Accredited Continuing Education Planning Form (2.10)

This typed and completed form is required to be submitted with all applications for accredited continuing education. Applications with missing or incomplete forms will not be considered for accredited continuing education. This must be consistent with final application submitted in the Avera CE Portal. See Appendix C for how to use this information in your application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Title of Activity (1.10): |  |
| Date of first planning meeting: |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Accredited continuing education hours are able to be awarded to education that is proved to be free of bias and that demonstrates a high-quality educational design.  In order to achieve this, you must show you have:*

* *Addressed a professional practice gap*
* *Incorporated the activate involvement of a trained CE planner.  For Nursing credit, you must have included a trained nurse planner who holds a bachelor's degree in nursing and an unencumbered nursing license.*
* *Analyzed educational needs of your target audience that underline the problem or opportunity identified.*
* *Identified one or more learning outcomes to be achieved by learners.*
* *Used strategies that engage the learner in the educational activity and are congruent with the educational needs and desired learning outcomes*
* *Choose content based on evidenced-based practice or best available evidence.*
* *Planned for evaluating achievement of learning outcomes.*
* *Planned the education independently from the bias of ineligible companies or affiliated persons. (ANCC, 2015)(ACCME, 2021)*

[*CE Planner Resource Tab Hyperlink to the following Support Documents:*](https://avera.cloud-cme.com/about/resources?p=1200)

* [*Disclosure Request email Template*](https://avera.cloud-cme.com/about/resources?p=1200)
* [*How to Complete a Disclosure Guide*](https://avera.cloud-cme.com/assets/avera/PDF/How%20to%20complete%20a%20BioDisclosure%20in%20the%20CE%20Portal%202021.2.18vs1.pdf)
* [*How To Guide for pulling a Disclosure Report*](https://avera.cloud-cme.com/assets/avera/PDF/Disclosure%20Report%202020129.pdf)
* [*How To Guide for Obtaining Bio/CV*](https://avera.cloud-cme.com/about/resources?p=1200)
* [*Evaluation of Conflicts of Interest Flow Chart*](https://avera.cloud-cme.com/assets/avera/PDF/Accredited%20Continuing%20Education%20Planning%20Form%20-%20Evaluation%20of%20Conflicts%20of%20Interest%20Flow%20Chart.pdf)
* [*Mitigation Measures to Resolve Conflict of Interest*](https://avera.cloud-cme.com/assets/avera/PDF/Accredited%20Continuing%20Education%20Planning%20Form%20-%20Mitigation%20Measures%20to%20Resolve%20Conflict%20of%20Interest.pdf)
* [*Appendix A*](https://avera.cloud-cme.com/assets/avera/PDF/Appendix%20A.pdf)
* [*Appendix B*](https://avera.cloud-cme.com/assets/avera/PDF/Accredited%20Continuing%20Education%20Planning%20Form%20-%20Appendix%20B.pdf)
* [*Appendix C*](https://avera.cloud-cme.com/assets/avera/PDF/Appendix%20C.pdf)
* [*Evaluation Templates*](https://avera.cloud-cme.com/about/resources?p=1200)
* [*Registration Request Form*](https://avera.cloud-cme.com/assets/avera/PDF/Registration%20Sites%20Form%20vs1.pdf)
* [*RSS Complex Child Session Planning Form*](https://avera.cloud-cme.com/about/resources?p=1200)
* [*Add a Planner or Faculty Member Form*](https://avera.cloud-cme.com/about/resources?p=1200)

|  |  |
| --- | --- |
| Information needed to mitigate conflict of interest prior to role assignment: [For an example of ineligible / eligible companies click here](https://avera.cloud-cme.com/assets/avera/activities/16531/attachements/Eligible%20Ineligible%20Company%20Examples%20-%20Disclosure%20Form.pdf) | |
| Name of Ineligible Company An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Types of organizations for which you must disclose your financial relationships are as follows: 1. Biomedical startups that have begun a governmental regulatory approval process; 2. Compounding pharmacies that manufacture proprietary compounds; 3. Device manufacturers or distributors; 4. Diagnostic labs that sell proprietary products; 5. Growers, distributors, manufacturers or sellers of medical foods and dietary supplements; 6. Manufacturers of health-related wearable products; 7. Pharmaceutical companies or distributors; 8. Pharmacy benefit managers; 9. Reagent manufacturers or sellers; 10. Advertising, marketing or communication firms whose clients are ineligible companies. | Nature of Financial Relationship  Examples include advisor, consulting fee, employment, executive, grant or research support\*, honoraria, independent contractor (including contracted research), membership on advisory committees or review panels (Board Membership, etc), ownership, paid consultant, royalties or patent beneficiary, speakers bureau, stock or stock options (excluding diversified mutual funds), other financial or material interests with ineligible companies. \*Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual’s institution receives the research grant and manages the funds. |

**Planning Committee and all persons in a position to control content (2.2):**

*Planning committees must minimally consist of a trained lead planner and a content expert.  This can be the same person but you must have a minimum of 2 people to form a committee.*

* *CNE activities require a trained nurse planner with a minimum of a bachelor's degree in nursing and an unencumbered nursing license*
* *A person representing the discipline you are requesting credit for needs to be part of your committee, i.e. a social worker for SW credit.*
* *One content expert with Bio/CV*
* *All faculty must have Bio/CV*

*Current disclosures must be completed in the Avera CE Portal by all persons in a position to control content of the education PRIOR to the start of the planning process, or PRIOR to the date the person became involved in the process. See Planner Resource tab for disclosure email template and How To Guide for pulling a Disclosure Report to aid in checking progress.*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Date person in position to control content of education became involved* | *Name of individual and credentials* | *Individual’s role in activity*  *Lead Planner, Nurse Planner, Committee Member, Content Expert-Committee Member, Peer Reviewer, Proxy, Faculty/Speaker/Author, etc.* | *Leave blank if there is no relationship identified with an ineligible company in the last 24 months* | | | *Verified no financial changes since disclosure last completed.* | *Use* [*Evaluation of Conflicts of Interest Flow Chart*](https://avera.cloud-cme.com/assets/avera/PDF/Accredited%20Continuing%20Education%20Planning%20Form%20-%20Evaluation%20of%20Conflicts%20of%20Interest%20Flow%20Chart.pdf)*:*  *Option A: This individual has NO COI, COI is not relevant to this education, or is presenting non-clinical content.*  *Option B: This individual is an employee of an ineligible company and has an exception*  *Option C: This individual has a COI that is relevant to this education and Mitigation form completed prior to role assignments occurred* | | |
| *Name of ineligible company*  *(see definition prior page)* | *Nature of relationship(s)*  *(see definition prior page)* | *Has the relationship ended?* |
| *Example: 1/10/2021* | *John Doe, PhD* | *Committee Member and Faculty* | *Pfizer* | *Speakers Bureau* | Yes  No |  | *Option A* | *Option B* | *Option C* |
| *Example: 1/10/2021* | *Jane Doe, PhD* | *Committee Member and Faculty* |  |  | Yes  No |  | *Option A* | *Option B* | *Option C* |
|  |  |  |  |  | Yes  No |  | *Option A* | *Option B* | *Option C* |
|  |  |  |  |  | Yes  No |  | *Option A* | *Option B* | *Option C* |
|  |  |  |  |  | Yes  No |  | *Option A* | *Option B* | *Option C* |
|  |  |  |  |  | Yes  No |  | *Option A* | *Option B* | *Option C* |
|  |  |  |  |  | Yes  No |  | *Option A* | *Option B* | *Option C* |
|  |  |  |  |  | Yes  No |  | *Option A* | *Option B* | *Option C* |
|  |  |  |  |  | Yes  No |  | *Option A* | *Option B* | *Option C* |
|  |  |  |  |  | Yes  No |  | *Option A* | *Option B* | *Option C* |
|  |  |  |  |  | Yes  No |  | *Option A* | *Option B* | *Option C* |
|  |  |  |  |  | Yes  No |  | *Option A* | *Option B* | *Option C* |
|  |  |  |  |  | Yes  No |  | *Option A* | *Option B* | *Option C* |
|  |  |  |  |  | Yes  No |  | *Option A* | *Option B* | *Option C* |
|  |  |  |  |  | Yes  No |  | *Option A* | *Option B* | *Option C* |
|  |  |  |  |  | Yes  No |  | *Option A* | *Option B* | *Option C* |

|  |
| --- |
| Mitigation Measures to Resolve Conflict of Interest |
| Individual with COI: |

**Select either B or C below.** Use Evaluation of Conflict of Interest Flow Chart to determine appropriate path

|  |  |
| --- | --- |
| *Option B: Select the applicable exemption(s) below for the employee or owner of an ineligible company* | |
| *Content is related to basic science research (such as pre-clinical research and drug discovery or the methodologies of research) and they do not make care recommendations.* | *They are participating as technicians to teach safe and proper use of medical devices and do not recommend whether or when a device is used.* |

|  |  |
| --- | --- |
| Option C Mitigation Options | |
| Mitigation steps for Planners/Committee Members | **Mitigation Steps for Faculty/Others** |
| Divest the financial relationship | Divest the financial relationship |
| Recusal from controlling aspects of planning and content with which there is a financial relationship | Peer review of content by persons without relevant financial relationships.  *Peer reviewer:* |
| Peer review of planning decisions by persons without relevant financial relationships  *Peer Reviewer:* | Attest that clinical recommendations are evidenced based and free of commercial bias (eg. peer-reviewed literature, adhering to evidence-based practice guidelines) [Click here to view Standard 1](https://www.accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce/standard-1-ensure-content-valid) |

|  |  |  |  |
| --- | --- | --- | --- |
| I attest that I have discussed these agreed upon mitigation measures with the above named individual. | | | |
|  |  |  |  |
| Date Implemented |  | Signature (Lead Planner or Designated Committee Member) |  |

Relationship ended previously

Gap Analysis and Planning Table

See Appendix A for additional information, Appendix B for examples and Appendix C to help you with the final application.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *Current State*  *(3.10)* | *Desired State*  *(3.11)* | *Professional Practice Gap*  *(3.12)* | *Gap due to knowledge, skill and/or Practice*  *(3.13a, 3.13b, 3.14a, 3.13b, 3.15a, 3.15b)* | *Methods used to Identify Professional Practice Gap*  *(3.20)* | *Target Audience* | *Learning Outcome (4.0)* | *Method of Evaluation (4.20)* |
| What is currently happening? | What should be happening? | Difference between what is and what should be. | Why do you think the current state exists? What is the underlying or root cause? Put an \* next to the gaps of the learners this education will be designed to change. | What evidence do you have to validate the gap exists? | Who is involved in the practice gap?  Put an \* next to the target audience this education will be focused on. | What do you want learners to be able to do as a result of participating in this activity? | How are you going to measure that change? |
|  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| *Outcome Statement* | *Supporting Objective(s)* |
|  |  |
|  |  |
|  |  |
|  |  |

Educational Design and Planning

|  |  |
| --- | --- |
| Based on desired outcome, what is the best format(1.14): | Describe why chosen format is the best method to meet learning outcome (3.17): |
| Live:  In person  Webinar  Enduring Material:  Video recording  Power point/Module |  |

***Agenda:*** *Must include ALL time (from start to finish) including registration, breaks, meals etc.*

|  |  |
| --- | --- |
| *For Live or Virtual Courses Only:* | *For All Accredited Continuing Education:* |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Day* | *Start Time* | *End Time* | *Minutes* | *CE Eligible Segment* | *Room/Virtual Location* | *Content* | *Presenter/Author* | *Engagement Strategies\** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

*\*Note: Lecture is not an engagement strategy. Common engagement strategies are integrating opportunities for dialogue, question and answer periods, polling, annotation, breakout sessions with discussion, time for self-check and reflection, analyzing case studies, and providing opportunities for problem-based learning (case studies).*

|  |  |
| --- | --- |
| *Evidence based references used for developing this educational activity:*  *Note: Current available evidence published in the past 5-7 years. Please list specific web link to content when using.* | |
| *Organizations, websites, articles, books:* |  |
| *Peer-reviewed journal /resource:* |  |
| *Clinical guidelines:* |  |
| *Expert Resource (individual, organization, educational institution):* |  |
| *Textbook reference:* |  |
| *Other:* |  |

|  |  |
| --- | --- |
| *Calculation of time to award hours:* | *What does the learner have to do to earn a certificate of completion?* |
| *Live:*  *Number of education in minutes\_\_\_\_\_\_ divided by 60*  *Additional time for Pre-Test 5 Minutes*  *Additional time for Post-Test 5 Minutes*  *Additional time for evaluation*  *10 minutes*  *15 minutes Commitment to change*  *15 minutes 6 month RSS evaluation*    *Enduring Material:*  *Pilot Study*  [*Mergener Formula*](Http://touchcalc.com/calculators/mergener)  *Video Length*  *Voiced Over PowerPoint Length*  *Additional time for Pre-Test 5 Minutes*  *Additional time for Post-Test 5 Minutes (required)*  *Additional time for evaluation*  *10 minutes*  *15 minutes Commitment to change*  *Estimated number of contact hours to be awarded based on above calculations\*(1.50): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\*Hours awarded in 15 minute intervals*  *RSS: RSS activities will have minimally annual evaluations that are awarded 0.25 contact hours. If your program includes varied meeting times, please provide statement below of annual meeting schedule with dates if possible:* | ***Select evaluation form you plan to use:***  *Completion of evaluation form (required). Review templates on* [*CE Planner Resource page*](https://avera.cloud-cme.com/about/resources?p=1200)*.*  Template RSS basic (for RSS ACTIVITIES ONLY)  Template RSS Complex, Live, Virtual  Template RSS Complex, Live, Virtual with Commitment to Change  Template Enduring Material  Template Enduring Material with Commitment to Change  Add additional evaluation questions (attach to application for review)  ***Select all that apply, based on your outcome statement:***  *Attendance at entire education activity or conference*  *Attendance at \_\_\_\_ % of the entire education activity or conference (below, list how you will monitor attendance.)*  *Attendance at one or more sessions at a multiple session event (credit commensurate with participation. Note how you will monitor below.)*  *Test (select only one,* ***required*** *for all enduring material):*  *Successful completion of a post-test with \_\_\_\_% passing score (True/False, Multiple Choice, Up to 5 answer options. Attach test questions and answers. Minimum of 5 questions.)*  *Successful Completion of Essay/Short answer questions*  *Successful completion of a return demonstration (include process and documentation you will use)*  *Viewing of entire on-demand activity or all enduring content*  *Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

|  |
| --- |
| *Disclosure to Learners* |
| *Learners must be made aware of what they must do to qualify for continuing education credit, disclosures from all persons in a position to control or influence the content of the education (both nothing to disclose and/or of relevant disclosure), commercial support, joint provider ship and expiration of enduring material. This must be done PRIOR to the start of a learning activity.*  *What method(s) will you use to communicate this to your learners?*  Announcement emailed prior to activity  First set of PowerPoint slides  Announcement Printed as handout to participants  Announcement Displayed on Avera CE Portal |
| *Will this same exact\* course be held Multiple Times in the same calendar year? (Repeat Course)*  *\*No change to faculty, outcomes etc. Dates/times may change* |
| No  Yes- If yes, only submit one application. Once approved, we will follow up with next steps. Please list dates and times below, if known. If date is not known, complete the “Add an Additional Date for an Approved Course” |
| Notes to the CE team: |
|  |