Interprofessional Continuing Education (IPCE)
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 Speakers (An additional speaker form 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 or planner) representing each of the target audiences mentioned: ☐ Yes ☐ No

*What type of credit(s) are you applying for?
Credit Types- **Nursing:** CNE **Psychologist:** APA **Dietitians:** CDR CPEU **Pharmacists & Techs:** ACPE **Social Work:** ASWB ACE Please check all types you are applying for:
☐ AMA PRA Category 1 ☐ AOA ☐ CNE Credits ☐ ASWB ACE Credits

☐ ACPE Credits ☐ APA Credits ☐ CDR CPEU Contact Hours

*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

*Desirable core competencies this activity addresses (Only select for professions in Attendance):

ACGME/ABMS Competencies

☐ Medical Knowledge
☐ Interpersonal and communication skills   ☐ Professionalism
☐ Patient Care & Procedural Skills   ☐ Systems-based Practice
☐ Practice Based Learning & Improvement

AOA Competencies (Osteopathic)

☐ Osteopathic Principles and Practice
☐ Osteopathic Patient care
☐ Professionalism in Osteopathic Medical Practice
☐ Osteopathic Medical Practice-Based Learning and Improvement
☐ Interpersonal and Communication Skills in Osteopathic Medical Practice
☐ Systems-based Osteopathic Medical Practice
☐ Medical Knowledge and Its Application into Osteopathic Medical Practice

*Please Indicate which objective(s) from above is reflective of an Osteopathic Core Competency

Institute of Medicine Competencies (JA)

☐ Provide Patient Centered Care   ☐ Work in Interdisciplinary Teams
☐ Employ Evidence-based Practice   ☐ Apply Quality Improvement
☐ Utilize Informatics

Interprofessional Education Collaborative Competencies (Interprofessional)

☐ Values/Ethics for Interprofessional Practice   ☐ Roles/Responsibilities
☐ Interprofessional Communication   ☐ Teams and Teamwork

Pharmacy Activity Type

☐ Knowledge   ☐ Application   ☐ Certificate Program

Pharmacy Education-Topic Designator (Select one Topic)

☐ AIDS Therapy   ☐ Immunizations
☐ General Pharmacy   ☐ Disease State Management/Drug Therapy
☐ Law Related to Pharmacy Practice   ☐ Compounding
☐ Patient Safety

Social Work- (Select a Topic)

☐ General   ☐ Cultural Competence
☐ Clinical   ☐ Ethics

*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: _____

Staff Only:
Application Approved: ☐ Yes ☐ No

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

Date Reviewed:

Notes: