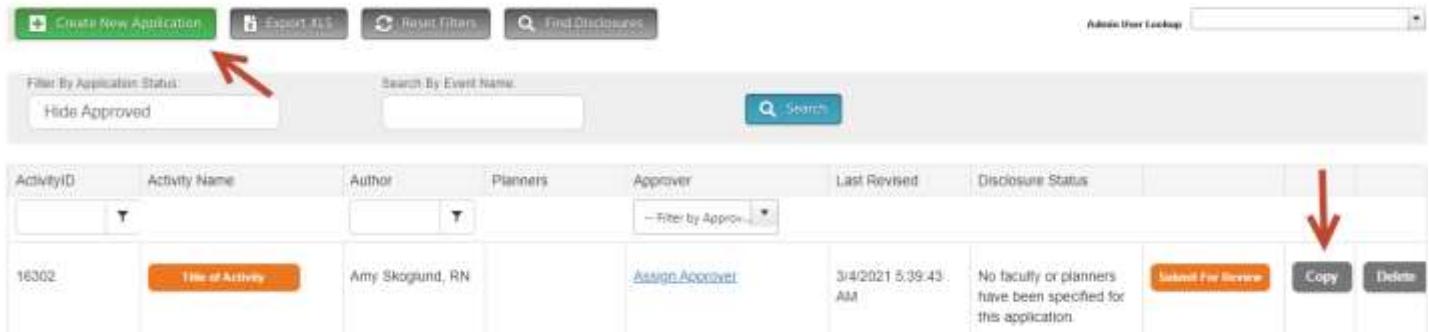


Appendix C

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 [Accredited Education Continuing Planning Form \(2.10\)](#)

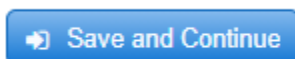
Click “Create New Application” button. If you have completed an APF in the past, these prior applications can be copied into a new application to be edited by clicking the “Copy” button.



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
Signatures	← 7.0
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.



Basic Information (1.0)

Basic Information

Specify the following for your activity

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

Title of Activity (1.10)

← 1.10

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

Select all that apply: ⓘ

- | | |
|---|---|
| <input checked="" type="checkbox"/> ACCME (Physicians) | <input checked="" type="checkbox"/> ANCC (Nurses) |
| <input type="checkbox"/> Joint Accredited (Currently unavailable) | <input type="checkbox"/> Non-Accredited |
| <input type="checkbox"/> Other (Select Credit Types Below) | |

← 1.11

Activity Type: * ⓘ

Activity Type dropdown menu with options:

- Directly Provided - Courses
- Directly Provided - Regularly Scheduled Series
- Directly Provided - Enduring Materials - Internet
- Jointly Provided - Courses
- Jointly Provided - Regularly Scheduled Series
- Jointly Provided - Enduring Materials - Internet
- Directly Provided - Enduring Materials

← 1.12

Sub-Category (select all that apply): ⓘ

- | | |
|---|---|
| <input type="checkbox"/> Case Based Discussion | <input type="checkbox"/> Lecture |
| <input type="checkbox"/> Panel | <input type="checkbox"/> Simulation |
| <input type="checkbox"/> Skill-Based Training | <input type="checkbox"/> In-person |
| <input type="checkbox"/> Small Group Discussion | <input type="checkbox"/> Virtual (WebEx, Videoconference) |
| <input type="checkbox"/> Other | |

← 1.13

Activity Format (At this time Avera is only approving Live Activities and/or Enduring Material Activities. Questions contact averacontinuingeducation@avera.org prior to submission of application) * ⓘ

- | | |
|---|--|
| <input checked="" type="checkbox"/> Live Activity | <input checked="" type="checkbox"/> Enduring Material |
| <input checked="" type="checkbox"/> Journal-based CME activity | <input checked="" type="checkbox"/> Test-item writing activity |
| <input checked="" type="checkbox"/> Manuscript review activity | <input checked="" type="checkbox"/> PI CME activity |
| <input checked="" type="checkbox"/> Internet point-of-care activity | <input checked="" type="checkbox"/> Learning from Teaching |
| <input checked="" type="checkbox"/> Other | |

← 1.14

You can't leave this empty: Activity Format (At this time Avera is only approving Live Activities and/or Enduring Material Activities. Questions contact averacontinuingeducation@avera.org prior to submission of application)

Is this an Enduring Material activity?

- Yes
 No

← 1.15

Finalized enduring material content must be supplied along with this application to be considered for approval. If file is too large to upload, follow instructions below to load to the J:/drive.

Upload videos, materials and/or pre/post-test & answers (1/ or multiple choice, max of 5 answer options)

[Add Files](#)

Upload file in the J:/Temporary Files/CE Portal Videos and write the name of the video file below?

[?]

Where will your enduring material education be viewed by participants (check all that apply) *

- | |
|--|
| <input checked="" type="checkbox"/> Avera CE Portal (most common) |
| <input checked="" type="checkbox"/> Avera Learning Center |
| <input checked="" type="checkbox"/> Other: Please explain or provide web address |

ANCC

Provider-directed, provider-paced. The provider controls all aspects of the learning activity. The provider determines the 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 the 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 the 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

← 1.20

Course Information

Department *

You can't leave this empty: Department


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

You can't leave this empty: Synopsis (short description shown on listing pages - 300 character max)

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

You can't leave this empty: Activity Description (shown on detailed course page and marketing materials)

Credit Types

Type of Credit Requested (This application will only award CME/CNE/SW/NFA credits. All other credits should be applied for separately by committee). 

- | | |
|---|--|
| <input checked="" type="checkbox"/> Physician (AMA PRA Category 1 Credit(s) TM) | <input checked="" type="checkbox"/> Nursing (ANCC) |
| <input checked="" type="checkbox"/> Non-Physician CME | <input type="checkbox"/> General Attendance |
| <input checked="" type="checkbox"/> Social Work (SD Board of Examiners) | <input type="checkbox"/> Pharmacy (SD Board) |
| <input type="checkbox"/> Respiratory Therapy (AARC) | <input type="checkbox"/> Nursing Facility Administrator (SD Board) |
| <input type="checkbox"/> Medical Assistant (AAMA) | <input type="checkbox"/> Athletic Training (BOC-EBP Cat) |
| <input type="checkbox"/> EMS (SD DOH) | <input type="checkbox"/> Athletic Training (BOC-Cat A) |
| <input type="checkbox"/> Addiction and Prevention Professionals (BAPP) | <input type="checkbox"/> Counselors, Marriage and Family Therapy (SD Board of Examiners) |
| <input type="checkbox"/> Dietary Manager (ANFP) | <input type="checkbox"/> Radiology Technologist (ASRT) |
| <input type="checkbox"/> Registered Dietitian (CDR) | <input type="checkbox"/> Laboratory Professionals (ASCLS - PACE) |
| <input type="checkbox"/> Chiropractor (SD Board of Chiropractic Examiners) | <input type="checkbox"/> ABIM MOC Part 2 |
| <input type="checkbox"/> National Board of Diving & Hyperbaric Medical Technology | <input checked="" type="checkbox"/> Nursing (Pharmacotherapeutic) |
| <input type="checkbox"/> Dental Assistant | <input type="checkbox"/> Dentist |
| | <input type="checkbox"/> Dental Hygienist |

← 1.30

← 1.32 This shows in the thumbnail on the CE Portal

← 1.33 This shows in the registration page and the announcement

← 1.40

← 1.50

← 1.70

Requested Number of Continuing Education Hours

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?

- Yes
 No

Number of pharmacotherapeutic credits that qualify for this event. *

7

You can't leave this empty. Number of pharmacotherapeutic credits that qualify 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 *

7

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: ⓘ

Avera Health

City: ⓘ

Sioux Falls

State:

SD

Country:

UNITED STATES

Activity Start and End Dates

RSS: 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

Start Date: ⓘ

03/08/2021

End Date: ⓘ

03/08/2021

Activity Start and End Times

Start Time: ⓘ

08:00 AM

End Time: ⓘ

09:00 AM

Time Zone: ⓘ

(GMT -6:00) Central Time (US & Canada), Mexico City

RSS Details

Series Type: ⓘ

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

If other series type, please specify:

RSS Frequency: ⓘ

- Weekly
- Monthly

If other frequency, please specify:

Target Audience

Per ACCME and ANCC requirements, this information must be completed. If the Target Audience is not completed below, your application will be returned to you.

