**Continuing Education Application**

The following application is for all educational programs seeking accreditation. Please complete the following form, 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](mailto:nursingcerequest@childrens.harvard.edu). For nursing credit only, items in blue can be left blank.

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

* Documentation includes disclosure forms, an electronic disclosure list, and 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 seek marketing support, please submit your application 4 months in advance for local, 6 months for regional courses, and 9-12 months for national/international.
* All approved applications 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:**

Link to resources: [Click Here](https://dme.childrenshospital.org/continuing-education/application-and-resources/)

* 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 the disclosure form to all planners/faculty/speakers and email [cmedepartment@childrens.harvard.edu](mailto: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?** Interprofessional Continuing Education (IPCE) is when members from two or more professions learn with, from, and about each other to enable effective coloration and improve health outcomes**.** If the activity is planned for a single profession or multiple professions but not IPCE, then the criteria would be fulfilled by considering the single profession or target audience.

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**](mailto: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 your educational needs, 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 this course attempts to change, and what is the ideal practice this course would try to foster? Think about why this course is 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) may prevent learners from putting into practice what they have learned?**

Examples include lack of time, 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, access, and lack of administrative resources.

Click or tap here to enter text.

**What competencies is this course designed to change?** CE Competencies are 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 due to 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 are 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 in the resources listed at the beginning of the 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 it below. Evaluation method(s) must align with the 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. The 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.

**A 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 the address and name of the 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 your application at least four weeks in advance to [NursingCErequest@childrens.harvard.edu](mailto:NursingCErequest@childrens.harvard.edu)