**APPLICATION FOR AN ACCREDITED**

**CONTINUING EDUCATION ACTIVITY**

**All jointly provided activities undertaken by PACE are planned and implemented in accordance with the Joint Accreditation Criteria for Accreditation and all other accrediting body requirements that may apply to this activity. Accordingly:**

* PACE will be the final authority for all aspects of the planning process, including, but not limited to, the gap analysis, learning objectives, activity design, faculty selection, and evaluation metrics.
* All activities must comply with the ACCME *Standards for Integrity and Independence in Accredited Continuing Education*, the FDA *Final Guidance on* *Industry‑Supported Scientific and Educational Activities*, and, if designed for physician learners, the AMA Opinions regarding the Physician’s Recognition Award and *Gifts to Physicians from Industry*.
* All activities must be for scientific and educational purposes only; the educational content of activities must be accepted by the profession(s) constituting the target audience as being within the science/scope of practice of the intended audience(s) and applicable to the provision of healthcare to the public.

**PART 1: JOINT PROVIDER INFORMATION**

|  |  |
| --- | --- |
| Applicant | |
| Organization Name |  |
| Tax ID |  |
| Address |  |
| City, State, Zip |  |
| Organization Website |  |
| Primary Contact Name |  |
| Primary Contact Telephone |  |
| Primary Contact Email |  |

**CE Staff**

List all staff, planners, editors, etc. employed (or contracted) by your organization who are involved in choosing topics and faculty or content development for this accredited continuing education activity (*identified individuals will be required to complete a financie relationship disclosure form*).

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Email: |  |
| Name: |  | Email: |  |
| Name: |  | Email |  |

**Activity Title**

**PART 2: ACTIVITY INFORMATION**

|  |
| --- |
|  |

**Professional Practice Gap(s)**

Provide a brief description of the professional practice gap(s) you are trying to address. *What problems are you trying to solve? What are your learners doing that they should NOT be doing; or, conversely, not doing that they SHOULD be doing?*

|  |
| --- |
|  |
| Source/Citation(s)\*: |

\**Examples: surveys of the intented audience , previous evaluations/outcomes data, recent research, peer review/update course, self-assessmen tests, expert opinion, national guidelines/specialty society guidelines, departmental requirement, institutional requirement, morbidity/mortality data, medical audits/QI reviews, literature review, consensus reports, new technique/material, faculty and/or planning committee’s perception.*

**Underlying Educational Needs**

List the educational need(s) that is the cause of the gap(s) stated above [*e.g., Incidence of wrong site surgery is too high (gap). The underlying educational need is to learn how to implement communication strategies amongst care team members (competency need)*]:

|  |  |
| --- | --- |
| Knowledge Need  ***and/or***  *(to learn/understand)* |  |
| Competence Need  ***and/or***  *(know how to use it)* |  |
| Performance Need  ***and/or***  *(to apply it)* |  |

**Intended Change**

Accredited CE activities must be designed for a potential outcome of changing *competence, performance, and/or patient health*. Change in knowledge only is NOT an acceptable outcome for CE. Activities intended for **non-physician audiences only** may be designed for the potential outcome of changing knowledge. This activity is designed to bring about a change in:

|  |  |  |  |
| --- | --- | --- | --- |
| Knowledge | Competence | Performance | Patient Outcomes |

**Learning Objectives**

List measurable learning objectives that are applicable for each educational need, target audience, and expected results.

|  |
| --- |
| **OBJECTIVE 1** |
|  |
| **OBJECTIVE 2** |
|  |
| **OBJECTIVE 3** |
|  |
| **OBJECTIVE 4** |
|  |

**Target Audience**

Indicate the profession(s) of the intended learner.

|  |  |  |  |
| --- | --- | --- | --- |
| Physician | Physician Assistant/Physician Associate | | Pharmacist |
| Registered Nurse | Nurse Practitioner/Other APRN | | Psychologist |
| Social Worker | Dietician | | Optometrist |
| Dentist | Other |  |

If the audience includes physicians, what physician competencies will this activity be designed to address?

|  |  |  |
| --- | --- | --- |
| **ACGME/ABMS** | **Institute of Medicine** | **Other** |
| Patient Care and Procedual Skills | Provide Patient-centered Care | Leadership |
| Medical Knowledge | Work in Interdisciplinary Teams | Shared Leadership |
| Practice-based Learning & Improvement | Employ Evidence-Based Practice | Cultural/Diversity |
| Interpersonal and Communication Skills | Apply Quality Improvement |  |
| Professionalism | Utilize Informatics |  |
| Systems-based Practice |  |  |

**Interprofessional Continuing Education (IPCE)**

Is this activity intended to be IPCE, wherein an interprofessional team (e.g., physicians and nurses; physicians and psychologists, etc.) develops and presents the content to members of the same professions, emphasizing team-based, collaborative action?

|  |  |
| --- | --- |
| Yes | No |

**Interprofessional Continuing Education (cont’d)**

If yes, what interprofessional collaborative practice competencies will this activity be designed to address?

|  |  |
| --- | --- |
| **Interprofessional Education Collaborative Competencies** | |
| Values/Ethics | Roles/Responsibilities | |
| Interprofessional Communication | Teams and Teamwork | |

**Barriers**

Identify barriers to change for the healthcare team associated with this activity, and list strategies to remove, overcome, or address those barriers.

**Barriers to Change for the Healthcare Team *(complete all that apply)*:**

|  |  |
| --- | --- |
| **BARRIER TO CHANGE** | **EDUCATIONAL STRATEGY / CONTENT**  **THAT WILL ADDRESS THE BARRIER** |
| Patient/Family Cultural Beliefs & Behaviors |  |
| Lack of Consensus of Guidelines |  |
| Lack of Time to Implement New Skills/Behaviors |  |
| Resistance to Interprofessional Collaboration |  |
| Other (explain) |  |

**System Barriers *(complete all that apply)*:**

|  |  |
| --- | --- |
| **BARRIER TO CHANGE** | **EDUCATIONAL STRATEGY / CONTENT**  **THAT WILL ADDRESS THE BARRIER** |
| Technical Skills |  |
| Lack of Time to Assess/Counsel Patients |  |
| Inadequate Reimbursement |  |
| Lack of Time for Implementation of New Skills or Practices |  |
| Professional Interpersonal Communications |  |
| Lack of Consensus on Professional Guidelines |  |
| Institution Doesn’t Support Educational Efforts |  |
| Technology Not Available or Inadequate |  |
| Policy Issues Within Institutions |  |
| Formulary Restrictions |  |
| Other (explain) |  |

**Activity Type**

**PART 3: ACTIVITY DESIGN**

Identify the format(s) of the proposed activity(ies).

**Live Course**

(An activity *where the learner participates in real-time at a specific date/time.*)

Where will the activity take place (select all that apply)?

|  |  |  |  |
| --- | --- | --- | --- |
| In Person |  | | |
| Live Streamed/Webinar |  | | |
| Anticipated Number of Credits | |  |

Will this live activity occur more than once with the same content?

|  |  |
| --- | --- |
| Yes | No |

|  |  |
| --- | --- |
| Date | City, State or URL |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Enduring Material**

*(An activity where the content is available for the learner to complete at a time of the learner’s choosing [e.g., archived webcast, online case study, monograph/newsletter, podcast, etc.])*

Where will the activity take place (select all that apply)?

|  |  |  |  |
| --- | --- | --- | --- |
| Online |  | | |
| Print/Other |  | | |
| Planned Release Date | |  |
| URL (required if online) | |  |
| Anticipated Number of Credits | |  |

**Journal-based CME/CE**

*(An activity in which the learner reads one or more articles or adapted formats from a peer-reviewed professional journal.)*

|  |  |
| --- | --- |
| Planned Release Date |  |
| Anticipated Number of Credits |  |

**Regularly Scheduled Series**

*(An activity that is a series of multiple, ongoing sessions primarily planned by and presented to the organizations profession staff)*

|  |  |
| --- | --- |
| Planned Release Date |  |

**Activity Type (cont’d)**

**Performance Improvement**

*(An activity structured as a three-stage process by which a physician or group of physicians learn about specific performance measures, assess their practice using the selected performance measures, implement interventions to improve performance related to these measures over a useful interval of time, and then reassess their practice using the same performance measures)*

|  |  |
| --- | --- |
| Planned Release Date |  |

|  |  |
| --- | --- |
| **Other** |  |

**Methods to Engage Learners**

Adult learners attain better results when they are engaged in their own learning. What interactive method(s) will be used (*check all that apply, at least one*)?

|  |  |
| --- | --- |
| **Didactic Lectures** - Peer-to-peer learning that allows for real-time questions and answers and direct access to experts in their field. | **Case Study/Review** - Provides an account of an actual problem or situation an individual or group has experienced. |
| **Group Discussion** - Provides an opportunity for learners to think together constructively for purposes of learning, solving problems, making decisions, and/or improving human relations. | **Formal Debate** - Allows controversial topics to be explored from pro and con points of view, engaging audience response to debaters. |
| **Question/Answer** - Allows audience to relate personal issues and queries to subjects discussed. | **Clinical Simulation** - Provides a standardized method for an individual or a team of clinicians to develop and/or improve their individual and team skills in the diagnosis and management of a patient or clinical situation. |
| **Hands-on Workshop** - Allows for hands-on practice. | **Audience Response System** (or live audience participation via smart phone) |
| ☐ **Peer Detailing** - An Implementation science approach to education, which enhances patient care and self-management utilizing a peer leader/small group model. | **Other**, please describe: |

**Type of Credit Desired**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| AMA (MDs, DOs, PAs) | | ANCC (RNs, APRNs) | | ACPE (Pharmacists) | |
| AAPA (Physician Assistants/Associates) | | APA (Psychologists)\* | | CDR (Dietitians) | |
| ASWB (Social Workers)\* | | ADA-CERP (Dentists) | | COPE (Optometrists) | |
| Other |  | | \*Requires a minimum of 1 hour in length. | |

**Supplemental Educational Tools** (*if applicable*)

Involves the use of supplemental educational tools or processes that are not actually part of the CE activity but support learners’ changes in practice. Example: Online resources or guidelines provided with the course to ensure that learners stay informed of changes/updates, affording opportunities for advanced learning.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Email Reminder | | Sample Letters | | Patient Education Cards | |
| Algorithm | | Pocket Chart | | Ancillary Case Study |
| Other |  | |

**Evaluation Method(s)**

**Part 4: Faculty (Course Chair, Speakers, Teachers, Authors, Planning Committee, etc.)**

|  |  |
| --- | --- |
| Standard Level 4 Evaluation (PACE to provide template with required questions) | |
| PACE Advanced Outcomes Services (up to Level 5; additional fees apply) | |
| Other Advanced Outcomes | |
| Pre- and/or post-test |
| Case study analysis |
| Follow-up survey (30, 60, 90 days post activity) |

|  |  |
| --- | --- |
| Other |  |

***Attach Additional Faculty Information Sheet if Needed***

|  |  |  |
| --- | --- | --- |
| **Activity Director(s):** | **Name** |  |
| Title/Affiliation |  |
| **Name** |  |
| Title/Affiliation |  |
| **Faculty/Speakers, etc:** | **Name** |  |
| Title/Affiliation |  |
|  | **Name** |  |
|  | Title/Affiliation |  |
|  | **Name** |  |
|  | Title/Affiliation |  |
|  | **Name** |  |
|  | Title/Affiliation |  |
|  | **Name** |  |
|  | Title/Affiliation |  |

Will commercial support be solicited for this activity?

**PART 5: ACTIVITY SUPPORT**

|  |  |
| --- | --- |
| Yes | No |

If yes, list any potential commercial entities that could provide support for the activity.

|  |  |
| --- | --- |
| Organization(s) |  |
|  |  |
|  |  |
|  |  |

Will exhibitor/sponsorship fees be solicited for this activity?

(Exhibits/sponsorship opportunities are considered promotional and separate from commercial support. PACE requires separation of these two funding sources to ensure compliance with accreditation and regulatory guidelines.)

|  |  |
| --- | --- |
| Yes | No |

**THIS COMPLETES THE APPLICATION PROCESS – THANK YOU!**

**Internal Use Only**

**Approved**

Yes  No (include reason):

Provisional Approval, Pending:

Approved for IPCE

**Activity Type (ACPE, if applicable)**

Knowledge  Application

**Topic Designator (ACPE, if applicable)**

01 - Disease State Management/Drug Therapy  02 - AIDS Therapy

03 - Law Related to Pharmacy Practice  04 – Pharmacy Administration

05 - Patient Safety  06 - Immunization

07 – Compounding  08 - Pain Management

99 – Additional Topic Areas

**ASWB Credit Type (if applicable)**

Clinical  Ethics  Cultural Competency  General

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PACE Scientific Director Date