



**Interprofessional Continuing Education (IPCE)
Activity Application**

*Organization:

*Please provide the affiliation to MHC:

*Activity Coordinator/Contact:

*Contact Phone Number:

*E-mail Address:

*Type of Education: (Choose One)

- 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, Every Third Thursday, Etc.):

*Number of Anticipated Speakers (An additional speaker form will be required):

*Who is the target Audience (Physicians, Nursing, Pharmacy, etc):

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

*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)

*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 Material

* What professions are you requesting credit for? (Through Joint Accreditation, McLaren Health Care is providing interprofessional collaboration with a team-based approach among its physicians, nurses, pharmacists, and other professions)

*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)

*Will exhibitors/sponsors be attending 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

*What level of support do you expect from the IPCE Department (check all that apply):

- Awarding CE Credit
- Planning Committee Member & Registration
- Full On-Site Support at the activity

Note: Once application is received and reviewed by the IPCE department, the Contact Person will be notified. If approval is given, the IPCE department will go over next steps with the contact person including completion of the formal application.

Staff Only:

Application Approved: Yes No

IPCE Credit: Yes No

Date Reviewed:

Notes: