly Provided (external partner)

Activity Type * ?

You can't leave this empty: Activity Type

...After

Basic Information

Please specify the following for your activity.

Activity Title ?

Organization/Department Date Planning Started

Accreditation Type:

Select all that apply: ?

<input checked="" type="checkbox"/> Joint Accreditation (All Activities)	<input checked="" type="checkbox"/> ANCC (Nurses)
<input type="checkbox"/> AOTA (Occupational Therapists)	<input checked="" type="checkbox"/> ACPE (Pharmacists/Pharmacy Technicians)
<input checked="" type="checkbox"/> ACCME (Physicians)	<input checked="" type="checkbox"/> AAPA (Physician Assistants)
<input checked="" type="checkbox"/> APA (Psychologists)	<input checked="" type="checkbox"/> ASWB (Social Workers)
<input type="checkbox"/> ASHA (Speech-Language Pathologists)	

Directly Provided (internal partner within VCU/VCUHS)
Jointly Provided (external partner)

Activity Type ?

Navigating the Application

Cannot navigate to next section until all required fields complete.

All required fields must be complete before system will save section.

ⓘ Please review your responses above to make sure all required fields (* indicates required) are completed before continuing.

➔ Save and Continue Cancel ✕

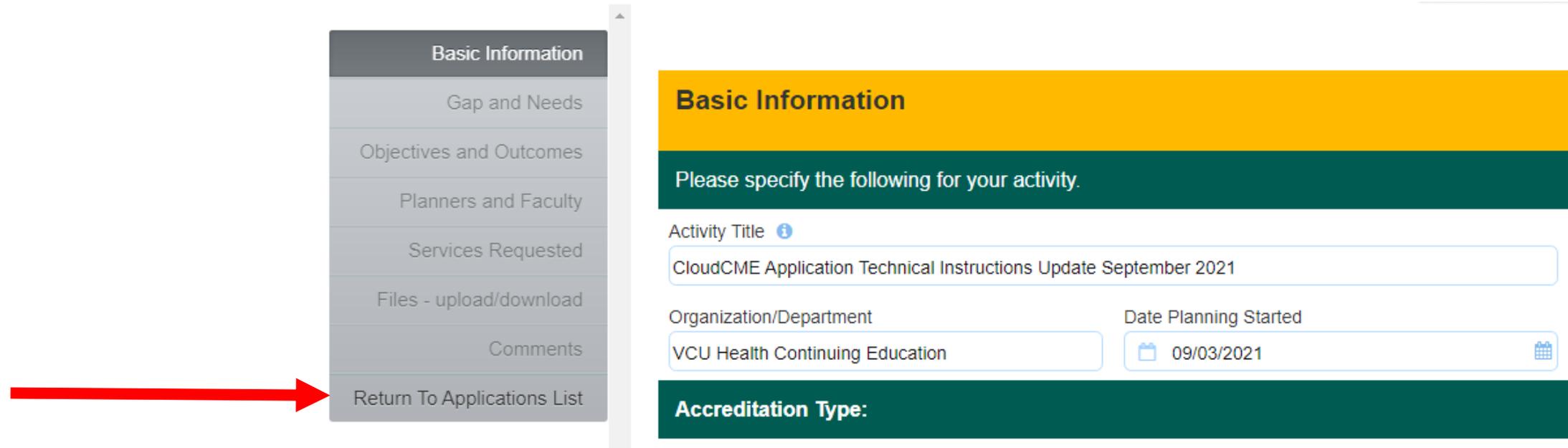
Click Save and Continue once required fields complete to move to next section.

➔ Save and Continue Cancel ✕

Navigating the Application

Once your application is complete, follow these instructions to submit for review.

1. Click “Submit” at the end of the “Services Requested” page to save the entries on that page.
2. Review your application to ensure it is complete.
3. Click “Return to Applications List” in the menu bar on the left side of the application form.



The image shows a screenshot of a web application interface. On the left is a vertical sidebar menu with the following items: Basic Information, Gap and Needs, Objectives and Outcomes, Planners and Faculty, Services Requested, Files - upload/download, Comments, and Return To Applications List. A red arrow points to the 'Return To Applications List' item. The main content area on the right is titled 'Basic Information' and contains the instruction 'Please specify the following for your activity.' Below this are three input fields: 'Activity Title' with the value 'CloudCME Application Technical Instructions Update September 2021', 'Organization/Department' with the value 'VCU Health Continuing Education', and 'Date Planning Started' with the value '09/03/2021'. At the bottom of the form section is a dark green bar with the text 'Accreditation Type:'.

Navigating the Application

After clicking “Return to Applications List,” the screen will display all of the user’s application forms. Locate the application in this list.

If any planning committee OR presenter/faculty conflict of interest forms are outstanding, you cannot submit the application for review, as shown in the example below.

ActivityID	Activity Name	Author	Planners	Last Revised	Disclosure Status			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
23302	CLOUDCME APPLICATION TECHNICAL INSTRUCTIONS UPDATE	Andrea Perseghin Reviewer, MEd		9/3/2021 8:41:36 AM	Activity Planner, RN does not have a disclosure on file.	DISCLOSURES REQUIRED	Copy	Delete

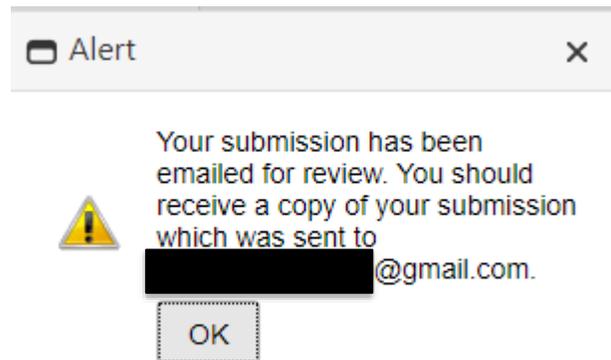
Contact VCU Health Continuing Education to assist in this situation to ensure timely review.

Navigating the Application

Once all conflict of interest forms are submitted, click “Submit for Review” button to route the application for initial review.

ActivityID	Activity Name	Author	Planners	Last Revised	Disclosure Status			
23302	CLOUDCME APPLICATION TECHNICAL INSTRUCTIONS UPDATE	Andrea Perseghin Reviewer, MEd		9/3/2021 8:41:36 AM	All necessary disclosures on file.	SUBMIT FOR REVIEW	Copy	Delete

The page will reload with a pop-up message confirming the submission and notice that a PDF copy was sent via email.



Navigating the Application

What happens next?

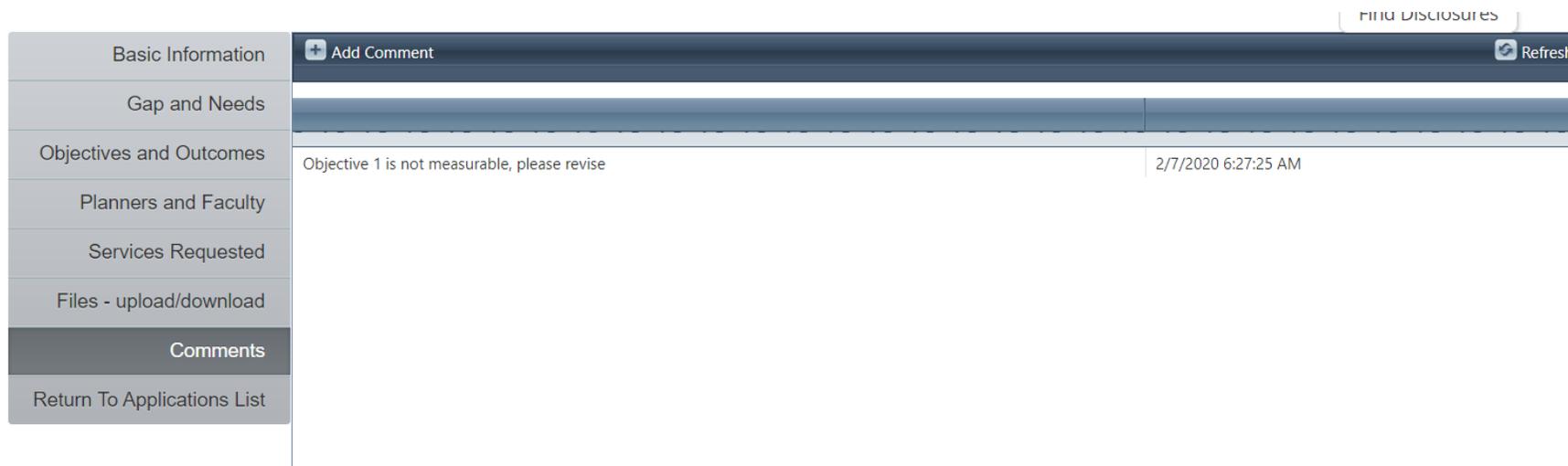
1. Initial application review. If incomplete, VCU Health Continuing Education will contact the activity coordinator listed in the application.
2. If complete, the application will be routed to the appropriate review committee.

Navigating the Application

What happens next?

3. Feedback will be provided in the “Comments” section of the application. You should receive an automated email when this occurs.

- Let your CE representative know if you have any questions and when corrections/clarifications are complete.



The screenshot displays a web application interface with a sidebar on the left and a main content area on the right. The sidebar contains the following menu items: Basic Information, Gap and Needs, Objectives and Outcomes, Planners and Faculty, Services Requested, Files - upload/download, Comments (highlighted), and Return To Applications List. The main content area is titled "H11D DISCLOSURES" and features a dark blue header with "Add Comment" and "Refresh" buttons. Below the header, a comment is visible: "Objective 1 is not measurable, please revise" with a timestamp of "2/7/2020 6:27:25 AM".

Navigating the Application

What happens next?

4. Upon approval of corrections/clarifications, a Letter of Understanding will be issued.

Visit the VCU Health Continuing Education “For Planners” website for more information, including timeline and required documentation:

<https://vcu.cloud-cme.com/default.aspx?P=1200>

Basic Information

Select all of the appropriate **Accreditation Types** based on who you designed the activity for, either as the primary target audience or as part of an interprofessional target audience:

- **Joint Accreditation – should be selected for all activities**
- **ANCC** – nurses
- **AOTA** – occupational therapists*
- **ACPE** – pharmacists and/or pharmacy technicians
- **ACCME** –physicians
- **AAPA** – physician assistants
- **APA** – psychologists
- **ASWB** – social workers
- **ASHA** – speech-language pathologists*

Accreditation Type:

Select all that apply: ⓘ

- | | |
|--|---|
| <input checked="" type="checkbox"/> Joint Accreditation (All Activities) | <input checked="" type="checkbox"/> ANCC (Nurses) |
| <input type="checkbox"/> AOTA (Occupational Therapists) | <input checked="" type="checkbox"/> ACPE (Pharmacists/Pharmacy Technicians) |
| <input type="checkbox"/> ACCME (Physicians) | <input checked="" type="checkbox"/> AAPA (Physician Assistants) |
| <input checked="" type="checkbox"/> APA (Psychologists) | <input checked="" type="checkbox"/> ASWB (Social Workers) |
| <input type="checkbox"/> ASHA (Speech-Language Pathologists) | |

**AOTA and ASHA accreditation require additional approvals and fees.*

Please contact VCU Health Continuing Education if you are interested in this accreditation type.

Basic Information

Select the appropriate **Activity Type** from the dropdown menu, including providership and type of program.

Note:

- Directly Provided programs are planned by VCU and VCUHS entities
- Jointly Provided programs are planned by organizations external to VCU/VCUHS

Most commonly used:

- Courses – partial day to multiple day live, in-person activities (ex. conferences, symposia, workshops)
- Enduring Materials – Internet – asynchronous online activities
- Internet – synchronous online activities (ex. webinar, virtual conference)
- Regularly Scheduled Series – live, in-person or virtual activities planned for the same audience on a regular schedule (ex. case conferences, Grand Rounds, Journal Clubs, M&M, Tumor Boards)

Examples:

- A workshop planned by a VCU Department should select: Directly Provided – Courses
- A Grand Rounds planned by an outside organization should select: Jointly Provided – Regularly Scheduled Series

*Directly Provided (internal partner within VCU/VCUHS)
Jointly Provided (external partner)*

Activity Type ⓘ

Directly Provided - Courses
Directly Provided - Courses
Directly Provided - Regularly Scheduled Series
Directly Provided - Internet
Directly Provided - Enduring Materials - Internet
Directly Provided - Journal CME
Directly Provided - Committees
Directly Provided - Performance Improvement

*Directly Provided (internal partner within VCU/VCUHS)
Jointly Provided (external partner)*

Activity Type ⓘ

Jointly Provided - Courses
Directly Provided - Learning from Teaching
Directly Provided - Enduring Materials
Jointly Provided - Courses
Jointly Provided - Regularly Scheduled Series
Jointly Provided - Internet
Jointly Provided - Enduring Materials - Internet
Jointly Provided - Journal CME
Jointly Provided - Committees

Basic Information

ANCC

For activities seeking **ANCC credit**, select the activity type that best describes the planned activity.

ANCC Activity Type: [i](#)

- Learner Directed, Learner Paced
- Provider Directed, Learner Paced
- Provider Directed, Provider Paced

Provider Directed, Provider Paced: The provider controls all aspects of the learning activity, including objectives based on needs assessment, content, method in which it is presented, as well as evaluation methods. (Ex. live, in-person activities and live webinars)

Provider Directed, Learner Paced: The provider controls the content of the learning activity, including learning outcomes based on needs assessment, selects the content and the method in which it is presented, as well as evaluation methods. The learner determines the pace at which they engage. (Ex. online self-learning module, independent study)

Learner Directed, Learner Paced: The learner identifies his or her learning needs, formulates learning goals, identifies resources for learning, selects and implements learning strategies, and evaluates learning outcomes. This type of activity is engaged in by only one individual. (Ex. manuscript review, test item writing, committee learning, performance improvement, internet searching and learning)

Basic Information

For activities seeking **ACPE credit**, select the activity type that best describes the planned activity and the appropriate topic designator.

Knowledge-based: designed to transmit knowledge

Application-based: designed to apply the information learned in the time allotted

Practice-based: designed to instill, expand, or enhance practice competencies through the systematic achievement of specified knowledge, skills, attitudes, or performance behaviors. Should include a didactic and practice experience component, and at a minimum provide 15 hours of educational content delivery.

ACPE

Is this activity: [i](#)

- Knowledge-Based (K)
- Application-Based (A)
- Practice-Based (P)

Basic Information

For activities seeking **ACPE credit**, select the appropriate topic designator that best describes the planned content.

Topic Designator: [i](#)

- 01-Disease State Management/Drug Therapy
- 02-AIDS Therapy
- 03-Pharmacy Practice
- 04-General Pharmacy
- 05-Patient Safety
- 06-Immunizations
- 07-Compounding
- 08-Pain Management

Topic Designator	Activity Content
Disease State Management / Drug Therapy	Drugs, drug therapy, and/or disease states
AIDS Therapy	Therapeutic, legal, social, ethical, or psychological issues related to the understanding and treatment of patients with HIV/AIDS
Law	Federal, state, or local laws and/or regulations affecting the practice of pharmacy
General Pharmacy	Topics relevant to the practice of pharmacy other than those included in the classifications of drug therapy related, HIV/AIDS therapy related, and law
Patient Safety	The prevention of healthcare errors, and the elimination or mitigation of patient injury caused by healthcare errors
Immunizations	Provision of immunizations, i.e., recommend immunization schedules, administration procedures, proper storage and disposal, and record keeping. This also includes review for appropriateness or contraindication and identifying the reporting adverse drug events and providing necessary first aid
Compounding	Sterile, nonsterile, and hazardous drug compounding for humans and animals. This includes best practices and USP quality assurance standards, environmental test and control, record keeping, error detection and reporting, and continuous quality improvement processes

Basic Information

Select the strategy(ies) that will be implemented to engage learners in the activity.
Reference Continuing Education Planning Guide for definitions and examples of each.

Learner Engagement Strategies: (Select all that apply) *

- Integrating opportunities for dialogue or question/answer
- Including time for self-check or reflection
- Analyzing case studies with interactive discussion
- Use of audience response system
- Providing opportunities for problem-based learning
- Games and Quizzes to practice recall
- Demonstration
- Example with practice
- Role play
- Application exercises
- Practice exercises
- Other

If other engagement strategy, please specify:

Basic Information

Select the requirement(s) for awarding credit to participants.

NOTE: If “Successful completion of a post-test” is selected, be sure to include the minimum passing score, as shown in the example below.

Criteria for Awarding Credit

Criteria for awarding contact hours for live and home study activities in addition to mandatory completion of evaluation form include: (Select all that apply)

- Attendance at entire activity
- Credit awarded commensurate with participation
- Attendance at 1 or more sessions
- Successful completion of a post-test (e.g., attendee must score 75% or higher)
- Successful completion of a return demonstration
- Engage in active case discussions
- Participate in audience response system (ARS) polls
- Demonstrate skills through simulation exercises
- Other - Describe:

If “Successful completion of a post-test” is selected, please specify the minimum passing score:

If other criteria, please specify:

Basic Information

For activities seeking **AAPA credit**, select the activity type that best describes the planned activity.

The most commonly used types are:

Live Program: learners participate synchronously with presenters, either in-person or virtually (ex. course, webinar)

Enduring Activity: learners participate asynchronously with the content, there is not a specific time or location designated. (ex. online course, podcast)

Regularly Scheduled Series: live, in-person or virtual activities planned for the same audience on a regular schedule (ex. case conferences, Grand Rounds, Journal Clubs, M&M, Tumor Boards)

Contact VCU Health Continuing Education for more information about the other activity types.

AAPA

AAPA Activity Type:

- Live Program
- Enduring Activity
- Self-Assessment CME
- Performance Improvement
- Regularly Schedules Series
- Precepting for Accredited PA Programs
- Hospital and Health-System Quality Improvement

Basic Information

Select all of the appropriate credit types for your activity.

Most Frequently Used:

- AAPA Category 1 CME credit for physician assistants
- ACPE credit for pharmacists and pharmacy technicians
- **AMA PRA Category 1 Credit™** for physicians
- ANCC credit for nurses
- APA credit for psychologists
- ASWB ACE credit for social workers

*Many other professions accept participation in activities designated for **AMA PRA Category 1 Credit™** for Virginia licensure renewal, including but not limited to: nurse practitioner, occupational therapist, physician assistant, physical therapy, speech-language pathology*

Type of Credit Requested

Type of Credit Requested ⓘ

- | | |
|---|--|
| <input checked="" type="checkbox"/> AMA PRA Category 1 Credits™ | <input checked="" type="checkbox"/> Non-Physician Attendance |
| <input type="checkbox"/> AAFP - American Academy of Family Physicians | <input type="checkbox"/> AAP - American Academy of Pediatrics |
| <input checked="" type="checkbox"/> ACPE - Accreditation Council for Pharmacy Education | <input checked="" type="checkbox"/> ANCC - American Nurses Credentialing Center |
| <input type="checkbox"/> ABP MOC Part 2 | <input type="checkbox"/> ASET - The Neurodiagnostic Society ACE |
| <input type="checkbox"/> General Attendance - Attendance without CE credit | <input type="checkbox"/> ADA CERP - American Dental Association Continuing Education Recognition Program |
| <input checked="" type="checkbox"/> APA - American Psychological Association | <input type="checkbox"/> ABIM MOC Part 2 |
| <input checked="" type="checkbox"/> AAPA Category 1 CME credit | <input type="checkbox"/> ABA MOCA Part 2 |
| <input checked="" type="checkbox"/> ASWB Approved Continuing Education (ACE) | <input type="checkbox"/> General Attendance |
| <input type="checkbox"/> Participation - Ineligible for ACPE credit | <input type="checkbox"/> AAPA Category 1 PI-CME |
| <input type="checkbox"/> AOTA Contact Hours | <input checked="" type="checkbox"/> IPCE - Interprofessional Continuing Education Credit |
| <input type="checkbox"/> ASHA CEUs - Intermediate | <input type="checkbox"/> ASHA CEUs - Introductory |
| <input type="checkbox"/> ASHA CEUs - Various | <input type="checkbox"/> AOTA CEUs |
| <input type="checkbox"/> AOTA Introductory, Professional Issues CEUs | <input type="checkbox"/> ASHA CEUs - Advanced |
| <input type="checkbox"/> AOTA Intermediate, Foundational Knowledge CEUs | <input type="checkbox"/> AOTA Introductory, Foundational Knowledge CEUs |
| <input type="checkbox"/> AOTA Advanced, Foundational Knowledge CEUs | <input type="checkbox"/> AOTA Introductory, Occupational Therapy Service Delivery CEUs |
| <input type="checkbox"/> AOTA Advanced, Occupational Therapy Service Delivery CEUs | <input type="checkbox"/> AOTA Intermediate, Professional Issues CEUs |
| <input type="checkbox"/> ABOHNS MOC Part II | <input type="checkbox"/> AOTA Intermediate, Occupational Therapy Service Delivery CEUs |
| | <input type="checkbox"/> AOTA Advanced, Professional Issues CEUs |
| | <input type="checkbox"/> ABPath MOC Part II |
| | <input type="checkbox"/> ABO MOC Part II |
| | <input type="checkbox"/> ABS CC |

Basic Information

The following credit types are not as common, may require additional fees, documentation requirements, and processing times:

- **AAFP – American Academy of Family Physicians** – specialized credit for family physicians
- **AAP – American Academy of Pediatrics** – specialized credit for pediatricians
- **ADA CERP – American Dental Association Continuing Education Recognition Program** – dentists and dental hygienists
- **ASET – The Neurodiagnostic Society ACE** – electrodiagnostic technicians
- **MOC Part 2 credits** for physicians boarded by:
 - **ABA MOCA** – American Board of Anesthesiology
 - **ABIM** – American Board of Internal Medicine
 - **ABO** – American Board of Ophthalmology
 - **ABOHNS** – American Board of Otolaryngology – Head and Neck Surgery
 - **ABPath** – American Board of Pathology
 - **ABP** – American Board of Pediatrics
 - **ABS** – American Board of Surgery

Note: Although AOTA and ASHA credits are listed, these are only available to pre-determined courses. Please contact us if you are interested in pursuing one or both of these credit types.

Basic Information

Select the **Activity Format** which best describes how your content will be delivered to participants.

Most common:

- Live Activity for Courses, Regularly Scheduled Series, Webinars, Virtual conferences
- Enduring Material for Internet Enduring Materials

Please note examples and information for the Activity Synopsis and Description. 

Clinical versus non-clinical is addressed on the next slide.

Enter the number of credits you are applying for.

Activity Format

Activity Format 

- | | |
|--|---|
| <input checked="" type="checkbox"/> Live Activity (in person or webinar) | <input type="checkbox"/> Enduring Material |
| <input type="checkbox"/> Journal-based CE activity | <input type="checkbox"/> Test-item writing activity |
| <input type="checkbox"/> Manuscript review activity | <input type="checkbox"/> PI CME activity |
| <input type="checkbox"/> Internet point-of-care activity | |

Activity Synopsis (optional shorter description used in lists and on the calendar) 

This is a short description used on the CE catalog listing if using the VCU Health Continuing Education registration system. Ex. Join us for this one-day program designed to teach planners how to complete a CE Activity Application.

Activity Description 

This is a longer description used in required reporting. It also is used by the application reviewers in evaluating the activity for credit approval. Ex. This one day program is designed for CE planners to learn how to complete a CE Activity Application. Participants will learn how to fill out each section of the form, including examples and definitions.

Does the content of this activity contain clinical or non-clinical (i.e. leadership, communication, ethics, professional responsibilities, etc.) or a combination of both?

- Yes, Clinical No, Non-Clinical Combination of Both

Requested Number of Credits (1 credit = 60 minutes of content participation - does not include breaks, meals, etc.) 

8

Basic Information

Indicate whether the content of your activity is clinical or non-clinical (ex. leadership, communication, ethics, etc) or a combination of both.

Conflict of interest disclosure is waived for non-clinical activities after approval by VCU Health Continuing Education.

Does the content of this activity contain clinical or non-clinical (i.e. leadership, communication, ethics, professional responsibilities, etc.) or a combination of both?

Yes, Clinical

No, Non-Clinical

Combination of Both

Basic Information

Enter the Activity **Location** (actual or proposed), **Date** and **Times**

Proposed Location:

Venue (NA for Enduring) 

Enter actual or proposed venue Ex: Hilton

City 

Richmond

State

VA 

Proposed Dates and Times:

Enter the activity Start and End Dates - *for Regularly Scheduled Series the start and end date should be the same.*

Start Date 

01/31/2019



End Date 

01/31/2019



Enter the activity Start and End Times (if applicable)

Start Time 

08:00 AM

End Time 

05:00 PM

Timezone 

(GMT -5:00) Eastern Time (US & Canada), Bogota, Lima 

Basic Information

If seeking Maintenance of Certification (MOC) Part 2 points for physicians, select Yes and complete additional fields. The number of points should not exceed the number of CE credits requested.

ABIM

MOC

Requesting MOC? ?
 Yes No

Select the applicable MOC credit type(s): ?
 ABIM MOC ABA MOCA 2.0 ABP MOC ABPath MOC
 ABO ABOHNS ABS CC

MOC Credit Type(s): ?
 Medical Knowledge Only Medical Knowledge + Patient Safety
 Medical Knowledge + Practice Assessment Medical Knowledge + Practice Assessment + Patient Safety
 Practice Assessment Only Practice Assessment + Patient Safety

Points Awarded: ?

Registration: ? Open to All Limited

Patient Safety Training? ? Yes No

ABA MOCA

MOC

Requesting MOC? ?
 Yes No

Select the applicable MOC credit type(s): ?
 ABIM MOC ABA MOCA 2.0 ABP MOC ABPath MOC
 ABO ABOHNS ABS CC

Select the applicable practice area(s): ?
 Ambulatory/Outpatient Cardiac Anesthesia
 Critical Care Medicine General Operative Anesthesia
 Hospice and Palliative Medicine Neuro Anesthesia
 Obstetric Anesthesia Pain Medicine
 Pediatric Anesthesia Regional Anesthesia/Acute Pain
 Sleep Medicine Thoracic Anesthesia
 Trauma

Points Awarded: ?

Registration: ? Open to All Limited

Patient Safety Training? ? Yes No

Basic Information

If seeking Maintenance of Certification (MOC) Part 2 points for physicians, select Yes and complete additional fields.

ABP, ABPath, ABO, ABOHNS, ABS CC

MOC

Requesting MOC? ⓘ

Yes No

Select the applicable MOC credit type(s): ⓘ

ABIM MOC ABA MOCA 2.0 ABP MOC ABPath MOC

ABO ABOHNS ABS CC

Points Awarded: ⓘ

Registration: ⓘ Open to All Limited

Patient Safety Training? ⓘ Yes No

Basic Information

Agenda

Please attach a Draft Agenda including topics, speakers with credentials, presentation start/end times, breaks/meals, etc.

Upload Agenda (Word, Excel or PDF files only):

 Add Files

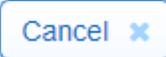
 Save and Continue  Cancel

Upload an **Agenda** for the proposed program including any breaks/meals.

A draft that does not have confirmed speakers is fine however the topics need to be clearly indicated.

Click “Save and Continue” to save application and continue to the next section.
All required fields must be complete before system will save section.

 Please review your responses above to make sure all required fields (* indicates required) are completed before continuing.

 Save and Continue  Cancel

Gap and Needs

Reference Continuing Education Planning Guide for guidance on how to identify practice gaps and educational needs.

Enter the practice gap for the target audience the program is planned for.

If seeking ACPE credit and activity is designed for both pharmacists and pharmacy technicians, the gap for pharmacists and technicians should be different and appropriate for the respective scope of practice.

Gap and Needs

Professional Practice Gap

State the professional practice gap(s) of the healthcare team/members on which the activity was based (100 words max): *

You can't leave this empty: State the professional practice gap(s) of the healthcare team/members on which the activity was based (100 words max):

Gap and Needs

Reference Continuing Education Planning Guide for guidance on how to identify practice gaps and educational needs.

Knowledge – knowing facts

Skill/Strategy – knowing how to use the facts

Performance – demonstrate the knowledge, skills/strategy in the educational activity. If this option is selected, be prepared to share how you are going to assess performance.

At least one need must be selected.

Multiple needs are not required.

Add more detail based on the Knowledge need (50 words max):

Single Profession Ex. Need for additional knowledge of the advantages and limitations of newly FDA-approved therapies.

Interprofessional Ex. Need for basic understanding of communication techniques.

Word Count: 26

Add more detail based on the Skill/Strategy need (50 words max):

Single Profession Ex. Ability to select the appropriate newly FDA-approved therapy based on knowledge of advantages and limitations.

Interprofessional Ex. Ability to utilize communication techniques.

Word Count: 26

Add more detail based on the Performance need (50 words max):

Single Profession Ex. Select appropriate newly FDA-approved therapy for patient in simulation role-plays. Learner must score at least 75% correct to earn credit.

Interprofessional Ex. Incorporate communication techniques to reduce safety errors in simulation role-play and debrief case study. To earn credit, cannot have more than 2 safety errors.

Word Count: 50

Gap and Needs

Reference Continuing Education Planning Guide for guidance on how to assess if educational needs addressed in the activity.

For interprofessional activities: Tell us what you planned the activity to change in terms of the healthcare team.

State what this CE activity was designed to change in terms of learners' skills/strategy or performance of the healthcare team or patient outcomes (50 words max):

Ex 1. The activity will identify factors contributing to mortality and provide a foundation for improved clinical practice across the entire team.

Ex 2. Learners will improve knowledge of available therapy options in order to meet the goal to achieve improvement in population outcomes (e.g. meeting therapy goals).

Ex 3. Increase knowledge of updated transplant surgical methods, treatments, and patient management strategies.

Explain how you ensured the activity was generated around valid content (50 words max):

Ex. The planning committee utilized the latest practice guidelines in developing the content for this activity.

Gap and Needs

Reference Continuing Education Planning Guide for guidance on how to assess if educational needs addressed in the activity.

For interprofessional activities: Tell us what you planned the activity to change in terms of the healthcare team.

Explain how the activity promotes active learning for the healthcare team that is consistent with the activity's desired results (50 words max):

This activity promotes dialogue among team members to develop communication skills.

Gap and Needs

Reference Continuing Education Planning Guide for guidance on how to assess if educational needs addressed in the activity.

If planning to offer non-educational intervention(s), select yes and describe. Otherwise, select no to move to next section.

Will you be providing non-educational intervention(s) with this activity?

Yes

No

If yes, please specify:

Single Profession Ex. Participants will be provided with a reference guide download.
Interprofessional Ex. Participants will be provided with a resource list for further study.

Upload Documentation to support any of the previous fields. *Not required.*

Upload Documentation if available (Accepted file types: Word, Excel, PowerPoint, PDF)

 Add Files

Gap and Needs

Select the needs assessment method used to plan the activity and provide a brief summary of the findings.

Needs Assessment

Type of needs assessment method used to plan this event; check all that apply: ⓘ

- Evidence-based, peer-reviewed literature
- Outcomes data that supports team-based education
- Quality care data
- Issues identified by colleagues
- Problematic/uncommon cases
- Ongoing consensus of diagnosis made by physician on staff
- Advice from authorities of the field or societies
- Formal or informal survey results of target audience, faculty or staff
- Discussions in departmental meetings
- Government sources or consensus reports
- Board examinations and/or re-certifications requirements
- New technology, methods or diagnosis/treatment
- Legislative, regulatory, or organizational changes impacting patient care
- Joint Commission Patient Safety Goal/Competency

Please provide a brief summary of the needs assessment findings:

A survey of target audience members indicated a need for education in diabetes management.

Upload Needs Assessment Documentation (Accepted file types: Word, Excel, PowerPoint, PDF)

[Add Files](#)

Upload Documentation to support any of the previous fields. *Not required.*

Gap and Needs

Select the barrier(s) the learners may face in making changes in practice based on the educational activity.

Barriers

No Barriers

Provider Barriers

- Clinical Knowledge/Skill/Expertise
- Recall/Confidence/Clinical Inertia
- Peer Influence
- Motivation
- Cultural Competence
- Fear/Legal Concerns

Team Barriers

- Roles and Responsibilities
- Shared Values and Trust
- Communication
- Team Structure
- Competence
- Consensus

Patient Barriers

- Patient Characteristics
- Patient Adherence

System/Organization Barriers

- Work Overload
- Practice Process
- Referral Process
- Cost/Funding
- Insurance Reimbursement
- Culture of Safety

Other Barriers

- Lack of Opportunity
- Not Enough Time

Please explain how the identified barriers will be addressed?

Single Profession Ex. Explanation of alternative therapies incorporate the cost and insurance reimbursement considerations.

Gap and Needs

Select the target audience(s) and specialty that the activity is designed for.

If designed for multiple specialties, select “Multiple Specialties” option.

Target Audience

Geographic Location:

- Internal only
- National
- Local/Regional
- International

Health Care Professional:

- Nurses
- Pharmacists
- Physicians
- Physical Therapists
- Speech-Language Pathologists
- Other (please specify)
- Occupational Therapists
- Pharmacy Technicians
- Physician Assistants
- Psychologists
- Social Workers

If other health care professional, please specify:

Be sure to click “Save and Continue” to move to the next section.

➔ Save and Continue

Specialty

- Academic/Research
- Audiology
- Cardiovascular Disease
- Dental
- Developmental Disabilities
- Dieticians
- Endocrinology
- Gastroenterology
- General Surgery
- Gynecology
- Hepatology
- Hospitalist
- Internal Medicine
- Nephrology
- Neurosurgery
- Nurse Anesthetist
- Nurse Practitioner
- Nutrition
- Obstetrics
- Oncology
- Optometry
- Otolaryngology
- Pathology
- Pharmacist
- Physical Medicine & Rehabilitation
- Physician Assistant
- Psychiatry
- Public Health
- Radiologic Tech
- Rheumatology
- Social Work
- Sports Medicine
- Therapeutic Recreation
- Women's Health
- Anesthesiology
- Behavioral Health
- Critical Care Medicine
- Dermatology
- Diagnostic Radiology
- Emergency Medicine
- Family Practice
- General Practice
- Geriatric Medicine
- Hematology
- Hospital Administrators
- Infectious Diseases
- Multiple Specialties
- Neurology
- Nuclear Radiology
- Nurse Midwife
- Nursing
- Ob/Gyn
- Occupational Therapy
- Ophthalmology
- Orthopedic Surgery
- Pain Medicine
- Pediatrics
- Pharmacy Technician
- Physical Therapy
- Podiatry
- Psychology
- Pulmonary Disease
- Radiology
- School Nurses
- Speech Language Pathology
- Statisticians
- Urology
- Wound Care

If other specialty, please specify:

Objectives and Outcomes

Enter the learning objectives for your activity. Click the + sign to add objective fields. Objectives should relate to the practice gap and activity content.

Objectives

	Number	Objective	i
+ -	1	Describe the advantages and limitations of each FDA-approved product.(Single Prof)	
+ -	2	Select the appropriate FDA-approve therapy. (Single Profession)	
+ -	3	Discuss common communication techniques used by healthcare teams (Interprofession)	
+ -	4	Demonstrate communication techniques in role-play (Interprofessional)	

Objectives and Outcomes

Select the appropriate outcomes measure(s). This should align with the practice gap. For example, if the practice gap is a knowledge gap, then at least one outcome measurement strategy from the knowledge/competence list should be selected.

Knowledge/Competence:

- Evaluation/Self-Assessment
- Audience Response System
- Customized pre- and post-test
- Customized pre-test only
- Customized post-test only
- Embedded evaluation in online activity
- Physician or patient surveys and evaluations
- Other (please specify)

If Other, please specify

Performance in Practice:

- Adherence to guidelines
- Case-based studies
- Chart audits
- Customized follow-up survey/interview/focus group about actual change in practice at specified intervals
- Physician or patient feedback, surveys and evaluations
- Reminders and feedback
- Other (please specify)

If Other, please specify

Patient/Population Health

- Change in health status measure
- Change in quality/cost of care
- Measure mortality and morbidity rates
- Patient feedback and surveys
- Other (please specify)

If Other, please specify

A copy of the results of the outcomes measures must be submitted to VCU Health Continuing Education following the activity.

Objectives and Outcomes

Select the appropriate competencies this activity is designed to address.

Resources for definitions are available:

- ACGME/ABMS: <https://www.abms.org/board-certification/a-trusted-credential/based-on-core-competencies/>
- Institute of Medicine: <https://www.ncbi.nlm.nih.gov/books/NBK221519/>
- Interprofessional Education Collaborative: <https://www.unthsc.edu/interprofessional-education/wp-content/uploads/sites/33/Core-Competencies-for-Interprofessional-Collaborative-Practice.pdf>

Objectives and Outcomes

Select the appropriate competencies this activity is designed to address.

AMA PRA Skills and Procedures - majority of activities should select:

- Verification of Attendance
- Verification of Satisfaction Completion of Course Objectives
- Contact VCU Health CE if you think Proctor Readiness or Competence to Perform Procedure is applicable to your activity.

CAPE: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3806946/>

PTCB: <https://www.ptcb.org/docs/default-source/get-certified/Guidebook.pdf>

Planners and Faculty

Enter the planning committee members and faculty/presenters, if known.

Planning committee must represent your audience! If you want to offer nursing credit, you must have a nurse. If you want to offer pharmacist credit, you must have a pharmacist.

Be sure the planner and faculty email addresses' are entered correctly. The system will automatically send each planner and faculty an email from ceinfo@vcuhealth.org with instructions to complete an electronic COI form.

Planners entered will also have access to edit the application.

All members of the planning committee must complete a conflict of interest disclosure form before the application will be reviewed.

	Email Address	Full Name (first and last)	Degree	Role on Committee	Disclosure
+ -	andrea.perseghin@vcuhealth.org	Andrea Perseghin, MEd		Activity Director ▾	Disclosure
+ -	john.doe@noemail.com	John Doe	PharmD	Co-Course Direc ▾	

In this example, Andrea Perseghin has a disclosure form on file.

John Doe does not.

Users can click on "Disclosure" to view the form and any relevant financial relationships.

This feature is replicated in the faculty/presenter fields (below).

Credit cannot be granted if employees of a pharmaceutical or medical device manufacturer were involved with the identification of speakers and/or topics.

	Faculty Email Address	Faculty/Presenter Full Name	Faculty Degree	Disclosure
+ -	wendi.martin@vcuhealth.org	Wendi Martin, BS	BS	Disclosure
+ -	Tamara.Hunter@vcuhealth.org	Tamara Hunter	BS	

Planners and Faculty

The Activity Coordinator serves as the primary point of contact for the activity. VCU Health Continuing Education staff will communicate with this person regarding the CE Activity Application and subsequent activity documentation process.

Activity Coordinator, if applicable:

Activity Coordinator's Name:

Activity Coordinator's Email Address:

Activity Coordinator's Address:

Activity Coordinator's Phone: [i](#)

Activity Coordinator's Fax: [i](#)

Services Requested

Use of the VCU Health Continuing Education registration system is not required.

If planning to use, please share this information to facilitate building the registration form and website.

Services Requested

- Yes, we will use the online registration, evaluation, and certificate download service available at an additional fee
- No, we will use an alternative registration and evaluation system

If using the online registration system, please list the types of registration and fees, including any discounts (early, late fees, etc.):

	Registration Type i	Fee
+ -		
+ -		
+ -		

VCU Health CME's standard refund policy is registration fee, less a 15% non-refundable administrative fee, will be refunded only if written notice of cancellation is received via email on or before [date]. No refunds after this date.

Please list the refund policy, if different from VCU Health CME's standard refund policy: i

Services Requested

Please share how the activity is funded (actual or planned).
If seeking independent medical education grants or in-kind donations, additional requirements and fees apply.

Activity Funding

Please contact your CME representative if planning to seek independent medical education grants or in-kind donations from pharmaceutical and/or device manufacturers.

Select all that apply:

- Independent medical education grants
- Exhibit Fees
- Registration Fees
- Department/Hospital/Foundation/Organization/Professional Society Funds
- In-kind donations, describe below
- Other, describe below

If in-kind donation, please describe:

If other funding, please describe:

Services Requested

Please share the activity billing contact.

VCU Health Continuing Education will send invoices to this person directly.

Billing Information

Billing contact name:

Billing contact email address:

Billing contact phone number: