

# GUIDE TO COMPLETING YOUR APPLICATION

Working on a new application? Not sure where to start? Confused by a question? Not sure which box to check or what to pick from a drop-down menu? This guide will walk you through each question of our online application.

## BASIC INFORMATION

### NEW OR RENEWAL?

#### NEW CE OR RSS ACTIVITY

Select for all brand-new activities.

#### RENEWAL

Select only if

1. Your activity is an RSS
2. **AND** it was approved for the current calendar year
3. **AND** you wish credit to continue for the next calendar year
4. **AND** today's date is between July 1 and December 31.

### DO YOU WANT THIS ACTIVITY TO OFFER CONTINUING EDUCATION CREDITS?

#### YES

Select if you're applying for credit.

#### NO

Select only if

1. You are only using CloudCME for:
  - a. Online registration
  - b. **AND/OR** attendance tracking
2. **AND** you are part of WMed

### WHAT PROFESSIONAL CONTINUING EDUCATION CREDITS ARE YOU APPLYING FOR? (CHOOSE ALL THAT APPLY):

#### PHYSICIANS

Select if

1. Your target audience includes physicians
2. **AND** your planning committee includes an MD or DO

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#### NURSES

Select if

1. Your target audience includes nurses
2. **AND** your planning committee includes a nurse (RN, BSN, MSN, LPN, etc.)

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#### PHARMACISTS

Select if

1. Your target audience includes pharmacists
2. **AND** your planning committee includes a PharmD

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#### PHARMACY TECHNICIANS

Select if

1. Your target audience includes pharmacy technicians
2. **AND** your planning committee includes a PharmD

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#### OSTEOPATHIC PHYSICIANS

For CE Office use only.

**DO NOT SELECT THIS OPTION.**

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#### JOINT ACCREDITED

Select for all activities

*Exception:*

1. You are not applying for credit
2. **AND** answered "no" to the first question.

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#### NON-ACCREDITED

Select only if you answered "no" to the first question.

#### ACTIVITY TITLE

What is the name of your event? For an RSS, what is the name of the series (e.g. Internal Medicine Grand Rounds)?

#### TYPE OF CREDIT REQUESTED

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## AMA PRA CATEGORY 1 CREDITS™

Select if

1. If your target audience includes physicians
2. **AND** your planning committee includes an MD or DO

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## CONTINUING NURSING EDUCATION (CNE)

Select if

1. If your target audience includes nurses
2. **AND** your planning committee includes a nurse (RN, BSN, MSN, LPN, etc.)

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## CONTINUING PHARMACY EDUCATION

Select if

1. If your target audience includes pharmacists
2. **AND** your planning committee includes a PharmD

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## COPE CREDIT

Select if

1. If your target audience includes optometrists
2. **AND** your planning committee includes an OD

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## OTHER LEARNER ATTENDANCE

Select for all activities

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## NON-ACCREDITED ATTENDANCE

Select only if you answered "no" to the first question.

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## GENERAL ATTENDANCE

Select for all activities

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## IPCE CREDIT

Select if

1. If your target audience includes more than one profession
2. **AND** your planning committee includes representatives of each of those professions
3. **AND** you've selected at least one of these:
  - a. AMA PRA Category 1 Credits™
  - b. Continuing Nursing Education (CNE)
  - c. Continuing Pharmacy Education (CPE)

- d. AAPA Category 1 CME
- e. COPE Credit

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#### AAPA CATEGORY 1 CME

Select if

- 1. If your target audience includes PAs
- 2. **AND** your planning committee includes a PA

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#### COPE CREDIT

Select if

- 1. If your target audience includes optometrists
- 2. **AND** your planning committee includes an OD

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#### HUMAN TRAFFICKING

Select if all or part of this activity will address the topic of human trafficking.

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#### ETHICS

Select if all or part of this activity will address the topic of ethics.

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#### PAIN MANAGEMENT

Select if all or part of this activity will address the topic of pain management.

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#### PHARMACOLOGY

Select if all or part of this activity will address the topic of pharmacology.

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#### ACTIVITY TYPE

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##### DIRECTLY PROVIDED – COMMITTEE LEARNING

Select if

- 1. The educational provider **IS** WMed
- 2. **AND** the activity involves a learner's participation in a committee process where the subject of which, if taught/learned in another format would be considered within the definition of continuing education.

*Note: We generally accredit committees as Regularly Scheduled Series (RSS). If you select this type, we may change your selection as part of the application review and approval process.*

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##### DIRECTLY PROVIDED – COURSES

Select if

1. The educational provider **IS** WMed
2. **AND** this is a live activity where the learner participates in person,
3. **AND** this is an individual event.

*Examples: annual meeting, conference, seminar.*

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#### DIRECTLY PROVIDED – ENDURING MATERIALS

Select if

1. The educational provider **IS** WMed
2. **AND** the activity is a printed, recorded, or computer-presented activity that may be used over time at various locations and which, in itself, constitutes a planned activity.

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#### DIRECTLY PROVIDED – ENDURING MATERIALS – INTERNET

Select if

1. The educational provider **IS** WMed
2. **AND** the activity is available online when the learner chooses to complete it. It is “enduring,” meaning that there is not just one time on one day to participate in it. Rather, the learner determines when he/she participates.

*Examples: online interactive educational module, recorded presentation, podcast.*

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#### DIRECTLY PROVIDED – INTERNET

Select if

1. The educational provider **IS** WMed
2. **AND** the activity is an online course available at a certain time on a certain date and is only available in real-time, just as if it were a course held in an auditorium. Once the event has taken place, learners may no longer participate in that activity.

*Example: webcast*

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#### DIRECTLY PROVIDED – JOURNAL CME

Select if

1. The educational provider **IS** WMed
2. **AND** the activity includes the reading of an article (or adapted formats for special needs), a provider stipulated/learner directed phase (that may include reflection, discussion, or debate about the material contained in the article(s)) and a requirement for the completion by the learner of a pre-determined set of questions or tasks relating to the content of the material as part of the learning process.

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#### DIRECTLY PROVIDED – LEARNING FROM TEACHING

For CE Office use only.

**DO NOT SELECT THIS OPTION.**

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DIRECTLY PROVIDED – MANUSCRIPT REVIEW

For CE Office use only.

**DO NOT SELECT THIS OPTION.**

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DIRECTLY PROVIDED – PERFORMANCE IMPROVEMENT

For CE Office use only.

**DO NOT SELECT THIS OPTION.**

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DIRECTLY PROVIDED – REGULARLY SCHEDULED SERIES

Select if

1. The educational provider **IS** WMed
2. **AND** the activity is planned as a series with multiple, ongoing sessions, e.g., offered weekly, monthly, or quarterly
3. **AND** the activity is primarily planned by and presented to your organization's professional staff.

*Examples: Grand rounds, tumor boards, and morbidity and mortality conferences*

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JOINTLY PROVIDED – COMMITTEE LEARNING

Select if

1. The educational provider **IS NOT** WMed
2. **AND** the activity involves a learner's participation in a committee process where the subject of which, if taught/learned in another format would be considered within the definition of continuing education.

*Note: We generally accredit committees as Regularly Scheduled Series (RSS). If you select this type, we may change your selection as part of the application review and approval process.*

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*Examples: annual meeting, conference, seminar.*

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Select if

1. The educational provider **IS NOT** WMed
2. **AND** the activity is available online when the learner chooses to complete it. It is “enduring,” meaning that there is not just one time on one day to participate in it. Rather, the learner determines when he/she participates.

*Examples: online interactive educational module, recorded presentation, podcast.*

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*Example: webcast*

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---

JOINTLY PROVIDED – MANUSCRIPT REVIEW

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**DO NOT SELECT THIS OPTION.**

---

JOINTLY PROVIDED – PERFORMANCE IMPROVEMENT

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## JOINTLY PROVIDED – REGULARLY SCHEDULED SERIES

Select if

1. The educational provider **IS NOT** WMed
2. **AND** the activity is planned as a series with multiple, ongoing sessions, e.g., offered weekly, monthly, or quarterly
3. **AND** the activity is primarily planned by and presented to your organization's professional staff.

*Examples: Grand rounds, tumor boards, and morbidity and mortality conferences*

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## NON CME EVENT

Select only if you answered "no" to the first question.

## SUBCATEGORY

Select all that apply.

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## CASE BASED DISCUSSION

Select if this activity provides an account of an actual problem or situation an individual or group has experienced.

*Note: This is an effective method of provoking debate on issues for which definite conclusions do not exist.*

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## LECTURE

Select if this activity allows faculty to talk about a chosen topic.

*Note: Provides a large amount of information (knowledge) in a limited amount of time.*

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## PANEL

Select if this activity provides an opportunity for experts or a group of learners to present differing viewpoints on a topic, issue, or problem to other panelists and the audience of learners.

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## SIMULATION

Select if this activity provides a standardized method for a group of learners to compare their individual skills of diagnosis, treatment, and/or management of a patient with their peers.

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## SKILL-BASED TRAINING

Select if this activity provides opportunities for learners to practice skills.

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## SMALL GROUP DISCUSSION



Select if this activity provides an opportunity for learners to think together constructively for purposes of learning, solving problems, making decisions, and/or improving human relationships.

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#### OTHER

Select if this activity uses a format not listed above.

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#### OTHER SUB-CATEGORY

Complete if "Other" is selected.

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### ANCC

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#### ANCC ACTIVITY TYPE

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##### LEARNER DIRECTED, LEARNER PACED

Select if an individual learner will

1. Take the initiative in identifying his or her learning needs,
2. **AND** formulate learning outcomes,
3. **AND** identify resources for learning,
4. **AND** choose and implementing appropriate learning strategies,
5. **AND** evaluate learning outcomes.
6. **AND** determine the pace at which he or she engages in the learning activity.

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##### PROVIDER DIRECTED, LEARNER PACED

Select if

1. The educational provider determines the desired learning outcome based on a needs assessment and gap analysis, selects content based on best available evidence, chooses strategies to facilitate learning, and identifies methods for collecting and analyzing evaluation data.
2. **AND** the learner determines the pace at which he/she engages in the learning activity.

*Examples: Print articles, online courses, e-books, and self-learning modules/independent studies.*

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##### PROVIDER DIRECTED, PROVIDER PACED

Select if the provider controls all aspects of this activity.

*Examples: Live activities and live webinars*

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### ACPE

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#### IS THIS ACTIVITY:

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##### KNOWLEDGE-BASED (K)

Select if

1. The activity is primarily constructed to transmit knowledge (i.e., facts).
2. **AND** the facts are based on evidence as accepted in the literature by the health care professions.
3. **AND** this activity is at least 15 minutes or 0.25 contact hour long.

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#### APPLICATION-BASED (A)

Select if

1. This activity is primarily constructed to apply the information learned in the time allotted.
2. **AND** the information is based on evidence as accepted in the literature by the health care professions.
3. **AND** this activity is at least 60 minutes or one contact hour long.

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#### PRACTICE-BASED (P)

Select if

1. This activity is primarily constructed to instill, expand, or enhance practice competencies through the systematic achievement of specified knowledge, skills, attitudes, and performance behaviors.
2. **AND** the information within the activity is based on evidence as accepted in the literature by the health care professions.
3. **AND** the formats of this activity includes a didactic component and a practice experience component.
4. **AND** the activity employs an instructional design that is rationally sequenced, curricular based, and supportive of achievement of the stated professional competencies.
5. **AND** this activity is at least 15 contact hours long.

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#### TOPIC DESIGNATOR:

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#### DISEASE STATE MANAGEMENT/DRUG THERAPY

Select if this activity addresses

1. Drugs,
2. **AND/OR** drug therapy,
3. **AND/OR** disease states.

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#### AIDS THERAPY

Select if this activity addresses

1. Therapeutic issues related to the understanding and treatment of patients with HIV/AIDS,
2. **AND/OR** legal issues related to the understanding and treatment of patients with HIV/AIDS,
3. **AND/OR** social issues related to the understanding and treatment of patients with HIV/AIDS,

4. **AND/OR** ethical issues related to the understanding and treatment of patients with HIV/AIDS,
5. **AND/OR** psychological issues related to the understanding and treatment of patients with HIV/AIDS.

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#### LAW

Select if this activity addresses

1. Federal laws and/or regulations affecting the practice of pharmacy,
2. **AND/OR** state laws and/or regulations affecting the practice of pharmacy,
3. **AND/OR** local laws and/or regulations affecting the practice of pharmacy.

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#### GENERAL PHARMACY

Select if this activity addresses

1. Topics relevant to the practice of pharmacy
2. **EXCEPT** for those included in the classifications of
  - a. Drug therapy related,
  - b. **OR** HIV/AIDS therapy related,
  - c. **OR** law.

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#### PATIENT SAFETY

Select if this activity addresses

1. The prevention of healthcare errors
2. **AND** the elimination or mitigation of patient injury caused by healthcare errors

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#### IMMUNIZATIONS

Select if this activity addresses

1. The provision of immunizations, i.e., recommend immunization schedules, administration procedures, proper storage and disposal, and record keeping
2. **AND/OR** includes review for appropriateness or contraindication and identifying the reporting adverse drug events and providing necessary first aid.

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#### COMPOUNDING

Select if this activity addresses

1. Sterile, nonsterile, and hazardous drug compounding for humans and animals
2. **AND/OR** includes best practices and USP quality assurance standards, environmental test and control, record keeping, error detection and reporting, and continuous quality improvement processes

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#### PHARMACIST UAN

This field will be completed by the CE Office

**LEAVE THIS FIELD BLANK.**

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TECHNICIAN UAN

This field will be completed by the CE Office

**LEAVE THIS FIELD BLANK.**

ACTIVITY FORMAT

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LIVE ACTIVITY

Select if the activity will occur at a specific time and learners must be present at that time to earn credit.

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JOURNAL-BASED CME ACTIVITY

For CE Office use only.

**DO NOT SELECT THIS OPTION.**

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MANUSCRIPT REVIEW ACTIVITY

For CE Office use only.

**DO NOT SELECT THIS OPTION.**

---

INTERNET POINT-OF-CARE ACTIVITY

For CE Office use only.

**DO NOT SELECT THIS OPTION.**

---

LEARNING FROM TEACHING

For CE Office use only.

**DO NOT SELECT THIS OPTION.**

---

ENDURING MATERIAL

Select if this activity will be available for learners to study on their own time (asynchronously).

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TEST-ITEM WRITING ACTIVITY

For CE Office use only.

**DO NOT SELECT THIS OPTION.**

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PI CME ACTIVITY

For CE Office use only.

**DO NOT SELECT THIS OPTION.**

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CATEGORY 1

For CE Office use only.

**DO NOT SELECT THIS OPTION.**

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OTHER

Select if this activity uses a combination of formats.

*Example: A course that includes an online self-directed module to be completed before attending a live simulation.*

DEPARTMENT

If you work for WMed, what office or department is the educational provider?

If you do not work for WMed, what is the name of your organization?

ACTIVITY DESCRIPTION (THIS WILL APPEAR IN THE ATTENDEE PORTAL)

What is this activity about? Who is it for? How would you like it to be described in the detailed listing in our online course catalog?

ACTIVITY SYNOPSIS (OPTIONAL SHORTER DESCRIPTION USED IN LISTS AND ON THE CALENDAR)

Give a brief summary of this activity. This field is not required.

NUMBER OF AMA PRA CATEGORY 1 CREDITS™ REQUESTED

How many credits can one learner earn if they attend the entire activity?

MOC

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PROVIDES MOC?

.....  
YES

Select if Maintenance of Certification (MOC) points will be awarded for this activity.

.....  
NO

Select if MOC points will not be awarded for this activity

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SELECT THE APPLICABLE MOC CREDIT TYPE(S)

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#### ABIM MOC

Select if American Board of Internal Medicine MOC points will be awarded for this activity.

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#### ABA MOCA 2.0

Select if American Board of Anesthesiology MOC points will be awarded for this activity.

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#### ABP MOC

Select if American Board of Pediatrics MOC points will be awarded for this activity.

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#### ABPATH MOC

Select if American Board of Pathology MOC points will be awarded for this activity.

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#### MOC CREDIT TYPE(S)

This question will appear if you select ABIM MOC

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#### MEDICAL KNOWLEDGE ONLY (1-7)

Select if this activity

1. Is relevant to physician learners certified by ABIM, as demonstrated by the professional practice gap(s) and content of the activity
2. **AND** includes an evaluation component that measures the impact of the activity on the physician learners' knowledge, strategies/skills, performance, and/or patient outcomes
3. **AND** includes a minimum MOC participation threshold demonstrating physician learners' meaningful engagement in the activity and provides feedback to learners
4. **AND** the ABIM MOC Recognition Statement is provided to learners prior to the start of the activity
5. **AND** the activity or its content is peer-reviewed by at least two reviewers who are not the author(s).
  - a. The process of peer review means that the activity or educational materials are reviewed by other clinicians who are sufficiently familiar with the subject matter of the activity or material to be able to render an opinion as to whether the activity or materials align with the learning objectives and are fair, accurate and free of commercial bias.
  - b. **Required for all activity types except Internet Searching and Learning, Performance Improvement and Test Item Writing.**
6. **OR** the physician learner participates in a committee process that includes a minimum of three members.
  - a. **Required for Test Item Writing only**

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#### MEDICAL KNOWLEDGE + PATIENT SAFETY (1-7, 15)

Select if this activity

1. Is relevant to physician learners certified by ABIM, as demonstrated by the professional practice gap(s) and content of the activity

2. **AND** includes an evaluation component that measures the impact of the activity on the physician learners' knowledge, strategies/skills, performance, and/or patient outcomes
3. **AND** includes a minimum MOC participation threshold demonstrating physician learners' meaningful engagement in the activity and provides feedback to learners
4. **AND** the ABIM MOC Recognition Statement is provided to learners prior to the start of the activity
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  - b. Required for all activity types except Internet Searching and Learning, Performance Improvement and Test Item Writing.**
6. **OR** the physician learner participates in a committee process that includes a minimum of three members.
  - a. Required for Test Item Writing only**
- 7.

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#### MEDICAL KNOWLEDGE + PRACTICE ASSESSMENT (1-14)

Select if this activity

1. Is relevant to physician learners certified by ABIM, as demonstrated by the professional practice gap(s) and content of the activity
2. **AND** includes an evaluation component that measures the impact of the activity on the physician learners' knowledge, strategies/skills, performance, and/or patient outcomes
3. **AND** includes a minimum MOC participation threshold demonstrating physician learners' meaningful engagement in the activity and provides feedback to learners
4. **AND** the ABIM MOC Recognition Statement is provided to learners prior to the start of the activity
5. **AND** the activity or its content is peer-reviewed by at least two reviewers who are not the author(s).
  - a. The process of peer review means that the activity or educational materials are reviewed by other clinicians who are sufficiently familiar with the subject matter of the activity or material to be able to render an opinion as to whether the activity or materials align with the learning objectives and are fair, accurate and free of commercial bias.
  - b. Required for all activity types except Internet Searching and Learning, Performance Improvement and Test Item Writing.**
6. **OR** the physician learner participates in a committee process that includes a minimum of three members.
  - a. Required for Test Item Writing only**
7. **AND** the activity addresses a quality or safety gap that is supported by a needs assessment or problem analysis, or supports the completion of such a needs assessment as part of the activity.

8. **AND** the activity addresses care, care processes or systems of care in:
  - a. One or more of the National Academy of Medicine's (formerly the Institute of Medicine) quality dimensions
  - b. **OR** one or more of the three Aims or six Priorities articulated in the National Quality Strategy.
9. **AND** the activity has specific, measurable aim(s) for improvement.
10. **AND** the activity uses measures appropriate to the aim(s) for improvement.
11. **AND** the activity includes interventions intended to result in improvement.
12. **AND** the activity includes appropriate data collection and analysis of performance data to assess the impact of the interventions.
13. **AND** the provider defines a minimum participation threshold for MOC,
14. **AND** the provider describes how they will identify physician learners who meaningfully engage in the activity according to their defined requirements.

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#### MEDICAL KNOWLEDGE + PRACTICE ASSESSMENT + PATIENT (1-15)

Select if this activity

1. Is relevant to physician learners certified by ABIM, as demonstrated by the professional practice gap(s) and content of the activity
2. **AND** includes an evaluation component that measures the impact of the activity on the physician learners' knowledge, strategies/skills, performance, and/or patient outcomes
3. **AND** includes a minimum MOC participation threshold demonstrating physician learners' meaningful engagement in the activity and provides feedback to learners
4. **AND** the ABIM MOC Recognition Statement is provided to learners prior to the start of the activity
5. **AND** the activity or its content is peer-reviewed by at least two reviewers who are not the author(s).
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12. **AND** the activity includes appropriate data collection and analysis of performance data to assess the impact of the interventions.
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14. **AND** the provider describes how they will identify physician learners who meaningfully engage in the activity according to their defined requirements.
- 15.

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#### SAFETY (1-5, 15)

Select if this activity

1. Is relevant to physician learners certified by ABIM, as demonstrated by the professional practice gap(s) and content of the activity
2. **AND** includes an evaluation component that measures the impact of the activity on the physician learners' knowledge, strategies/skills, performance, and/or patient outcomes
3. **AND** includes a minimum MOC participation threshold demonstrating physician learners' meaningful engagement in the activity and provides feedback to learners
4. **AND** the ABIM MOC Recognition Statement is provided to learners prior to the start of the activity

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#### PRACTICE ASSESSMENT ONLY (1-5, 8-14)

Select if this activity

1. Is relevant to physician learners certified by ABIM, as demonstrated by the professional practice gap(s) and content of the activity
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11. **AND** the provider defines a minimum participation threshold for MOC,

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17. **AND** the activity includes interventions intended to result in improvement.
18. **AND** the activity includes appropriate data collection and analysis of performance data to assess the impact of the interventions.
19. **AND** the provider defines a minimum participation threshold for MOC,
20. **AND** the provider describes how they will identify physician learners who meaningfully engage in the activity according to their defined requirements.

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#### PRACTICE ASSESSMENT + PATIENT SAFETY (1-5, 8-15)

Select if this activity

1. Is relevant to physician learners certified by ABIM, as demonstrated by the professional practice gap(s) and content of the activity
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9. **AND** the activity includes interventions intended to result in improvement.
10. **AND** the activity includes appropriate data collection and analysis of performance data to assess the impact of the interventions.
11. **AND** the provider defines a minimum participation threshold for MOC,
12. **AND** the provider describes how they will identify physician learners who meaningfully engage in the activity according to their defined requirements.

13. The activity addresses at least one of the following topics:
- a. Foundational knowledge (must include all of the following):
    - i. Epidemiology of error: should prepare physicians to discuss the key definitions that underpin current patient safety efforts
    - ii. **AND** fundamentals of patient safety improvement (plan, do, study, act or PDSA): should engage physicians in a PDSA cycle focused on patient safety
    - iii. **AND** culture of safety: should identify the specific elements, (i.e., the beliefs, attitudes and values about work and risks) that contribute to safety culture
  - b. **AND/OR** prevention of adverse events (examples include, but are not limited to):
    - i. Medication safety (e.g., medication reconciliation, safe use of analgesics and sedatives, identification and remediation of polypharmacy in the elderly)
    - ii. **AND/OR** prevention of healthcare-acquired infections
    - iii. **AND/OR** falls prevention
    - iv. **AND/OR** teamwork and care coordination

---

SELECT THE APPLICABLE PRACTICE AREA(S):

This question will appear if you select ABA MOCA 2.0. Select all that apply.

---

POINTS AWARDED

How many MOC points are available for this activity? This may match the number of CME credits awarded or be less than the number of CME credits awarded. The number of MOC points may not be greater than the number of CME credits.

---

REGISTRATION

---

OPEN TO ALL

This MOC activity is available to all learners.

---

LIMITED

This MOC activity is limited to your organization.

---

PATIENT SAFETY TRAINING?

---

YES

This activity includes patient safety training.

---

NO

This activity does not include patient safety training.

---

PROPOSED DATES AND TIMES

---

START DATE

The first date of the activity

---

END DATE

The last date of the activity

**Note: For RSS, enter the same date as in the Start Date field.**

---

START TIME

The time the activity begins

---

END TIME

The time the activity ends

---

TIME ZONE

What time zone will this activity be held in?

---

PROPOSED LOCATION

---

VENUE

What is the name of the venue where this activity will be held?

---

CITY

In what city will this activity be held?

---

STATE

In what state will this activity be held?

---

ADDITIONAL DETAILS

---

ATTACHING A COPY OF THE AGENDA?

---

YES, ATTACHED

Select if you are uploading a copy of the agenda using the CE Office provided spreadsheet template.

---

NO, AGENDA IS PENDING

Select if you will email a copy of your agenda to the CE Coordinator using the CE Office provided spreadsheet template.

## TARGET AUDIENCE

WHICH MEMBERS OF THE HEALTHCARE TEAM IS THIS ACTIVITY DESIGNED FOR?

Select all that apply, whether or not you are requesting credit for that profession.

TARGET AUDIENCE

Select the specialties this activity is targeted toward.

ARE THERE ANY ATTENDANCE RESTRICTIONS ON THIS ACTIVITY?

YES, SPECIFY BELOW

This activity is only for a specific group of learners. It may be by invitation only, only for employees of your organization, or for a specific specialty or profession. Use the text field to describe who this activity is open to.

NO

This activity is open to all who wish to attend.

## BUDGET AND COMMERCIAL SUPPORT

### BUDGET

IS THE APPLICATION FEE ATTACHED?

YES (USE UPLOAD CONTROL BELOW)

Select this option if you are paying by credit card via upload.

NO, WILL BE MAILED SEPARATELY

Select this option if you are paying by check or require an invoice before paying your application fee.

NO, NOT APPLICABLE

Select this if your activity meets all of the criteria for the fee to be waived.

IS A COPY OF THE ACTIVITY BUDGET ATTACHED? (REQUIRED FOR COURSES)

YES (USE UPLOAD CONTROL BELOW)

Select if you are uploading your budget

NO, TO BE SUBMITTED AT A LATER DATE

Select if you will email your budget to the CE Coordinator

---

NO, NOT APPLICABLE

Select if your activity is an RSS

---

DO YOU PLAN TO CHARGE ATTENDEES A REGISTRATION FEE?

---

YES

Select if any registration fees will be charged.

---

NO

Select if no registration fees will be charged.

---

COMMERCIAL SUPPORT

---

IS THIS ACTIVITY RECEIVING COMMERCIAL SUPPORT?

---

YES

Select if you plan to apply for a grant or grants from an ACCME-defined commercial entity.

**Note: You must work with the CE Office on this process. Per WMed policy, the CE Office must handle all commercial support grant requests and fund disbursement.**

---

NO

Select if you

1. Do not plan to apply for a grant or grants
2. **OR** plan to apply for a grant or grants from organizations that are not ACCME-defined commercial entities

---

DO YOU PLAN TO HAVE EXHIBITS AND/OR DISPLAYS?

---

YES

You will have an exhibits and/or displays in an area separate from the educational activity (e.g. the lobby or a different room).

---

NO

You will have no exhibits and/or displays.

## GAP AND NEEDS

### EDUCATIONAL FORMAT

---

WHAT IS THE EDUCATIONAL FORMAT FOR THIS ACTIVITY? (SELECT ALL THAT APPLY)

Select a minimum of one format. An activity may include multiple formats.

---

#### LECTURE/PRESENTATION

Select if this activity includes faculty speaking about a chosen topic.

---

#### CASE STUDY/CASE PRESENTATION

Select if this activity includes an account of an actual problem or situation an individual or group has experienced.

---

#### MORBIDITY & MORTALITY

Select if this activity provides a safe venue for presentation of cases by learners with possible untoward outcomes and allows peer interaction with current problems in practice.

---

#### SIMULATION

Select if this activity provides opportunities to practice skills.

---

#### GAMES

Select if this activity provides an interactive and competitive process to validate new learning in a positive emotional situation.

---

#### SELF-DIRECTED LEARNING

Select if this activity provides an opportunity for adults to learn the subject at their own pace.

---

#### Q&A SESSION

Select if this activity provides learners an opportunity for clarification/validation

---

#### GROUP DISCUSSION

Select if this activity provides an opportunity for learners to think together constructively for purposes of learning, solving problems, making decisions, and/or improving human relationships

---

#### HANDS-ON (SKILLS LAB)

Select if this activity provides opportunities to practice skills

---

#### PATIENT SIMULATION

Select if this activity provides a standardized method for a group of learners to compare their individual skills of diagnosis, treatment and management of a patient with their peers

---

#### ROLE PLAYING/ROLE MODELING

Select if this activity provides learners with the opportunity to experience common human relations problems and practice communication skills in a secure environment

---

#### MENTORING

Select if this activity provides the learner with one-on-one access to an expert

---

### PANEL DISCUSSION

Select if this activity provides an opportunity for experts or a group of learners to present differing viewpoints on a topic, issue, or problem to other panelists and the audience of learners

---

### JOURNAL CLUB

Select if this activity provides a format for discussion of journal articles

---

### DEMONSTRATION

Select if this activity includes modeling of the correct step-by-step procedures needed when performing a specified task

---

### PROBLEM SOLVING

Select if this activity provides the opportunity for learners to solve a problem through the collection, application, and assessment of information.

---

### BRAINSTORMING

Select if this activity solicits creative ideas to identify possible solutions to problems.

---

### OTHER (DESCRIBE)

Select if using a format other than or in addition to those listed above and describe in the following text field.

---

### PRACTICE GAP

---

WHAT IS THE PROFESSIONAL PRACTICE GAP THIS ACTIVITY WILL ADDRESS? WHAT IS THE CURRENT PRACTICE COMPARED TO THE BEST PRACTICE? (MAXIMUM 100 WORDS) SUPPORTING DOCUMENTATION MUST BE ATTACHED.

Describe an overall practice gap for your activity.

---

STATE THE PROFESSIONAL PRACTICE GAP(S) OF YOUR LEARNERS ON WHICH THE ACTIVITY WAS BASED (100 WORDS MAX)

Our database mapping requires this question to be asked twice. Please copy your answer from the previous question and paste in the field for this question. You are not required to write two different practice gaps.

---

STATE THE EDUCATIONAL NEED(S) THAT YOU DETERMINED TO BE THE CAUSE OF THE PROFESSIONAL PRACTICE GAP(S)

Select all that apply.

---

### KNOWLEDGE NEED

Select if learners do not know about the topic being addressed.



---

### SKILL/STRATEGY NEED

Select if learners

1. Know about the topic
2. **BUT** do not know how to apply it.

---

### PERFORMANCE NEED

Select if learners

1. Know about the topic
2. **AND** how to do apply it
3. **BUT** are not doing.

---

STATE WHAT THIS CE ACTIVITY WAS DESIGNED TO CHANGE IN TERMS OF LEARNERS' SKILLS/STRATEGY OR PERFORMANCE OF THE HEALTHCARE TEAM OR PATIENT OUTCOMES (50 WORDS MAX):

Please provide an overall description of the desired outcomes of this activity. What will change when learners return to practice?

---

EXPLAIN HOW THIS ACTIVITY MATCHES THE HEALTHCARE TEAM'S CURRENT OR POTENTIAL SCOPE OF PROFESSIONAL ACTIVITIES (25 WORDS MAX):

How does this activity work for the team if IPCE or individual profession if not IPCE?

---

EXPLAIN WHY THIS EDUCATIONAL FORMAT IS APPROPRIATE FOR THE SETTING, OBJECTIVES AND DESIRED RESULTS OF THIS ACTIVITY (25 WORDS MAX):

Why did you select this format or these formats for this activity?

---

WILL YOU BE PROVIDING NON-EDUCATIONAL INTERVENTION(S) WITH THIS ACTIVITY?

---

YES

Select if this activity includes take-home tools for learners to use when they return to practice. Please describe in the text box.

---

NO

Select if this activity does not include take-home tools for learners to use when they return to practice.

---

### EDUCATIONAL NEED(S)

---

STATE THE EDUCATIONAL NEED(S) THAT YOU DETERMINED TO BE THE CAUSE OF THE PROFESSIONAL PRACTICE GAP(S) (MAXIMUM 50 WORDS EACH).

Explain the selections made above. Individual fields will appear for each item selected.

---

## TYPE OF NEEDS ASSESSMENT METHOD USED TO PLAN THIS EVENT

How did you identify the educational needs and practice gap that led to the creation of this activity?

## BARRIERS

Select the barriers that might prevent your learners from putting what they have learned into practice.

## OBJECTIVES AND OUTCOMES

### EDUCATIONAL OBJECTIVES

---

BASED ON THE GAP DESCRIBED, WHAT ARE THE DESIRED RESULTS OF THE ACTIVITY?

In the long-term, what will have improved after this activity takes place?

---

BASED ON THE DESIRED RESULTS OF THE ACTIVITY, WHAT ARE THE EDUCATIONAL OBJECTIVES OF THE ACTIVITY? OBJECTIVES SHOULD SUPPORT THE ATTAINMENT OF THE DESIRED RESULTS LISTED ABOVE.

What are specifically will learners be able to do after they attend this activity? Complete the following sentence:

- At the conclusion of this activity, participants will be able to

## COMPETENCIES

---

WHAT ARE THE DESIRABLE ATTRIBUTES (ACGME, IOM, IEC, OR OTHER COMPETENCIES) ASSOCIATED WITH THIS ACTIVITY?

Select all that apply. At least one must be selected.

---

### ACGME/ABMS

#### PATIENT CARE OR PROCEDURAL SKILLS

---

Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health

#### MEDICAL KNOWLEDGE

---

Medical knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences, and the application of this knowledge to patient care

#### PRACTICE-BASED LEARNING AND IMPROVEMENT

---

Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care

---

#### INTERPERSONAL & COMMUNICATION SKILLS

---

Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals

---

#### PROFESSIONALISM

---

Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population

---

#### SYSTEM-BASED PRACTICE

---

Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value

---

#### INSTITUTE OF MEDICINE

---

---

#### PROVIDE PATIENT-CENTERED CARE

---

Identify, respect, and care about patients' differences, values, preferences, and expressed needs; relieve pain and suffering; coordinate continuous care; listen to, clearly inform, communicate with, and educate patients; share decision making and management; continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health

---

#### WORK IN INTERDISCIPLINARY TEAMS

---

Cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable

---

#### EMPLOY EVIDENCE-BASED PRACTICE

---

Integrate best research with clinical expertise and patient values for optimum care, and participate in learning and research activities to the extent feasible

---

#### APPLY QUALITY IMPROVEMENT

---

Identify errors and hazards in care; understand and implement basic safety design principles such as standardization and simplification; continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs; design and test interventions to change processes, systems of care, with the objective of improving quality of care

---

#### UTILIZE INFORMATICS

---

Communicate, manage, knowledge, mitigate error, and support decision making using information technology

---

## INTERPROFESSIONAL EDUCATION COLLABORATION

### VALUES / ETHICS FOR INTERPROFESSIONAL PRACTICE

---

Work with individuals of other professions to maintain a climate of mutual respect and shared values.

### ROLES / RESPONSIBILITIES

---

Use the knowledge of one's own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served.

### INTERPROFESSIONAL COMMUNICATION

---

Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease.

### TEAMS & TEAMWORK

---

Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective, and equitable.

---

### OTHER COMPETENCIES (LIST SOURCE AND DESIRABLE ATTRIBUTE)

Select this if this activity is linked to competencies other than those listed here.

---

### AMA PRA SKILLS AND PROCEDURES

This section applies only to activities providing **physicians** with formal training on a **new procedure**. It does not apply to other professions.

---

### AMA PRA SKILLS AND PROCEDURES

### VERIFICATION OF ATTENDANCE

---

The physician attended and completed the course.

### VERIFICATION OF SATISFACTORY COMPLETION OF COURSE OBJECTIVES

---

The physician satisfactorily met all specified learning objectives.

### VERIFICATION OF PROCTOR READINESS

---

The physician is "proctor ready," which subsumes levels 1 and 2 and asserts the physician can successfully perform the procedure under proctor supervision.

### VERIFICATION OF PHYSICIAN COMPETENCE TO PERFORM THE PROCEDURE

---

Competence asserts the physician can successfully perform the procedure without further supervision.

---

## NURSING QUALITY OUTCOME MEASURES

This section will appear if CNE is one of the selected credit types.

---

## NURSING QUALITY OUTCOME MEASURES

If providing CNE, at least one of your objectives should be linked to one of these measures. Select all that apply.

---

## CAPE & PTCB COMPETENCIES

This section will appear if CPE is one of the selected credit types.

---

## CAPE COMPETENCIES

If providing CPE for pharmacists, at least one of your objectives should be linked to these competencies. Definitions for each competencies follow.

---

## LEARNER

Develop, integrate, and apply knowledge from the foundational sciences (i.e., pharmaceutical, social/behavioral/administrative, and clinical sciences) to evaluate the scientific literature, explain drug action, solve therapeutic problems, and advance population health and patient-centered care.

---

## PRACTICE-CENTERED CARE

Provide patient-centered care as the medication expert (collect and interpret evidence, prioritize, formulate assessments and recommendations, implement, monitor and adjust plans, and document activities).

---

## MEDICATION USE SYSTEMS

Manage patient healthcare needs using human, financial, technological, and physical resources to optimize the safety and efficacy of medication use systems.

---

## HEALTH AND WELLNESS

Design prevention, intervention, and educational strategies for individuals and communities to manage chronic disease and improve health and wellness.

---

## POPULATION-BASED CARE

Describe how population-based care influences patient-centered care and influences the development of practice guidelines and evidence-based best practices.

---

## PROBLEM SOLVING

Identify problems; explore and prioritize potential strategies; and design, implement, and evaluate a viable solution.

---

## EDUCATOR

---

Educate all audiences by determining the most effective and enduring ways to impart information and assess understanding.

---

#### PATIENT ADVOCACY

---

Assure that patients' best interests are represented.

---

#### INTERPROFESSIONAL COLLABORATION

---

Actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding, and values to meet patient care needs.

---

#### CULTURAL SENSITIVITY

---

Recognize social determinants of health to diminish disparities and inequities in access to quality care.

---

#### COMMUNICATION

---

Effectively communicate verbally and nonverbally when interacting with an individual, group, or organization.

---

#### SELF-AWARENESS

---

Examine and reflect on personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth.

---

#### LEADERSHIP

---

Demonstrate responsibility for creating and achieving shared goals, regardless of position.

---

#### INNOVATION AND ENTREPRENEURSHIP

---

Engage in innovative activities by using creative thinking to envision better ways of accomplishing professional goals.

---

#### PROFESSIONALISM

---

Exhibit behaviors and values that are consistent with the trust given to the profession by patients, other healthcare providers, and society.

---

#### PTCP COMPETENCIES

---

If providing CPE for pharmacy technicians, at least one of your objectives should be linked to these competencies.

---

#### PHARMACOLOGY FOR PHARMACY TECHNICIANS

---

Select if this activity will include

1. Generic and brand names of pharmaceuticals
2. **AND/OR** therapeutic equivalence
3. **AND/OR** drug interactions (e.g., drug-disease, drug-drug, drug-dietary supplement, drug-OTC, drug-laboratory, drug-nutrient)

4. **AND/OR** strengths/dose, dosage forms, physical appearance, routes of administration, and duration of drug therapy
5. **AND/OR** common and severe side or adverse effects, allergies, and therapeutic contraindications associated with medications
6. **AND/OR** dosage and indication of legend, OTC medications, herbal and dietary supplements

## PHARMACY LAW AND REGULATIONS

---

Select if this activity will include

1. Storage, handling, and disposal of hazardous substances and wastes (e.g., MSDS)
2. **AND/OR** hazardous substances exposure, prevention and treatment (e.g., eyewash, spill kit, MSDS)
3. **AND/OR** controlled substance transfer regulations (DEA)
4. **AND/OR** controlled substance documentation requirements for receiving, ordering, returning, loss/theft, destruction (DEA)
5. **AND/OR** formula to verify the validity of a prescriber's DEA number (DEA)
6. **AND/OR** record keeping, documentation, and record retention (e.g., length of time prescriptions are maintained on file)
7. **AND/OR** restricted drug programs and related prescription-processing requirements (e.g., thalidomide, isotretinoin, clozapine)
8. **AND/OR** professional standards related to data integrity, security, and confidentiality (e.g., HIPAA, backing up and archiving)
9. **AND/OR** requirement for consultation (e.g., OBRA'90)
10. **AND/OR** FDA's recall classification
11. **AND/OR** infection control standards (e.g., laminar air flow, clean room, hand washing, cleaning counting trays, countertop, and equipment) (OSHA, USP 795 and 797)
12. **AND/OR** record keeping for repackaged and recalled products and supplies (TJC, BOP)
13. **AND/OR** professional standards regarding the roles and responsibilities of pharmacists, pharmacy technicians, and other pharmacy employees (TJC, BOP)
14. **AND/OR** reconciliation between state and federal laws and regulations
15. **AND/OR** facility, equipment, and supply requirements (e.g., space requirements, prescription file storage, cleanliness, reference materials) (TJC, USP, BOP)

## STERILE AND NON-STERILE COMPOUNDING

---

Select if this activity will include

1. Infection control (e.g., hand washing, PPE)
2. **AND/OR** handling and disposal requirements (e.g., receptacles, waste streams)
3. **AND/OR** documentation (e.g., batch preparation, compounding record)
4. **AND/OR** determine product stability (e.g., beyond use dating, signs of incompatibility)
5. **AND/OR** selection and use of equipment and supplies
6. **AND/OR** sterile compounding processes
7. **AND/OR** non-sterile compounding processes

## MEDICATION SAFETY

---

Select if this activity will include

1. Error prevention strategies for data entry (e.g., prescription or medication order to correct patient)
2. **AND/OR** patient package insert and medication guide requirements (e.g., special directions and precautions)
3. **AND/OR** identify issues that require pharmacist intervention (e.g., DUR, ADE, OTC recommendation, therapeutic substitution, misuse, missed dose)
4. **AND/OR** look-alike/sound-alike medications
5. **AND/OR** high-alert/risk medications
6. **AND/OR** common safety strategies (e.g., tall man lettering, separating inventory, leading and trailing zeros, limit use of error prone abbreviations)

## PHARMACY QUALITY ASSURANCE

---

Select if this activity will include

1. Quality assurance practices for medication and inventory control systems (e.g., matching National Drug Code (NDC) number, bar code, data entry)
2. **AND/OR** infection control procedures and documentation (e.g., personal protective equipment [PPE], needle recapping)
3. **AND/OR** risk management guidelines and regulations (e.g., error prevention strategies)
4. **AND/OR** communication channels necessary to ensure appropriate follow-up and problem resolution (e.g., product recalls, shortages)
5. **AND/OR** productivity, efficiency, and customer satisfaction measures

## MEDICATION ORDER ENTRY AND FILL PROCESS

---

Select if this activity will include

1. Order entry process
2. **AND/OR** intake, interpretation, and data entry
3. **AND/OR** calculate doses required
4. **AND/OR** fill process (e.g., select appropriate product, apply special handling requirements, measure, and prepare product for final check)
5. **AND/OR** labeling requirements (e.g., auxiliary and warning labels, expiration date, patient specific information)
6. **AND/OR** packaging requirements (e.g., type of bags, syringes, glass, pvc, child resistant, light resistant)
7. **AND/OR** dispensing process (e.g., validation, documentation and distribution)

## PHARMACY INVENTORY MANAGEMENT

---

Select if this activity will include

1. Function and application of NDC, lot numbers and expiration dates
2. **AND/OR** formulary or approved/preferred product list
3. **AND/OR** ordering and receiving processes (e.g., maintain par levels, rotate stock)
4. **AND/OR** storage requirements (e.g., refrigeration, freezer, warmer)



5. **AND/OR** removal (e.g., recalls, returns, outdates, reverse distribution)

#### PHARMACY BILLING AND REIMBURSEMENT

---

Select if this activity will include

1. Reimbursement policies and plans (e.g., HMOs, PPO, CMS, private plans)
2. **AND/OR** third party resolution (e.g., prior authorization, rejected claims, plan limitations)
3. **AND/OR** third-party reimbursement systems (e.g., PBM, medication assistance programs, coupons, and self-pay)
4. **AND/OR** healthcare reimbursement systems (e.g., home health, long-term care, home infusion)
5. **AND/OR** coordination of benefits

#### PHARMACY INFORMATION SYSTEMS USAGE

---

Select if this activity will include

1. Pharmacy-related computer applications for documenting the dispensing of prescriptions or medication orders (e.g., maintaining the electronic medical record, patient adherence, risk factors, alcohol drug use, drug allergies, side effects)
2. **AND/OR** Databases, pharmacy computer applications, and documentation management (e.g., user access, drug database, interface, inventory report, usage reports, override reports, diversion reports)

#### VERBAL COMMUNICATION SKILLS FOR PHARMACY TECHNICIANS

---

Select if this activity will include verbal communication skills.

#### OUTCOMES

---

##### THIS ACTIVITY IS DESIGNED TO CHANGE?

Select all that apply. A minimum of one must be selected.

---

##### SKILLS/STRATEGY

How will changes in the ability to apply what was learned be measured?

##### EVALUATION/SELF-ASSESSMENT

---

Select if learners will self-report how they will apply what they learned.

##### AUDIENCE RESPONSE SYSTEM

---

Select if this activity will use an audience response system (ARS).

##### CUSTOMIZED PRE/POST TEST

---

Select if this activity will

1. Use a pre/post test

2. **AND** submit a report of the results to the CE Office
  - a. **UNLESS** this activity is using WMed’s online pre/post test system

---

#### EMBEDDED EVALUATION IN ONLINE ACTIVITY

---

Select if this activity

1. Is online activities
  - a. **AND** is live
  - b. Or is enduring
2. **AND** requires an evaluation

---

#### PHYSICIAN OR PATIENT SURVEYS AND EVALUATIONS

---

Select if this activity will include feedback from individuals who have observed the learners’ skills.

---

#### OTHER (PLEASE SPECIFY)

---

Select if a method other than those listed above will be used. Describe the method in the available text box.

---

#### PERFORMANCE

---

How will changes in practice be measured after this activity?

---

#### ADHERENCE TO GUIDELINES

---

Select if rates of adherence to guidelines will be tracked.

*Example: Are providers counseling smokers to quit?*

---

#### CASE-BASED STUDIES

---

Select if individual cases will be used to show a change in practice.

---

#### CHART AUDITS

---

Select if

1. Charts will be audited for review
2. **OR** the EMR/EHR will be datamined to identify a change in practice.

---

#### CUSTOMIZED FOLLOW-UP SURVEY/INTERVIEW/FOCUS GROUP ABOUT ACTUAL CHANGE IN PRACTICE AT SPECIFIED INTERVALS

---

Select if a series of follow-ups will be conducted.

---

#### PHYSICIAN OR PATIENT FEEDBACK, SURVEYS AND EVALUATIONS

---

Select if this activity will include feedback from individuals who have observed the learners’ performance.

---

#### REMINDERS AND FEEDBACK

---

Select if this activity will

16. Include practice reminders (e.g. EMR/EHR notifications)
17. **AND** feedback from providers on whether the reminders are effective.

#### OTHER (PLEASE SPECIFY)

---

Select if a method other than those listed above will be used. Describe the method in the available text box.

---

#### PATIENT OUTCOMES

How will changes in patient health be measured?

#### CHANGE IN HEALTH STATUS MEASURE

---

Select if overall health status metrics will be used.

#### CHANGE IN QUALITY/COST OF CARE

---

Select if quality or cost of care metrics will be used.

#### MEASURE MORTALITY AND MORBIDITY RATES

---

Select if M&M rates will be used.

#### PATIENT FEEDBACK AND SURVEYS

---

Select if patient feedback and/or surveys will be used.

#### OTHER (PLEASE SPECIFY)

---

Select if a method other than those listed above will be used. Describe the method in the available text box.

### OUTCOMES ASSESSMENT

---

WHEN AND HOW DO YOU PLAN TO ASSESS THE OUTCOMES IDENTIFIED ABOVE? THE RESULTS OF THIS ASSESSMENT/MEASUREMENT MUST BE PROVIDED TO THE CE OFFICE.

When will the outcomes be measured? Provide additional details on how they will be measured.

### PLANNERS AND FACULTY

#### CONFERENCE PLANNING COMMITTEE & OTHER(S)

List all individuals involved in the planning of this activity.

#### SPEAKERS/ANTICIPATED SPEAKERS

You are not required to submit your speaker list at the time of application. You must use the CE Office provided spreadsheet template. You can upload it here or email it to the CE Coordinator later.

## MARKETING

DO YOU WANT THIS ACTIVITY TO APPEAR ON THE WMed CALENDAR OF CE ACTIVITIES?

YES

Select if you wish this activity to appear on

1. The WMed CE Portal
2. **AND** the WMed Pulse calendar

NO

Select if you do not wish this activity to appear on WMed websites, including the CE Portal.

DO YOU WANT TO USE THE WMed ONLINE POST-TEST MODULE IN ADDITION TO THE STANDARD WMed EVALUATION FORM?

YES

Select if you want to include a post-test in the WMed CE Portal.

NO

Select if you are not using a post-test or will use a different format.

DO YOU WANT ONLINE PRE-REGISTRATION TO BE AVAILABLE FOR THIS ACTIVITY?

YES

Select if you plan to use CloudCME for pre-registration.

NO

Select if you are not requiring pre-registration or plan to use a different system.

DO YOU WISH TO USE THE CE OFFICE CONFERENCE PLANNING SERVICES?

YES

Select if you wish to hire the CE Office to assist with your conference planning process beyond accreditation.

NO

Select if you will handle all conference planning outside of CE accreditation.

WILL THERE BE PROMOTIONAL MATERIALS?

How do you plan to promote or announce this activity? Select all that apply.

IS A DRAFT OF THE BROCHURE OR OTHER PROMOTIONAL MATERIALS ATTACHED?

YES

Select if you are uploading your draft promotional materials at this time.

NO, DRAFT IS PENDING

Select if you will email your draft promotional materials to the CE Coordinator.

REQUIRED SIGNATURES

PROVIDING ORGANIZATION

What organization do you work for?

ACTIVITY DIRECTOR

Who is in charge for this activity?

ACTIVITY COORDINATOR

Who is handling all of the coordination details? This may be the same as the activity director.

PRIMARY CONTACT

WHO SHOULD THE CE OFFICE COMMUNICATE WITH?

ACTIVITY DIRECTOR

Select if the CE Coordinator should send all communications to the activity director.

ACTIVITY COORDINATOR

Select if the CE Coordinator should send all communications to the activity director.

OTHER

Select if

1. A third party is assisting with the planning of this activity
2. **AND** the CE Coordinator should send all communications to this third party.

COMMENDATION CRITERIA

This is a list of best practices in continuing education. WMed is tracking these criteria to measure the overall quality of our program. What you select on this page will not affect the approval of your activity. Please select all that apply. If none of these criteria apply to your activity, you do not have select anything.

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PROMOTES TEAM-BASED EDUCATION

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C23 MEMBERS OF INTERPROFESSIONAL TEAMS ARE ENGAGED IN THE PLANNING AND DELIVERY OF INTERPROFESSIONAL CONTINUING EDUCATION (ICPE).

Select if members of interprofessional teams are engaged in

1. The planning
  2. **AND** delivery of this activity.
- 

C24 PATIENT/PUBLIC REPRESENTATIVES ARE ENGAGED IN THE PLANNING AND DELIVERY OF CME.

Select if patients and/or public representatives are engaged in

1. The planning
  2. **AND** delivery of this activity
- 

C25 STUDENTS OF THE HEALTH PROFESSIONS ARE ENGAGED IN THE PLANNING AND DELIVERY OF CME.

Select if students of the health professions are engaged in

1. The planning
2. **AND** delivery of this activity.

*Note: Students include any individual still in training.*

*Examples: Residents, medical students, physical therapy students, nursing students, PA students*

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ADDRESSES PUBLIC HEALTH PRIORITIES

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C26 THE PROVIDER ADVANCES THE USE OF HEALTH AND PRACTICE DATA FOR HEALTHCARE IMPROVEMENT.

This activity

1. Teaches about collection, analysis or synthesis of health/practice data
  2. **AND** that data is used to teach about healthcare improvement.
- 

C27 THE PROVIDER ADDRESSES FACTORS BEYOND CLINICAL CARE THAT AFFECT THE HEALTH POPULATIONS.

This activity teaches strategies that learners can use to improve population health.

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C28 THE PROVIDER COLLABORATES WITH OTHER ORGANIZATIONS TO MORE EFFECTIVELY ADDRESS POPULATION HEALTH ISSUES.

For CE Office use only.

**DO NOT SELECT THIS OPTION.**

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ENHANCES SKILLS

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C29 THE PROVIDER DESIGNS CME TO OPTIMIZE COMMUNICATION SKILLS OF LEARNERS.

This activity

1. Is designed to improve communication skills
2. **AND** includes an evaluation of observed communication skills
3. **AND** provides formative feedback to the learner from that observation.

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C30 THE PROVIDER DESIGNS CME TO OPTIMIZE TECHNICAL AND PROCEDURAL SKILLS OF LEARNERS.

This activity

1. Is designed to address technical and/or procedural skills
2. **AND** includes an evaluation of observed technical and/or procedural skills
3. **AND** provides formative feedback to the learner from that observation.

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C31 THE PROVIDER CREATES INDIVIDUALIZED LEARNING PLANS FOR LEARNERS.

For CE Office use only.

**DO NOT SELECT THIS OPTION.**

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C32 THE PROVIDER UTILIZES SUPPORT STRATEGIES TO ENHANCE CHANGE AS AN ADJUNCT TO ITS CME.

This activity

1. Provides support strategies and/or resources for learners to use when they return to practice
2. **AND** conducts follow-up to determine the effectiveness of these strategies and/or resources and plans improvements based on that follow-up.

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DEMONSTRATES EDUCATIONAL LEADERSHIP

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C33 THE PROVIDER ENGAGES IN CME RESEARCH AND SCHOLARSHIP.

For CE Office use only.

**DO NOT SELECT THIS OPTION.**

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C34 THE PROVIDER SUPPORTS THE CONTINUOUS PROFESSIONAL DEVELOPMENT OF ITS CME TEAM.

For CE Office use only.

**DO NOT SELECT THIS OPTION.**

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C35 THE PROVIDER DEMONSTRATES CREATIVITY AND INNOVATION IN THE EVOLUTION OF ITS CME PROGRAM.

For CE Office use only.

**DO NOT SELECT THIS OPTION.**

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ACHIEVES OUTCOMES

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C36 THE PROVIDER DEMONSTRATES IMPROVEMENT IN THE PERFORMANCE OF LEARNERS.

For CE Office use only.

**DO NOT SELECT THIS OPTION.**

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C37 THE PROVIDER DEMONSTRATES HEALTHCARE QUALITY IMPROVEMENT.

For CE Office use only.

**DO NOT SELECT THIS OPTION.**

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C38 THE PROVIDER DEMONSTRATES THE IMPACT OF THE CME PROGRAM ON PATIENTS OR THEIR COMMUNITIES.

For CE Office use only.

**DO NOT SELECT THIS OPTION.**