

Continuing Education Activity Application

* Activity Director:

* Activity Coordinator/Contact:

* Contact Phone Number:

* E-mail Address:

* Please Provide the MHC site this activity is being requested for or the affiliation to McLaren?

* Will this activity be offered to other subsidiaries? Yes No

* Type of Education: Select Here for Definitions

- Regularly Scheduled Series
- Live Course
- Journal CE
- Committee Learning
- Enduring Materials

- Manuscript Review
- Learning from Teaching
- Internet Searching and Learning
- Performance Quality Improvement
- Test-Item Writing
- Other/Blended

* Location of Activity:

* Date(s) and/or frequency of activity (Exact Date, Monthly, Weekly, etc.)

* Time of Activity:

* Activity Title:

* Number of Anticipated Presenters (For multiple Presentations an additional form and agenda will be required):

* Statement of Need: What practice-based problem, or gap, will this education program address? (Examples: Improve care coordination, better communication with patients and families, want to give better feedback to students)

* State the educational need(s) that you determined to be the cause of the professional gap(s) for **knowledge, skills/strategy, and/or performance**. (Examples: we need strategies to discuss difficult topics with family members/Patient Falls/Delivery).

*How many credits are you requesting?

(Please report time in 15-minute increments. Note: .25 credits = 15 minutes, .5 credits = 30 minutes, 1 credit = 1 hour)

*Method of Instruction: Face to face – In person Face to face - virtual
 Hybrid Enduring Materials

* What professions do you expect to be in attendance? (Through Joint Accreditation, McLaren Health Care is providing interprofessional collaboration with a team-based approach among its physicians, nurses, pharmacists, and other professions)

* Do you have a representative (speaker, planner) representing each of the target audiences mentioned: Yes No

* What type of credit(s) are you applying for?

AMA PRA Category 1 (*Medicine CME*)
AOA (*Osteopathic CME*)
CNE Credits (*Nurses*)
APA Credits (*Psychologists*)
ACPE Credits (*Pharmacists & Techs*)
ASWB ACE Credits (*Social Workers*)
CDR CPEU Contact Hours (*Dietitians*)

*Is this activity requesting Licensing credit for any of the topics below (Please confirm the format of the training meets the requirements provided by LARA)

Implicit Bias Human Trafficking Controlled Substance N/A

*Number of Anticipated Attendees (estimation is allowed):

*Learner Objectives: What changes in Skills/strategy, performance, or patient outcomes would you like this program to help learners accomplish? (Please provide clear learner objectives: Ex. Reference [Blooms Taxonomy](#) for assistance with writing objectives)

*If you are requesting credit for multiple professions, please provide at least one learner objective for this activity focused on the “interprofessional team”.

*Which of the following outcomes will be measured (Select at least one)?

Learner/Team Competence Patient Health
 Learner/Team Performance Community/Population Health

Joint Accreditation requires that educational activities be developed in the context of desirable attributes (e.g., Institute of Medicine competencies, professional competencies, healthcare team competencies.) Using the sections below, please select the competencies that this activity addresses. If requesting AOA CME credit, you must select the osteopathic competencies this activity addresses and which learning objectives are reflective of those competencies.

All Activities

(Please check all that apply)

<p><u>Institute of Medicine Competencies</u></p> <input type="checkbox"/> Provide Patient Centered Care <input type="checkbox"/> Work in Interdisciplinary Teams <input type="checkbox"/> Employ Evidence-based Practice <input type="checkbox"/> Apply Quality Improvement <input type="checkbox"/> Utilize Informatics	<p><u>Interprofessional Education Collaborative Competencies</u></p> <input type="checkbox"/> Values/Ethics for Interprofessional Practice <input type="checkbox"/> Roles/Responsibilities <input type="checkbox"/> Interprofessional Communication <input type="checkbox"/> Teams and Teamwork
--	--

Profession Specific Competencies

(Only select for professions in attendance)

<u>Physicians</u>	
<p><u>AOA Competencies (Osteopathic)</u></p> <input type="checkbox"/> Osteopathic Principles and Practice <input type="checkbox"/> Medical Knowledge and Its Application into Osteopathic Medical Practice <input type="checkbox"/> Osteopathic Patient Care <input type="checkbox"/> Interpersonal and Communication Skills in Osteopathic Medical Practice <input type="checkbox"/> Professionalism in Osteopathic Medical Practice <input type="checkbox"/> Osteopathic Medical Practice-Based Learning and Improvement <input type="checkbox"/> System-Based Osteopathic Medical Practice <p>*Please Indicate which learning objective(s) from the previous page is reflective of an Osteopathic Core Competency:</p>	<p><u>ACGME/ABMS Competencies</u></p> <input type="checkbox"/> Patient Care <input type="checkbox"/> Medical Knowledge <input type="checkbox"/> Professionalism <input type="checkbox"/> Interpersonal and Communication Skills <input type="checkbox"/> Practice Based Learning & Improvement <input type="checkbox"/> Systems-based Practice

<u>Nurses</u>
<input type="checkbox"/> Knowledge for Nursing Practice <input type="checkbox"/> Person-Centered Care <input type="checkbox"/> Population Health <input type="checkbox"/> Scholarship for Nursing Discipline <input type="checkbox"/> Quality and Safety <input type="checkbox"/> Interprofessional Partnerships <input type="checkbox"/> Systems-Based Practice <input type="checkbox"/> Informatics and Healthcare Technologies <input type="checkbox"/> Professionalism <input type="checkbox"/> Personal, Professional, and Leadership Development

<u>Pharmacists</u>
<p><u>Activity Type:</u></p> <input type="checkbox"/> Knowledge <input type="checkbox"/> Application <input type="checkbox"/> Certificate Program <p><u>Topic Designator:</u></p> <input type="checkbox"/> (01) Disease State Management/Drug Therapy <input type="checkbox"/> (02) HIV/AIDS Therapy <input type="checkbox"/> (03) Law <input type="checkbox"/> (04) Pharmacy Administration <input type="checkbox"/> (05) Patient Safety <input type="checkbox"/> (06) Immunizations <input type="checkbox"/> (07) Compounding <input type="checkbox"/> (08) Pain Management/Opioids

<u>Social Workers</u>
<p><u>Topic Area</u></p> <input type="checkbox"/> General <input type="checkbox"/> Clinical <input type="checkbox"/> Cultural Competence <input type="checkbox"/> Ethics

Psychologists

- Research
- Ethical and Legal Standards
- Individual and Cultural Diversity
- Professional Values, Attitudes, and Behaviors
- Communication and Interpersonal Skills
- Assessment
- Intervention
- Supervision
- Consultation and Interprofessional/Interdisciplinary Skills

Dieticians

- Ethics
- Communications
- Leadership and Advocacy
- Critical Thinking and Decision Making
- Informatics
- Research and Scholarship
- Quality Management
- Food, Nutrition, and Dietetics
- Education and Counseling

*Is this program being supported by a commercial grant? Yes No

Financial or in-kind support from an *ineligible company* that is used to pay all or part of the costs of a continuing education (CE) activity. Ineligible companies are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

*Is this activity being supported by monetary donations (private sector, foundations, etc.,) Yes No

*Is this activity being supported by government monetary grants? Yes No

*Will exhibitors/sponsors be participating in the program? Yes No

*Is there a fee to register for this activity? Yes No

Note: If the target Audience is an external (non-McLaren) provider a fee must be applied to comply with Stark Law

*Do you plan to discuss an unlabeled/unapproved use of a drug or medical device?

Yes No

If yes, please explain:

*I attest that I will make every effort to ensure my content for this CE activity will be 1.) free of advertising, trade/brand names, and products messages; 2.) promote improvements or quality in healthcare and not a specific proprietary business interest; 3.) Give a balanced view of therapeutic options, including the use of generic names; and 4.) Not be commercially biased in any manner.

Yes No

Once application is received and reviewed by the IPCE department, please allow at minimum **one week** for application review and approval. The Contact Person will be notified of any application questions and final decisions. The IPCE department will go over next steps with the contact person, please be conscious of the timeline for activity implementation based on the activity type selected.

Please note that credit will be awarded based on the actual hours spent in the session. Learners must sign in, complete the evaluation, and attest to their hours. The activity code to claim credit should only be provided to those learners that attended the activity. Learners will have **30 days** to claim credit in CME Tracker.

Within **one (1) week after the activity is complete**, a summary of the content, disclosure to learner and sign in sheets must be returned to the IPCE department by the contact person or Activity Director. If this requirement is not met, the IPCE department will not be responsible for verifying credit. If credit is not verified, then the contact will be responsible for notifying attendees.

Signature:

Date:

(Do not lock the document when electronically signing)

McLaren IPCE Staff Only:

Application Approved: Yes No Date Reviewed:

AOA Credit Type: Category 1-A (*50% DO Speakers*) Category 2-A (*Live-Allopathic*)
 Category 1-B (*Non-Interactive Enduring -50% DO Speakers*) Category 2-B (*Enduring*)

Social Work Credit (*Minimum of one hour to receive credit*): Yes No

Psychology Credit (*Minimum of one hour to receive credit*): Yes No

Interprofessional (*Planned by and for the team*): Yes No

List all individuals in control of content (i.e. planners, reviewers, speakers, faculty, etc.). Include name, profession, and role.

Notes: