


# CE Activity Application Instructions

1. Go to <https://vcu.cloud-cme.com> and click “Sign In”
  - If you have an @vcuhealth.org email address, click “Sign in with your VCU Health ID”
  - All others should click “Sign in with your email and password”
  - If you do not have an account, click “Sign in with your email and password” to create a new account
    - On the next screen click “Don’t have an account” and complete the required fields
2. After signing in, click “Application”

# On the next screen click the “New Application” button



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

Sign OutLive CoursesRSS CalendarOnline CoursesAboutContact UsHelpFacultyMy CE

CE Application

Instructions:  
If you have any questions or concerns during this time, please contact VCU Health CME at 804-828-3640.  
We apologize for any inconvenience.

NEW APPLICATION

Admin User Lookup

Filter By Application Status:  
Hide Approved

Search By Event Name:  
SearchFind Disclosures

Export XLS

ACTIVITYID	ACTIVITY NAME	AUTHOR	PLANNERS	LAST REVISED	DISCLOSURE STATUS

# Required fields are highlighted in red until data is entered.

Basic Information
Gap and Needs
Objectives and Outcomes
Planners and Faculty
Services Requested
Files - upload/download
Comments
Return To Applications List

**Basic Information**

Please specify the following for your activity.

Activity Title ⓘ

CE Activity Application Instructions

Organization/Department \*

Date Planning Started \*

mm/dd/yyyy

**Accreditation Type:**

Select all that apply: \* ⓘ

☐ ACCME (Physicians)

☐ ANCC (Nurses)

☐ ACPE (Pharmacists and/or Pharmacy Technicians)

☐ Joint Accreditation (Interprofessional)

Directly Provided (internal partner within VCU/VCUHS)

Jointly Provided (external partner)

Activity Type \* ⓘ

**Learner Engagement Strategies: (Select all that apply)**

☐ Interactive opportunities for dialogue or question/answer

## Accreditation Type

- Select all of the appropriate accreditation type for your activity:
  - **ACCME** – for programs seeking **AMA PRA Category 1 Credit™** with physicians as a target audience.
  - **ACPE** – for programs seeking ACPE credit with pharmacists and/or pharmacy technicians as a target audience.
  - **ANCC** – for programs seeking ANCC contact hours with nurses as a target audience.
  - **Joint Accreditation** – for programs designed for the healthcare team, by the healthcare team. Two of the other types must also be selected when selecting the Joint Accreditation option.

# Activity Type

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

## **Providership:**

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

## **Most commonly used:**

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

## **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

# ANCC Activity Type

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

**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)

# ACPE Activity Type

**Knowledge-Based (K):** Activity primarily constructed to transmit knowledge (i.e., facts). The facts must be based on evidence as accepted in the literature by the health care professions. The minimum amount of credit for these activities is 15 minutes or 0.25 contact hour.

**Application-Based (A):** Activity primarily constructed to apply the information learned in the time frame allotted. The information must be based on evidence as accepted in the literature by the health care professions. The minimum amount of credit for these activities is 60 minutes or one contact hour.

**Practice-Based (P):** Activity primarily constructed to instill, expand, or enhance practice competencies through the systematic achievement of specified knowledge, skills, attitudes, and performance behaviors. The information within the practice-based CPE activity must be based on evidence as accepted in the literature by the health care professions. The formats of these CPE activities should include a didactic component (live and/or home study) and a practice experience component (designed to evaluate the skill or application). The provider should employ an instructional design that is rationally sequenced, curricular based, and supportive of achievement of the stated professional competencies. The minimum amount of credit for these activities is 15 contact hours.



# Learner Engagement Strategies

Select the strategy(ies) that will be implemented to engage learners in the activity.

**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:

# Criteria for Awarding Credit

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:

 80

If other criteria, please specify:



# Assessment and Feedback

Describe the techniques that will be utilized to provide participants to assess achievement of learned content. This is required for programs seeking ACPE credit and must be aligned with the activity type.

***Knowledge-based activities*** – must include assessment questions to determine recall of facts.

***Application-based activities*** – must include case studies structured to address application of the principles learned.

***Practice-based activities*** – must include formative and summative assessments that demonstrate that the participants have achieved the stated objectives.

Examples:

- Self-assessment or pre-test/post-test questions developed to reinforce the learning objectives and to assess learners.
- Question and answer sessions incorporated at the end of the activity to allow participants to assess their learning, with correct answers with rationale provided.
- Case study discussion exercises incorporated into activity with correct answers and rationale provided.
- Demonstration exercises incorporated into activity allowing participants to demonstrate skills and receive feedback from instructors.

## Type of Credit Requested

Select all of the appropriate credit types for your activity. The most common include:

- ***AMA PRA Category 1 Credit™*** - physicians  
Nurse midwives, nurse practitioners, physical therapists, and physician assistants can use certificates of attendance at an AMA approved event to fulfill CE requirements
- **ACPE – Accreditation Council for Pharmacy Education** – pharmacists and/or pharmacy technicians
- **ANCC – American Nurses Credentialing Center (contact hours)** – nurses
- **Non-Physician Attendance** – select if need certificate for other health professionals documenting attendance at AMA approved event

## Type of Credit Requested

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

- **ADA CERP – American Dental Association Continuing Education Recognition Program** – dentists and dental hygienists
- **AAFP – American Academy of Family Physicians** – specialized credit for family physicians
- **AAP – American Academy of Pediatrics** – specialized credit for pediatricians
- MOC Part 2 credits for physicians boarded by:
  - **ABA MOCA** – American Board of Anesthesiology
  - **ABIM** – American Board of Internal Medicine
  - **ABP** – American Board of Pediatrics
  - **ABPN** – American Board of Psychiatry and Neurology

# Activity Format

- Select the **Activity Format** which best describes how your content will be delivered to participants.
  - Most common:
    - Live Activity for Courses, Regularly Scheduled Series
    - Enduring Material for Internet Enduring Materials

**Activity Format**

Activity Format ⓘ

☒ Live Activity (in person or webinar)

☐ Journal-based CE activity

☐ Manuscript review activity

☐ Internet point-of-care activity

☐ Enduring Material

☐ Test-item writing activity

☐ PI CME activity

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

This is a shorter description used on the CE catalog listing if using the 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. 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.

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


8

# Proposed Location, Dates 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 

# MOC

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

## ABIM

**MOC**

Requesting MOC? ⓘ  
☒ Yes ☐ No

Select the applicable MOC credit type(s): ⓘ  
☒ ABIM MOC ☐ ABA MOCA 2.0 ☐ ABP MOC ☐ ABPath MOC

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

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



# MOC

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

## ABP

**MOC**

Requesting MOC? ⓘ

☒ Yes ☐ No

Select the applicable MOC credit type(s): ⓘ

☐ ABIM MOC ☐ ABA MOCA 2.0 ☒ ABP MOC ☒ ABPath MOC

Points Awarded: ⓘ

Registration: ⓘ

☒ Open to All ☐ Limited

Patient Safety Training? ⓘ

☐ Yes ☒ No


# Agenda


- 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.
- For ANCC activities less than 3 hours, please download the Education Planning Table word document file and upload in lieu of an agenda.

Click “Save and Continue” to save application and continue to the next section.

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

 Add Files

 Save and Continue

Cancel 

# Gap and Needs

This section is documenting the practice gap and need for the educational activity. Below are examples and guidance in completing the required questions.

# Single Profession

Provide the practice gap and educational need 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

What is the “problem or gap in practice” (difference between current state and desired state or opportunity for improvement) that this activity is designed to address? ⓘ

Describe what the gap in practice is, the difference between the current state and what the desired state is for your target audience in the educational activity you are designing.

Ex. New pharmaceutical therapies are available, and patients are asking for them. Physicians are not aware of the advantages and limitations of each FDA-approved product.

Evidence to validate the professional practice gap (check all methods/types of data that apply)

- ☒ Survey data from stakeholders, target audience members, subject matter experts or similar
- ☐ Input from stakeholders such as learners, managers, or subject matter experts
- ☐ Evidence from quality studies and/or performance improvement activities to identify opportunities for improvement
- ☐ Evaluation data from previous education activities
- ☒ Trends in literature, law and health care
- ☒ Direct observation
- ☐ Advice from authorities in the field/relevant medical societies, new regulations or guidelines
- ☐ Public health data
- ☐ Other (please describe)

If other evidence, please describe:

Please provide a brief summary of data gathered that validates the need for this activity:

The planning committee conducted a survey to the target audience members, finding a need for this education. Additionally, several planning committee members have observed this need and trends in healthcare with new FDA-drug approvals support a need for this activity.

# Interprofessional

Provide the practice gap and educational need for the interprofessional healthcare team.

## Gap and Needs

### Professional Practice Gap

What is the “problem or gap in practice” (difference between current state and desired state or opportunity for improvement) that this activity is designed to address? ⓘ

If this the planned education is an interprofessional program designed for and by the healthcare team, be sure that the identified practice gap addresses the team's practice gap.

Ex. Communication between members of the healthcare team is essential to ensure patient safety. The team is not utilizing communication techniques to maximize patient safety.

Evidence to validate the professional practice gap (check all methods/types of data that apply)

- ☐ Survey data from stakeholders, target audience members, subject matter experts or similar
- ☐ Input from stakeholders such as learners, managers, or subject matter experts
- ☒ Evidence from quality studies and/or performance improvement activities to identify opportunities for improvement
- ☐ Evaluation data from previous education activities
- ☐ Trends in literature, law and health care
- ☐ Direct observation
- ☐ Advice from authorities in the field/relevant medical societies, new regulations or guidelines
- ☐ Public health data
- ☐ Other (please describe)

If other evidence, please describe:

Please provide a brief summary of data gathered that validates the need for this activity:

Safety data from the performance improvement department indicate a rise in errors. Root cause analysis has determined communication as a factor.

# Gap and Needs - continued

Restate the practice gap.

State the professional practice gap(s) of your learners on which the activity was based (100 words max)

Restate the practice gap here (this is for database/reporting purposes).

Single Profession Ex. Physicians are not aware of the advantages and limitations of newly FDA-approved therapies.

Interprofessional Ex. The healthcare team is not utilizing effective communication techniques to maximum patient safety.

Word Count: 39

State the educational need(s) that you determined to be the cause of the professional practice gap(s)

☒ Knowledge Need

☒ Skill/Strategy Need

☒ Performance Need

Select the educational needs that are the cause of the professional practice gap.

Additional detail fields are required based on selections.

**Knowledge – Facts**

**Skill/Strategy/Competence –** What you could do if you do it.

**Performance –** Incorporating what have learned in practice

# Educational Needs- continued

## 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.

Interprofessional Ex. Incorporate communication techniques and reduce patient safety errors.

Word Count: 21

Not all activities will address all three needs.  
A minimum of one must be selected.

# Educational Needs – continued

Describe why the activity format (live activity, online enduring material, etc) is appropriate to meet the objectives and educational need of the activity.

**Explain why this educational format is appropriate for the setting, objectives and desired results of this activity (25 words max):**

Single Profession Ex. The online enduring material (podcast) is appropriate to provide a review of newly FDA-approved therapies. It provides an on-demand resource for participants to listen at their convenience.

Interprofessional Ex. This live workshop will provide participants with opportunities to implement communication techniques and receive immediate feedback.

*Word Count: 50*



## Educational Needs – continued

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

# Needs Assessment

Select the method(s) utilized in assessing the need for this activity.  
Upload documentation if available, not required.

## 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

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

 Add Files

# Barriers

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.

# Target Audience

Select the location, professional, and specialty(ies) this activity was designed for. These selections populate the catalog search function on the registration website.

## Target Audience

### Geographic Location:

- |  |  |
|--|--|
| <input type="checkbox"/> Internal only/RSS | <input checked="" type="checkbox"/> Local/Regional |
| <input type="checkbox"/> National          | <input type="checkbox"/> International             |

### Health Care Professional:

- |  |  |
|--|--|
| <input type="checkbox"/> Primary Care Physicians | <input checked="" type="checkbox"/> Specialty Physicians |
| <input type="checkbox"/> All RNs                 | <input type="checkbox"/> Advance Practice RNs            |
| <input type="checkbox"/> RNs in Specialty Areas  | <input type="checkbox"/> LPNs                            |
| <input type="checkbox"/> Nurse Practitioners     | <input type="checkbox"/> Pharmacists                     |
| <input type="checkbox"/> Pharmacy Technician     | <input type="checkbox"/> Physician Assistants            |
| <input type="checkbox"/> Other (please specify)  |  |

If other health care professional, please specify:

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

➔ Save and Continue

### Specialty









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

If other specialty, please specify:

# Learning Objectives

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 <span>i</span>
 	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)


If seeking ACPE credit: Include separate objectives for pharmacists and pharmacy technicians.

All learning objectives must align with ACPE activity type verbs. For more information:  
<https://www.acpe-accredit.org/pdf/BloomsTaxonomyActivityTypesGuidanceJuly2017v3.pdf>

## ACPE Pharmacist Objectives

	Number	Objective <span>i</span>
	1	

## ACPE Pharmacy Technician Objectives

	Number	Objective <span>i</span>
	1	

# Outcomes

Describe the desired outcome as a result of participation in the learning activity.

**Outcomes**

**Desired learning outcome(s)** (What will the outcome be as a result of participation in this activity?  
Your outcome should be related to the gap in practice.)

Single Profession Ex: Participants will have an increased knowledge of the new FDA-approved therapies and the advantages and limitations of each.

Interprofessional Ex: The healthcare team will have an increased knowledge of and skills in communication techniques.

For activities seeking ANCC credit, indicate the impact area of the learning outcome.

**Where was the impact area of the learning outcome (check all that apply):**

- ☒ Nursing Professional Development
- ☐ Patient Outcomes
- ☐ Other (please describe)

**If other impact area, please describe:**

# Outcome Measures

Describe how the learning will be measured. For the majority of activities, this is a post-activity evaluation form or post-test.

**Outcome Measure(s)** (A quantitative statement as to how the desired learning outcome will be measured):

Single Profession Ex.: A post-activity evaluation measuring the learner's commitment to change and confidence in making the change will be utilized, in conjunction with a post-test assessment of knowledge gain.

Interprofessional Ex.: Team communication skills will be assessed in role-play simulations throughout the workshop, as well as a post-activity evaluation measuring the learner's commitment to change and confidence in making the change.

# Outcome Measures Continued

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 will need to be submitted following the activity for accreditation requirements.



# Competencies

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>

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.

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

Be sure the planner and faculty email addresses' are entered correctly. The system will automatically send each planner and faculty an email from [cmeinfo@vcuhealth.org](mailto:cmeinfo@vcuhealth.org) with instructions to complete an electronic COI form.

Planners entered will have access to edit the application.

	Email Address	Full Name (first and last)	Degree	Role on Committee	Disclosure
 	andrea.perseghin@vcuhealth.org	Andrea Perseghin, MEd		Activity Director ▼	<a href="#">Disclosure</a>
 	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	<a href="#">Disclosure</a>
 	Tamara.Hunter@vcuhealth.org	Tamara Hunter	BS	

# Activity Coordinator


The Activity Coordinator serves as the primary point of contact between CE staff and the planning partner throughout the CE process.

## Activity Coordinator, if applicable:


Activity Coordinator's Name:


 Mary McLeese


Activity Coordinator's Email Address:


 mary.mcleese@vcuhealth.org


Activity Coordinator's Address:

 Box 980048

Activity Coordinator's Phone: 

 804-828-3640

Activity Coordinator's Fax: 

 804-828-7438

# Services Requested

This page is used to notify CE staff if the activity will utilize the CE registration system.

## 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 <span>i</span>	Fee
<span>+</span> <span>-</span>	Physician (early, until 3/15/2019)	100
<span>+</span> <span>-</span>	Physician (late, after 3/16/2019)	125
<span>+</span> <span>-</span>	Healthcare professional (early, until 3/15/2019)	75
<span>+</span> <span>-</span>	Healthcare professional (late, after 3/16/2019)	100

**Please list the refund policy, if different from VCU Health CME's standard refund policy is to retain \$60 administrative fee if written notice of cancellation is received at least two weeks before the event:** i

No refunds

# Activity Funding

Please share how this event will be funded.

If seeking independent medical education grants or in-kind donations, additional requirements apply and CE staff will reach out to planners to review.

## 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:



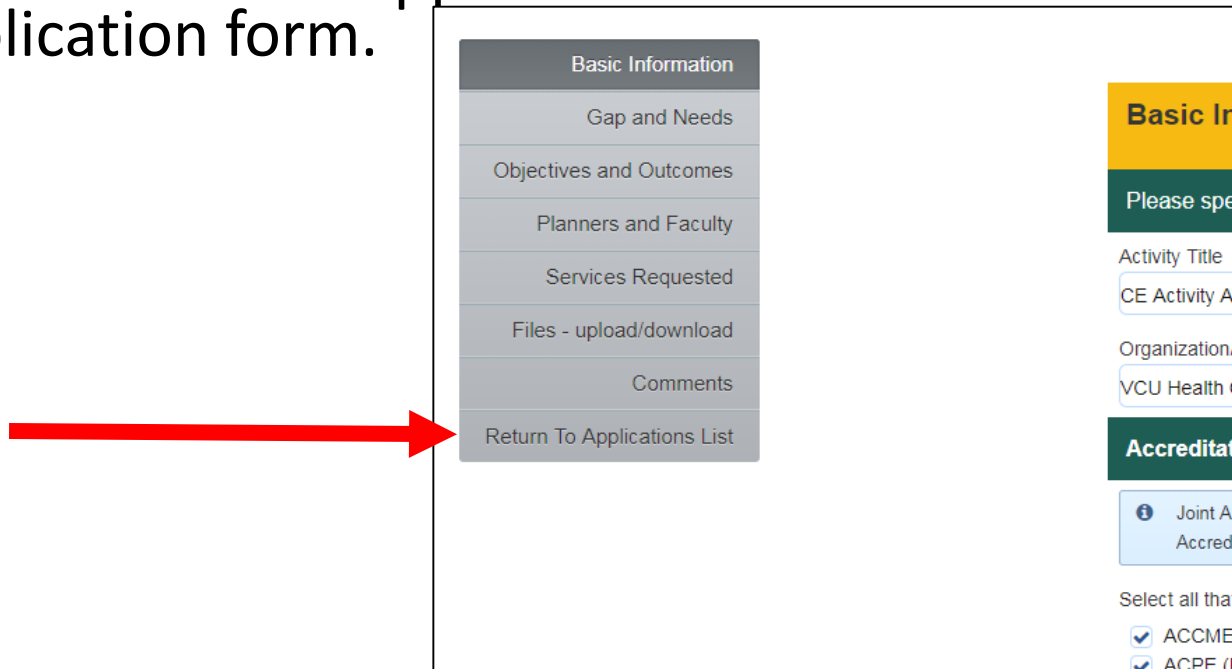
If other funding, please describe:



# Submitting the Application

Once your application is complete, follow these instructions to submit for CE staff 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 screenshot shows a web application interface. On the left, there is a vertical menu bar with several options: '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' button. To the right of the menu bar, the main content area is partially visible, showing a 'Basic Information' section with a yellow header and a 'Please specify' section with a dark green header. Below these, there are input fields for 'Activity Title' (containing 'CE Activity Ap'), 'Organization/Unit' (containing 'VCU Health C'), and a section for 'Accreditation' with a blue header. Under 'Accreditation', there is a checkbox for 'Joint Accreditation' and a section 'Select all that apply' with checkboxes for 'ACCME' and 'ACPE (P)'. The 'Return To Applications List' button is located at the bottom of the menu bar.

## Submitting the Application, continued

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.

13978	CE ACTIVITY APPLICATION INSTRUCTIONS	Andrea Perseghin Reviewer, MEd	1/21/2019 10:48:18 AM	Tamara Hunter does not have a disclosure on file. John Doe, PharmD does not have a disclosure on file.	DISCLOSURES REQUIRED	COPY	DELETE
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*Contact your CE representative who can assist in this situation to ensure timely review.*

# Submitting the Application, continued

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



The page will reload with a pop-up message confirming the submission. You will also receive an email with a PDF copy of the application.

