



Planning form for Expedited Accredited Activities Related to COVID-19

Please complete the form below in its entirety if you are planning an educational course on COVID-19 and/or related topics. Please submit this application to continuingeducation@childrens.harvard.edu

Name: <i>(First and Last)</i>	
Email Address:	
Date of the Activity (MM/DD/YYYY)	
Activity Title: <i>If you do not have a title, please leave this blank</i>	
Describe the activity briefly: <i>The description provided may be included on the website to help direct learners if this is an enduring material</i>	
What topics related to COVID-19 will be covered in this activity?	
Format:	<input type="checkbox"/> Article <input type="checkbox"/> Podcast <input type="checkbox"/> Resource Center <input type="checkbox"/> Live Webinar <input type="checkbox"/> Enduring Online Course <input type="checkbox"/> Webpage <input type="checkbox"/> Other (Please explain):
Credit Types Requested:	<input type="checkbox"/> Physician <input type="checkbox"/> Nursing <input type="checkbox"/> Pharmacy <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Social Work <input type="checkbox"/> Psychology <input type="checkbox"/> Dentist <input type="checkbox"/> Risk Management <input type="checkbox"/> MOC II
If you selected MOC II in the section above, please select which board you would like to award MOC II credits from	<input type="checkbox"/> American Board of Pediatrics <input type="checkbox"/> American Board of Internal Medicine <input type="checkbox"/> American Board of Anesthesiology <input type="checkbox"/> American Board of Ophthalmology <input type="checkbox"/> American Board of Otolaryngology <input type="checkbox"/> American Board of Pathology
URL: <i>If applicable</i>	
Number of attendees <i>(estimate)</i> :	
Is the activity designed to address the current public health and other issues related to COVID-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Is the expected outcome an improvement in response to the public health crisis (including improved teamwork, communication, patient care)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the group developing its own learning through discussion or is it being led by a facilitator or faculty member?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list full name and title of faculty member:
If there is a facilitator or faculty member, is that person an employee or owner of a pharmaceutical company or device manufacturer?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you collect the attendance information and send it to cmepartment@childrens.harvard.edu ?	<input type="checkbox"/> Yes <input type="checkbox"/> No *Please note this is required for the CME Department to award credits
How much time do you anticipate the activity will take? * _____ minutes or hours in 15 min increments (so credit can be awarded).	
Will the activity be recorded and suitable for wide distribution on an online learning platform?	<input type="checkbox"/> Yes <input type="checkbox"/> No *If yes, we will contact you to set up a meeting to discuss these details prior to your course
Do you and all recorded speakers grant Boston Children's CME with the permission to post and distribute the recording? * Whenever Boston Children's Hospital presents, publishes or re-publishes your presentation, it will fairly and accurately credit you as the presenter.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Would consider with more information
Do you and all recorded speakers grant Boston Children's Hospital CME agree with the HIPAA and Copyright guidelines below: Ensure that your presentation complies with the requirements to protect health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Ensure that appropriate permission supporting your Presentation itself from the rights holders of any published or copyrighted text, illustrations, tables, or other information or materials that you include in your Presentation, including any Written Materials.	<input type="checkbox"/> Yes <input type="checkbox"/> No



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