Appendix C

This is a resource to help you know how to fill out the final Avera CE Application Planning Form (APF)
https://avera.cloud-cme.com/application.aspx
_____

To begin, start by using the <mark>*Accredited Education Continuing Planning Form*</mark>

Click "Create New Application" button. If you have completed an APF in the past, these prior applications can be copied into a new application to be edited by clicking the "Copy" button.

ActivityID	Activity Details	Author	Planners	Approver	Disclosure Status		Copy	Delete
18177	**test** Activity Type: Directly Provided - Live Course Activity Date: 1/24/2023 10:00:00 AM Last Revised: 1/4/2023 1:29:19 PM	Sharon Plucker, RD		No Approver Assigned Assign Approver	No faculty or planners have been specified for this application that require a disclosure.	Submit For Review	⊕	⊘

To the left side of the application, you will notice your navigation panel. We have added numbers to the application to help planners when referencing sections and for aligning planning documents.

Basic Information	← 1.0
Planners and Faculty	← 2.0
Gap and Needs	← 3.0
Objectives and Learning Outcomes	← 4.0
Commercial Support	← 5.0
Commendation Criteria	← 6.0
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Files - upload/download	← 8.0
Comments	←9.0
Return To Applications List	← 10.0

At the bottom of each page, there is a "save and continue" button. This must be clicked to save any changes before navigating to another tab or all your changes will be lost.

Save and Continue

Basic Information (1.0)

Basic Information ← 1.0

Specify the following for your activity

All fields in this CE application require an answer in order to be considered complete. An incomplete application will be returned.

Activity Name (Excessively long titles and special characters such as "*", "&" may cause the application to be lost.) ⓘ

| Title of Activity | ← 1.10

If you are requesting credit for Social Work (SD Board of Social Work), Counselors, Marriage and Family Therapy or Nurse Facility Administrator, please check "Other" and select the credit type(s) in the Credit Types and Hours section.

Select all that apply: ⓘ

- ☑ ACCME (Physicians)
- ☐ ACPE (Pharmacists and/or Pharmacy Technicians)
- ☑ Joint Accredited
- ☐ Other (Select Credit Types Below)
- ☐ ANCC (Nurses)
- ☑ ASWB (Social Workers)
- ☐ BOC (Athletic Trainers)
- ☐ Non-Accredited

← 1.11

Activity Format: *

| ☰ ▼ | ← 1.12

You ca

AMA | Directly Provided - Enduring Material
☑ | Directly Provided - Live Course
☐ | Directly Provided - Other/Blended Learning
☐ | Directly Provided - Regularly Scheduled Series
☐ | Jointly Provided - Enduring Material
Was t | Jointly Provided - Live Course
listed | Jointly Provided - Other/Blended Learning

Delivery Method: *

| ☐ In-Person | ☐ Livestreamed | ← 1.13

AMA Activity Format ⓘ

- ☑ Live Activity
- ☐ Journal-based CME activity
- ☐ Manuscript review activity
- ☐ Internet point-of-care activity
- ☐ Other
- ☐ Enduring Material
- ☐ Test-item writing activity
- ☐ PI CME activity
- ☐ Learning from Teaching

← 1.14

Was this activity planned by the healthcare team, for the healthcare team? (Answer "Yes" if every profession listed in your target audience is reflected in your planning committee.) ← 1.15
- ⦿ Yes
- ◯ No

Is this an Enduring Material activity? ← 1.16
- ◯ Yes
- ⦿ No

ANCC

← 1.17

Provider-directed, provider-paced: The provider controls all aspects of the learning activity. The provider determines teh 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. (Examples include live activities and live webinars.)

Provider-directed, learner-paced: The provider determines teh 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. The learner determines teh pace at which he or she engages in the learning activity. (Examples include print articles, online courses, e-books and self-learning modules/independent studies.)

Learner-directed, learner-paced: With guidance from a Nurse Planner, an individual learner takes the initiative in identifying his or her learning needs, formulating learning outcomes, identifying resources for learning, choosing and implementing appropriate learning strategies, and evaluating outcomes. The learner also determines the pace at which he or she engages in the learning activity.

ANCC Activity Type: ⓘ
- ☐ Learner Directed, Learner Paced
- ☐ Provider Directed, Learner Paced
- ☐ Provider Directed, Provider Paced

ACPE

← 1.18

Is this activity: ⓘ
- ☐ Knowledge-Based (K)
- ☐ Application-Based (A)
- ☐ Certificate Program

Topic Designator: ⓘ
- ☐ 01-Disease State Management/Drug Therapy
- ☐ 02-AIDS Therapy
- ☐ 03-Pharmacy Practice
- ☐ 04-General Pharmacy
- ☐ 05-Patient Safety
- ☐ 06-Immunizations
- ☐ 07-Compounding
- ☐ 08-Pain Management

Course Information

Department

≡ ▼

← 1.19

If other, list:

✎

Synopsis (short description shown on listing pages - 300 character max):

test

← 1.20 This shows in the thumbnail on the CE Portal

Character Count: 4

Activity Description (shown on detailed course page and marketing materials): ⓘ

test

← 1.21 This shows in the registration page and the announcement

Does the content of this activity contain clinical or non-clinical (i.e. leadership, communication, ethics, professional responsibilities, etc.) or a combination of both?

← 1.22

● Yes, Clinical   ○ No, Non-Clinical   ○ Combination of Both

Credit Types

← 1.23

Type of Credit Requested (*Credits awarded using this application. All other credits must be applied for separately by committee). * ⓘ

- ☐ Physician (AMA PRA Category 1 Credit(s)™)
- ☐ Non-Physician CME
- ☐ Social Work (SD Board of Examiners)*
- ☐ Respiratory Therapy (AARC)
- ☐ Medical Assistant (AAMA)
- ☐ EMS (SD DOH)
- ☐ Counselors, Marriage Family Therapy (SD Board of Examiners)*
- ☐ Registered Dietitian (CDR)
- ☐ Chiropractor (SD Board of Chiropractic Examiners)
- ☐ National Board of Diving & Hyperbaric Medical Technology
- ☐ Dental Assistant
- ☐ Dietary Manager (CBDM)
- ☐ Pharmacy-ACPE*

- ☐ Nursing*
- ☐ General Attendance
- ☐ Pharmacy (SD Board)
- ☐ Nursing Facility Adminstrator (SD Board)*
- ☐ Athletic Training (BOC)*
- ☐ Addiction and Prevention Professionals (BAPP)
- ☐ Dietary Manager (ANFP)
- ☐ Radiology Technologist (ASRT)
- ☐ Laboratory Professionals (ASCLS - PACE)
- ☐ ABIM MOC Part 2
- ☐ Nursing (Pharmacotherapeutic)
- ☐ Dentist
- ☐ Dental Hygienist
- ☐ CNP
- ☐ Social Work-ASWB*

You can't leave this empty: Type of Credit Requested (*Credits awarded using this application. All other credits must be applied for separately by committee).

Requested Number of Continuing Education Hours

← 1.24

Enter the number of credits or contact hours that you are requesting to be awarded to the activity: ⓘ

☰ 1.0

Pharmacotherapeutic Hours

Are you applying for Nursing Pharmacotherapeutic credit?

← 1.25

- ⦿ Yes
- ◯ No

Number of pharmacotherapeutic credits that quality for this event. *

☐

You can't leave this empty: Number of pharmacotherapeutic credits that quality for this event.

