**Continuing Education Application**

The following application is for all educational programs seeking accreditation. Please complete the following forms, and submit using [smartsheet, click here](https://app.smartsheet.com/b/form/56bdae85e52a404b8b5a16528a992139).

**Nursing credit only applications** should be sent to the Nursing CE Request Team at nursingcerequest@childrens.harvard.edu. For nursing credit only, items in blue can be left blank.

**ALL FIELDS ARE REQUIRED** when submitting this application. If fields or documentation are missing, the application will be sent back to the submitter.

* Documentation includes: disclosure forms or an electronic disclosure list, references/supporting documents, these must be submitted with the application for it to be considered complete.
* The eight-week review period begins once a fully completed application is submitted.
* If you are seeking marketing support please submit your application, 4 months in advance for local; 6 months in advance for regional courses; 9-12 months in advance for national/international.
* All applications that are approved will be subject to an accreditation fee. Please review the [accreditation fee policy here](http://web2.tch.harvard.edu/cfapps/intranet_cms/preview/index.cfm?preview&S=3049&P=36).
* All questions in blue are only required for Jointly Accredited or CME only courses

**Resources:**

All resources for this application can be found on Dropbox and can be accessed within or outside of the Boston Children’s network. If you have any trouble with access, please email us at cmedepartment@childrens.harvard.edu.

Link to resources: [Click Here](https://dme.childrenshospital.org/continuing-education/application-and-resources/?preview_id=1258&preview_nonce=580a75b698&preview=true)

* Continuing Education Certificate Templates
* Blank Disclosure Form
* Conflict of Interest Policy
* Continuing Education Competencies
* Educational Support Materials and Copyright Policy
* Evaluation Template
* Honorarium Policy
* Industry Gift Solicitation Policy
* Marketing Tiers
* Master Disclosure Form Web- Please use this form to distribute disclosure form to all planners/faculty/speakers and email cmedepartment@childrens.harvard.edu to access the completed forms
* Schedule Template
* Tips for Writing Learning Objectives
* Tuition Guidelines

**Overview:**

**Course Title:** Click or tap here to enter text.

**Sponsoring Department or Program:** Click or tap here to enter text.

**Start Date:** Click or tap to enter a date.

**End Date:** Click or tap to enter a date.

**Do you plan to solicit commercial support for this course?** [**Definition of Commercial Support**](https://accme.org/publications/standards-for-integrity-and-independence-accredited-continuing-education-pdf)

Choose an item.
Additional Information? Click or tap here to enter text.

**Do you plan to solicit exhibitors for this course?** Choose an item.
Additional Information? Click or tap here to enter text.

**What credit type(s) are requested for this course?** If you are applying for more than one type besides nursing, this must be a Joint Accredited course and cannot be sent for nursing only credit.

[ ]  Physician (AMA PRA Category 1 Credits)
[ ]  Nurse (ANCC)
[ ]  Dentist (ADA CERP)
[ ]  Physician Assistant (AAPA)
[ ]  Pharmacist (CPE)
[ ]  Optometrist (COPE)
[ ]  Athletic Trainer (BOC)
[ ]  Social Worker (ASWB)
[ ]  Psychologist (APA)
[ ]  Dietitian (CDR CPEU)
[ ]  Risk Management
[ ]  MOC II (American Board of Pediatrics)
[ ]  MOC II (American Board of Anesthesiology)
[ ]  MOC II (American Board of Internal Medicine)
[ ]  MOC II (American Board of Otolaryngology- Head and Neck Surgery)
[ ]  MOC II (American Board of Pathology)
[ ]  MOC II (American Board of Surgery)

**Will you be applying for MOC IV for this course? If so, this application process is separate and through the** [**Program for Patient Safety & Quality**](http://web2.tch.harvard.edu/ppsq/mainpageS2718P57.html) **(internal link). Please visit their program page to begin the separate application process. If you have questions about this process, please email Michael Sabatino at** **Michael.sabatino@childrens.harvard.edu****.**

Choose an item.

**How many credits are you requesting?** \*For RSS, this is per session (i.e. 1 hour/week), for live and enduring courses this would be the total number of hours.

Click or tap here to enter text.

**Planning Committee:**Please enter the name, degree, title, phone number, email address and organization/department/division for each role listed below. For nursing only credit, at least one planner must be an RN with a BSN or higher.

**Course Director #1:** Click or tap here to enter text.

**Course Director #2:** Click or tap here to enter text.

**Course Director #3:** Click or tap here to enter text.

**Course Administrator:** Click or tap here to enter text.

**Course Content:**

**Course Format:** Choose an item.
If other: Click or tap here to enter text.

If enduring material, what is the expiration date of the material (must be =< 3 years):

**If RSS (Regularly Scheduled Series), what is the recurrence?** Choose an item.If other: Click or tap here to enter text.

**Course Overview**Tell us about your course including the educational need, practice gaps, and course format/methodologies. Please note that this text may be used for marketing purposes for Joint Accredited courses.

Click or tap here to enter text.

**What are the learning objectives for your course?**
These should be for the overall course, not session specific. All objectives should be able to finish this statement: Upon completion of this course, participants will:

Objective 1: Click or tap here to enter text.
Objective 2: Click or tap here to enter text.
Objective 3: Click or tap here to enter text.
Objective 4: Click or tap here to enter text.
Objective 5: Click or tap here to enter text.

**How were the speakers and topics identified to support the course objectives?**

Example: subject matter expert, new clinical guidelines released, etc.

Click or tap here to enter text.

**What are the professional practice gaps for this course? What is the current practice that this course is attempting to change, and what is the ideal practice that this course would attempt to foster? Think about, why is this course being held? What is the purpose of this course?**

Click or tap here to enter text.

**How was the need for this course brought to your attention?**

Example: Issues identified by colleagues, joint commission patient safety goal/competency, uncommon case, etc.

Click or tap here to enter text.

**What are the potential barriers (perceived or real) that may prevent learners from putting into practice what they have learned?**

Examples include: lack of time, lack of administrative support/resources, cost, etc.

Click or tap here to enter text.

**How will you address these barriers? Are any of these barriers outside of your control? Could these barriers impact patient outcomes?**

Examples include: patient compliance with treatment, patient access, lack of administrative resources

Click or tap here to enter text.

**What competencies is this course designed to change?** [The](file:///C%3A%5CUsers%5CCH169276%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CTemporary%20Internet%20Files%5CContent.Outlook%5CDocuments%5CContinuing%20Education%20Competencies.docx) list of CE Competencies is listed in the resources section at the beginning of this application.

Click or tap here to enter text.

**What measurement goals do you intend to meet as a result of this course? Please select all that apply, but at least one “Measured Outcome” from this list must be selected. Objective/subjective measurements are optional.**

[ ]  **Measured Outcomes**- Learner Competence
[ ]  Learner Competence Measurement- Objective
[ ]  Learner Competence Measurement- Subjective
[ ]  **Measured Outcomes**- Learner Performance
[ ]  Learner Performance Measurement- Objective
[ ]  Learner Performance Measurement- Subjective
[ ]  **Measured Outcomes**- Patient Health
[ ]  Patient Health Measurement- Objective
[ ]  Patient Health Measurement- Subjective
[ ]  **Measured Outcomes**- Community/Population Health
[ ]  Community/Population Health Measurement- Objective
[ ]  Community/Population Health Measurement- Subjective

Check below if you are also measuring knowledge. Objective/subjective measurements are optional. \*Please note that “Measured Outcomes-Knowledge” does not count towards the “Measured Outcomes” requirement. Knowledge-based measurements should be an addition to the other measures listed above, and is listed separately for that reason.
[ ]  Measured Outcomes- Learner Knowledge
[ ]  Learner Knowledge Measurement- Objective
[ ]  Learner Knowledge Measurement- Subjective

**How do you plan to evaluate this course? The Continuing Education evaluation template is located in resources listed at the beginning of application form.** If this course is Jointly Accredited and/or CME Accredited, the Department of Education has resources to assist in sending this evaluation on your behalf. If you would like to utilize this resource, please list that below. Evaluation method(s) must align with measurement goals above.

Click or tap here to enter text.

**Course Logistics:**

For Jointly Accredited and CME Only, please attach a copy of the course schedule in excel including start/end times, talk titles, speaker names/degrees, session format and any specific credit requests like risk management. Template is located in the resource section at the beginning of this application.

For Nursing only courses, please list the agenda in the table below.

**Schedule is not required for courses less than 2 hours**.

|  |  |  |  |
| --- | --- | --- | --- |
| Talk Title | Speaker Name | Start Time | End Time |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**If in person, where will the course be held?**

Please include address, name of building, and confirm if this space has been booked

Click or tap here to enter text.

**Has this course been approved by the sponsoring department leadership (Chief, Director, etc.)?**

Please include their name and contact email

Click or tap here to enter text.

**Course pricing;** using the blank table below, please insert all pricing tiers you plan to charge including different profession rates, early bird rates, member discounts, etc. If you do not plan to charge, please list $0.

|  |  |
| --- | --- |
| Registration Type:  | Price:  |
| EX: Physician Fee | EX. $100.00 |
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**For courses that are Jointly Accredited or CME Accredited, what is a good day/time for your team to meet for a kickoff meeting? (Nursing only courses do not require a kickoff meeting)**

Date: Click or tap to enter a date. Time: Click or tap here to enter text.

**Application Submission:**

**Jointly Accredited and/or CME Accredited:** Once this form is completed, please submit at least 6 weeks in advance, using [smartsheet, click here](https://app.smartsheet.com/b/form/56bdae85e52a404b8b5a16528a992139).

**Nursing Credits:** If applying for nursing credit only please submit to Greg Durkin at least four weeks in advance at [Gregory.Durkin@childrens.harvard.edu](file:///C%3A%5CUsers%5CCH169276%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CTemporary%20Internet%20Files%5CContent.Outlook%5CDWO48605%5CGregory.Durkin%40childrens.harvard.edu).