What content areas will be covered to qualify for Pharmacotherapeutic hours? (check all that apply) *

- ☐ Overview of the disease process for which medication therapy is required (context for appropriate medication therapy).
- ☐ Scientific rationale or evidence-base of the use of medication therapy for disease or disease process
- ☐ All content related to prescribing/recommending safe and appropriate use of medication therapy, including cost-effectiveness
- ☐ All content related to the safe administration of medication therapy, including but not limited to dosage, route, frequency, delivery devices, administration devices and similar
- ☐ All content related to monitoring of medication therapy
- ☐ All content related to possible side effects and/or adverse effects of medication therapy
- ☐ All content related to special considerations related to medication therapy
- ☐ All content related to adjunct therapy that may be used in conjunction with medication therapy

You can't leave this empty: What content areas will be covered to qualify for Pharmacotherapeutic hours? (check all that apply)

Provide a brief description of specific content *

☐

You can't leave this empty: Provide a brief description of specific content

Location and Dates/Times of Activity

Please complete the fields below based on where your meeting/activity will be held.

Location (building/facility/hotel/conference room/online) *select Online for Enduring Materials*: ℹ

[≡ ▼]

If other location, please specify: ℹ

[✎]

City: * ℹ   State: Country:

[⚠]   [SD ▼]   [≡ UNITED STATES ▼]

Activity Start and End Dates

Series Start Date *   Series End Date *

[📅   ⚠ 📅]   [📅   ⚠ 📅]

Activity Start and End Times

Start Time: ℹ   End Time: ℹ

[🕐 10:00 AM]   [🕐 01:00 PM]

Time Zone: ℹ

[≡ (GMT -6:00) Central Time (US & Canada), Mexico City ▼]

RSS Details

RSS ONLY: the start and end date must be the date and time of your very first meeting. Example: Start date - January 2 at 8:00 am End date - January 2 at 9:00 am

Series Type: ℹ

○ Grand Rounds   ○ Case Conference   ○ Journal Club
○ Tumor Board   ○ Other

If other series type, please specify:

[✎]

RSS Frequency: ℹ

○ Weekly   ○ Monthly

If other frequency, please specify:

[✎]

1/5/2023

Anticipated Number of Participants:

[✎]   ← 1.27

Target Audience

Please identify the target audience that this activity was designed to reach.

Reminder: Education that is created by the team and for the team must have a representative from each target audience group identified below involved in the design of the education and listed in the Committee and Faculty sections.

Target Professions (check all that apply):   ← 1.28

- [ ] Addiction and Prevention Professionals
- [ ] Administration
- [ ] Athletic Trainer
- [ ] CEO
- [ ] Chaplain
- [ ] Chiropractor
- [ ] Counselor / Therapist
- [ ] Dental Assistant
- [ ] Dental Hygienist
- [ ] Dentist
- [ ] Dietary Manager (CBDM)
- [ ] Director
- [ ] EMS
- [ ] Executive Leader
- [ ] Manager
- [ ] Medical Assistants
- [ ] Nurse - Nurse Practitioner
- [ ] Nurse - RN
- [ ] Nurse -LPN/LVN
- [ ] Nursing Facility Administrator
- [ ] Optometrist
- [ ] Osteopathic
- [ ] Other
- [ ] Pharmacist
- [ ] Pharmacy Technician
- [ ] PhD
- [ ] Physical Therapist
- [ ] Physician
- [ ] Physician Assistant
- [ ] Psychologist
- [ ] Radiologic Technologists
- [ ] Registered Dietitian
- [ ] Respiratory Therapist
- [ ] Social Worker
- [ ] Student
- [ ] Technician
- [ ] Vice President

If Other profession, please specify here:

[✎]

To add additional target audience click the plus (+) icon and to remove a target audience click the minus (-) icon.

Target Audience	⊕
Target Specialties ⓘ	
[☰ ▼]	

List other target audience here:

[   ]

[⇥ Save and Continue]

1/5/2023

Planners and Faculty (2.0)

Documentation of Planning (2.0)

Obtaining Accredited Continuing education requires that you are able to demonstrate planning within the committee and that the committee has adhered to the criteria for accreditation during that educational design process.

You can find the planning form here, as well as on the CE Planner Resources Tab. Please upload the completed document in the tab below.

Upload Accredited Continuing Education Planning Form

⬆ Add Files

Planners, Faculty and Others

← 2.1

Complete the table below for each person in a position to control or influence the content of the education. (Examples include but are not limited to: Planning committee members, faculty, speaker, authors, and/or content reviewers). Include email, full name, degree, profession and their role in the education. They should already have a completed disclosure on file from when you added them to your educational design process.

Instructions: The fields in red are required. Enter a valid email address, if the user has a disclosure on file, the name and degree will be automatically populated for you. To verify if a committee member or faculty has an active disclosure in the Avera CE Portal, use the "Disclosures" button located on the Application List page or the Disclosure Report, instructions available on the CE Planner Resources Tab.

NOTE: Please list authors of content as faculty/speaker as "Role in Planning Content" in the form below.

To add more planners or faculty, click the green plus (+) sign. To remove a planner or faculty, click the red minus (-) sign.

ℹ *Note: After you save this form, it does not automatically update as Planners/Faculty complete their disclosures. To trigger an update, click the "Update Missing Disclosures, if available" button below. Wait several minutes to allow the rule to run again and any missing disclosure information, if available and valid for the activity, will populate. When the rule has finished running, a message will display beside the button stating, "Update Complete." Once you see that message, you can click Save and Continue at the bottom of the form.*

↪ Update Missing Disclosures, if available

▾ Qualified Planner ⊕

Email *

☑

First and Last Name *

☑

Degree *

☰

Profession *

☰

Title

☑

Department or Affiliation

☑

Role in Planning Content *

☰

Will this faculty/planning committee member be limited to a non-clinical (i.e., communication, leadership, ethics, etc.) subject only? *

● Yes   ● No

ℹ The disclosure field below is for use by the system and is not editable, please do not attempt to enter information into the field.

Disclosure Information

Gap and Needs (3.0)

Appendix A and Appendix B are really helpful tools to guide you through how to fill out this section. They can be found on the [Avera CE Portal CE Planner Resource Page](.).

Gap and Needs

Gap Analysis

Current State: What is the current practice, problem, issue or concern? (Please provide a one sentence explanation.) ⓘ

← 3.10

Desired State: What are you wanting your learners to know, know how or able to show or do?

← 3.11

State the professional practice gap(s) of the healthcare team/members on which the activity was based (100 words max):

← 3.12

State the educational need(s) that you determined to be the cause of the professional practice gap(s)

☑ Knowledge Need   ☑ Skill/Strategy Need   ☑ Performance Need

Add more detail based on the Knowledge need (50 words max): *

⚠

← 3.13a

Word Count:

Add more detail based on the Skills/Strategy need (50 words max): *

⚠

← 3.13b

Word Count:

Add more detail based on the Performance need (50 words max): *

⚠

← 3.13c

Word Count:

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):

← 3.14

Explain how you ensured the activity was generated around valid content (50 words max):

[text box]

← 3.15

Word Count:

Explain how the activity promotes active learning for the healthcare team that is consistent with the activity's desired results (50 words max):

[text box]

← 3.16

Word Count:

Will you be providing non-educational intervention(s) with this activity? (Example: policy changes, reminders at staff meetings, posters and patient education, etc.)

○ Yes   ○ No

← 3.17

Needs Assessment

← 3.18

What evidence do you have to validate the gap exists? ⓘ

- ☐ Evidence-based, peer-reviewed literature
- ☐ Outcomes data that supports team-based education
- ☐ Quality care data
- ☐ Issues identified by colleagues
- ☐ Problematic/uncommon cases
- ☐ Ongoing consensus of diagnosis made by physician on staff
- ☐ Advice from authorities of the field or societies
- ☐ Formal or informal survey results of target audience, faculty or staff
- ☐ Discussions in departmental meetings
- ☐ Government sources or consensus reports
- ☐ Board examinations and/or re-certifications requirements
- ☐ New technology, methods or diagnosis/treatment
- ☐ Legislative, regulatory, or organizational changes impacting patient care
- ☐ Joint Commission Patient Safety Goal/Competency
- ☐ Direct observation of staff
- ☐ Other

Please provide a summary of the data you gathered above.

[text box]

Example: Needs assessment showed that 70% of the interprofessional team reported low levels of knowledge and confidence with writing and publication process; number of professional publications are below organizational target.

Barriers

Provider Barriers ⓘ

- ☐ Clinical Knowledge/Skill/Expertise
- ☐ Recall/Confidence/Clinical Inertia
- ☐ Peer Influence
- ☐ Motivation
- ☐ Cultural Competence
- ☐ Fear/Legal Concerns
- ☐ Work Overload

Team Barriers ⓘ

- ☐ Roles and Responsibilities
- ☐ Shared Values and Trust
- ☐ Challenges in Communication
- ☐ Team Structure
- ☐ Competence
- ☐ Lack of Consensus
- ☐ Work Overload

Patient Barriers ⓘ

- ☐ Patient Culture
- ☐ Insufficient Adherence to Treatment Plan
- ☐ Insufficient Accessibility/Availability of Treatment

System/Organization Barriers ⓘ

- ☐ Work Overload
- ☐ Institutional Policies
- ☐ Referral Process
- ☐ Cost of Treatment
- ☐ Insurance Reimbursement
- ☐ Culture of Safety

Please explain how the identified barriers will be addressed?

[ ]

Objectives and Learning Outcomes (4.0)

Objectives, Learning Outcome(s) and Competencies

Outcome(s)

A written statement that reflects what the learner will be able to do as a result of participating in the educational activity. The outcome addresses the educational needs (knowledge, skill/strategy, performance and/or patient outcomes) that contribute to the professional practice gap and achieving the learning outcome that results in narrowing or closing the gap. The learning outcome can assess the overall impact of multiple objectives.

Example: 100% of participants/healthcare team will identify at least one expected change or enhancement in their practice based on information learned during the session.

List all outcomes for the educational offering.

[ ]

Objectives

What do you expect your participants to be able to do as a result of participating in this activity?

Objectives are used to organize specific topics or individual learning activities to achieve the overall learning outcome.

To enter your objectives, type an objective into the table below. At least one Objective is required. Objectives should be observable and measurable. Planning Process Resources to help.

To add additional objectives click the plus icon. To remove objectives click the minus icon.

At the conclusion of this activity, participants/healthcare team will be able to:

Joint Accredited Objectives   ← 4.11

	Number	Objective	ⓘ
⊕	1		*

NOTE: These objectives will be stated in the promotional brochure and activity's syllabus.

JA Outcomes   ← 4.12

> ⓘ   Click here for additional information on Subjective / Objective outcomes. Also reach out to averacontinuingeducation@avera.org for additional clarification.

Learner/Team Competence (Learner/Team shows how to do):
☐ Objective measurement (e.g., observed, tested)
☐ Subjective measurement (e.g., self-reported)

Learner/Team Performance (Learner/Team demonstrates in practice):
☐ Objective measurement (e.g., observed, tested)
☐ Subjective measurement (e.g., self-reported)

Patient Health (Effects of what learner/team has done for a few):
☐ Objective measurement (e.g., observed, tested)
☐ Subjective measurement (e.g., self-reported)

Community/Population Health (Effects of what learner/team has done for many):
☐ Objective measurement (e.g., observed, tested)
☐ Subjective measurement (e.g., self-reported)

Learner Knowledge will also be measured for this activity:
☐ Objective measurement (e.g., observed, tested)
☐ Subjective measurement (e.g., self-reported)

Competencies

← 4.13

Activities must be designed to address desirable physician attributes. An IPCE activity must be designed to address the competencies of the healthcare team and incorporate one or more of the interprofessional competencies. Indicate which of the Accreditation Council for Graduate Education (ACGME), and/or American Board of Medical Specialties (ABMS), Institute of Medicine (IOM), and Interprofessional Education Collaborative (IEC) core competencies will be address by this activity. Please only select the core competencies that most closely reflect the education design of your activity.

ACGME/ABMS

- [ ] Patient Care or Procedural Skills
- [ ] Medical Knowledge
- [ ] Practice-Based Learning and Improvement
- [ ] Interpersonal & Communication Skills
- [ ] Professionalism
- [ ] System-Based Practice

Institute of Medicine

- [ ] Provide Patient-Centered Care
- [ ] Work in Interdisciplinary Teams
- [ ] Employ Evidence-Based Practice
- [ ] Apply Quality Improvement
- [ ] Utilize Informatics

Interprofessional Education Collaborative

- [ ] Values / Ethics for Interprofessional Practice
- [ ] Roles / Responsibilities
- [ ] Interprofessional Communication
- [ ] Teams & Teamwork

Other Competencies

[   ]

AMA PRA Skills and Procedures

← 4.14

AMA PRA Skills and Procedures

- [ ] Verification of Attendance
- [ ] Verification of Satisfactory Completion of Course Objectives
- [ ] Verification of Proctor Readiness
- [ ] Verification of Physician Competence to Perform the Procedure

Nursing Quality Outcome Measures (4.50)

← 4.15

Nursing Quality Outcome Measures

- [ ] Professional Practice Behaviors
- [ ] Leadership Skills
- [ ] Critical Thinking Skills
- [ ] Nurse Competence
- [ ] High Quality Care Based on Best Available Evidence
- [ ] Improvement in Nursing Practice
- [ ] Improvement in Patient Outcomes
- [ ] Improvement in Nursing Care Delivery

[→) Save and Continue]

Commercial Support (5.0)

Commercial Support

*All commercial supporters must comply with the **Standards for Integrity and Independence in Accredited Continuing Education.***

Is this activity receiving commercial support? *

- ● Yes
- ● No

← 5.0

If you answered yes above, please contact averacontinuingeducation@avera.org.

Funding

Is there projected income? *

- ☐ Yes
- ☐ No

← 5.10

Who will be funding your activity? *

- ☐ Our department will use it's cost center
- ☐ We will solicit registration fees
- ☐ We will solicit exhibitor fees
- ☐ We will apply for non-commercial support via educational grants (ex: government research grants)
- ☐ We will apply for commercial support grants (ex: drug companies)
- ☐ No income - no expense
- ☐ Other (please specify)

← 5.11

Will there be projected expenses? *

- ☐ No
- ☐ Yes

← 5.12

If yes, please explain and attach planning budget

[✎]

If the activity will have income and/or several expenses, please complete this budget form and upload using the button below.

Attach planning budget

[⬆ Add Files]

Advertising / Promotional Material / Brochure (5.30)

← 5.13

By completing this application, a promotional flier for your event will automatically be generated by the system. If you are using other promotional materials, please upload below (i.e. save the date cards, brochures, etc.) Promotional materials must include date/time/location, topics, speakers, purpose statement, accreditation statement and disclosure statements.

ACCME/ANCC have specific accreditation statements that must appear on advertising / marketing materials prior to and after approval of educational activity. All advertising/marketing materials must be approved prior to application submission by Continuing Education Nurse Constultant.

Upload Promotional Items here:

[⬆ Add Files]

[➡ Save and Continue]

Commendation Criteria (6.0)

Commendation Criteria

← 6.0

JA Commendation Criteria

Select all that apply:

- [ ] JAC13 The provider engages patients as planners and teachers in accredited IPCE and/or CE
- [ ] JAC14 The provider engages students of the health professions as planners and teachers in accredited IPCE and/or CE
- [ ] JAC17 The provider integrates the use of health and/or practice data of its own learners in the planning and presentation of accredited IPCE and/or CE
- [ ] JAC18 The provider identifies and addresses factors beyond clinical care (e.g., social determinants) that affect the health of patients and integrates those factors into accredited IPCE and/or CE
- [ ] JAC20 The provider designs accredited IPCE and/or CE (that includes direct observation and formative feedback) to optimize communication skills of learners
- [ ] JAC21 The provider designs accredited IPCE and/or CE (that includes direct observation and formative feedback) to optimize technical and procedural skills of learners
- [ ] JAC22 The provider creates and facilitates the implementation of individualized learning plans
- [ ] JAC23 The provider demonstrates improvement in the performance of healthcare teams as a result of its overall IPCE program
- [ ] JAC24 The provider demonstrates healthcare quality improvement achieved through the involvement of its overall IPCE program
- [ ] JAC25 The provider demonstrates the positive impact of its overall IPCE program on patients or their communities

Signatures (7.0)

Signatures

Checklist

Before submitting the application, take a minute and review the checklist below. If any of the required documents are not attached to this application, the application will be returned. If you need to upload documents, use the Upload button below or in the panel on the left-hand side "Files - upload/download".

All Activities:

- Accredited Continuing Education Planning Form
- Needs Assessment
- Resource / Supporting Documents
- Budget (if necessary)
- Other documentation as needed

Joint Provided Activities:

- Signed Joint Provider Agreements

Enduring Material Activities:

- Video location
- Test Questions

Upload documents here

⬆ Add Files

I have reviewed the application and attached the appropriate items listed in the checklist above *

🔘 I agree

Agreement

By submitting this application, I understand that the following documents must be submitted to the Avera CE Team within 60 days of this activity or my privileges will be temporarily suspended. If an extension is needed, I will reach out to the Avera CE Team.

- Summative Quality Improvement form (complete)
- Budget form (if applicable)
- Other documentation supporting education outcomes

I agree to abide by the timeline listed above or have my privileges temporarily suspended *

🔘 I agree

Attestation

I attest to the accuracy and completeness of this application, and accept responsibility for the planning, implementation, and evaluation of this activity.

Signature: *   Date: *

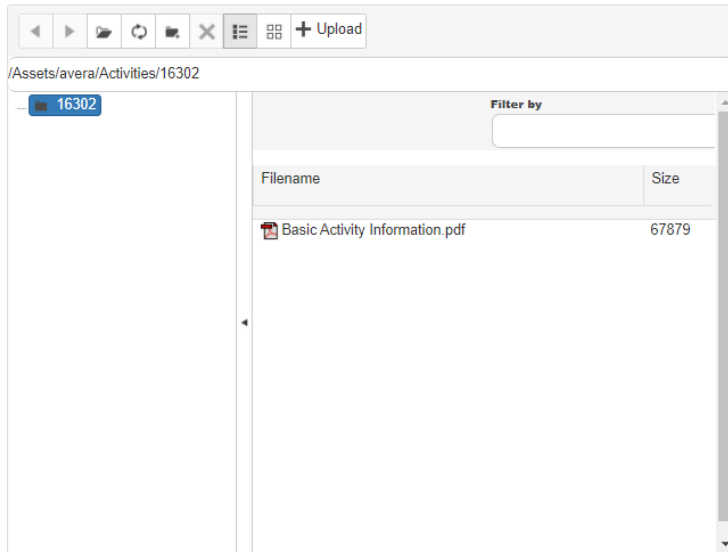✏   📅   🗓

⊘ Please review your responses above to make sure all required fields (* indicates required) are completed and there are no error messages before continuing.
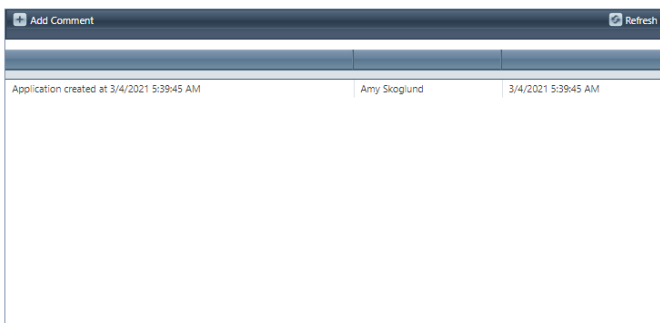
🔹 Save Application   Cancel ✕

Files-upload/download (8.0)

← 8.0

Comments (9.0)

← 9.0

Return to Application List (10.0)