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

Anticipated Number of Participants:

50

Target Audience Section

Target Audience ⓘ

Nursing

List other specialties here:

Save and Continue

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


← 2.2

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.

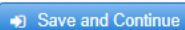
To add more planners or faculty, click the green plus (+) sign. To remove a planner or faculty, click the red minus (-) sign.

Qualified Planner 

Email *	First and Last Name *
<input type="text"/>	<input type="text"/>
Degree *	Profession *
<input type="text"/>	<input type="text"/>
Title	Department or Affiliation
<input type="text"/>	<input type="text"/>
Role in Planning Content *	
<input type="text"/>	

 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

 Save and Continue

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 (3.0)	
Gap Analysis	
Current State: What is the current practice, problem, issue or concern? (Please provide a one sentence explanation.) * ⓘ	← 3.10
<div style="background-color: red; height: 20px; width: 100%;"></div>	
Desired State: What are you wanting your learners to know, know how or able to show or do? *	← 3.11
<div style="background-color: red; height: 20px; width: 100%;"></div>	
State the professional practice gap(s) of your learners on which the activity was based (100 words max):	← 3.12
<div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div>	
<i>Word Count:</i>	
State the educational need(s) that you determined to be the cause of the professional practice gap(s)	
<input type="checkbox"/> Knowledge Need ← 3.13a <input type="checkbox"/> Competence Need ← 3.14a <input type="checkbox"/> Performance Need ← 3.15a	
Add more detail based on the Knowledge need (50 words max): *	← 3.13b
<div style="background-color: red; height: 20px; width: 100%;"></div>	
<i>Word Count:</i>	
Add more detail based on the Competence need (50 words max): *	← 3.14b
<div style="background-color: red; height: 20px; width: 100%;"></div>	
<i>Word Count:</i>	
Add more detail based on the Performance need (50 words max): *	← 3.15b
<div style="background-color: red; height: 20px; width: 100%;"></div>	
<i>Word Count:</i>	
State what this activity was designed to change in terms of competence, performance or patient outcomes (50 words max):	← 3.16
<div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div>	
<i>Word Count:</i>	
Explain why this educational format is appropriate for this activity (25 words max):	← 3.17
<div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div>	
<i>Word Count:</i>	
Will you be providing non-educational intervention(s) with this activity? (Example: policy changes, reminders at staff meetings, posters and patient education, etc.)	← 3.19
<input type="radio"/> Yes <input type="radio"/> No	

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
- Other
- Direct observation of staff

Please provide a summary of the data you gathered above. *

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.

Upload Needs Assessment Documentation (Accepted file types: Word, Excel, PowerPoint, PDF)

 Add Files



No Barriers

Provider Barriers

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

Team Barriers

- Roles and Responsibilities
- Shared Values and Trust
- Communication
- Team Structure
- Competence
- Consensus
- NA

Patient Barriers

- Patient Characteristics
- Patient Adherence
- NA

System/Organization Barriers

- Work Overload
- Practice Process
- Referral Process
- Cost/Funding
- Insurance Reimbursement
- Culture of Safety
- NA

Other Barriers

- Lack of Opportunity
- Not Enough Time
- NA

Please explain how the identified barriers will be addressed?

Save and Continue

Objectives and Learning Outcomes (4.0)

Objectives, Learning Outcome(s) and Competencies (4.0)

Outcome(s)

← 4.0

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, skills/competencies, and/or practices) 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 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 (4.10)

← 4.10

What do you expect your participants to be able to do as a result of participating in this activity? The combined maximum objectives for an activity are 20.

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. [Click here for behavioral objectives](#) to help.

NOTE: If applying for more than one credit type, list CME objectives under "Objectives" box.

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

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

Objectives (4.11)

← 4.11

	Number	Objective	
+	1		ⓘ

ANCC Objective(s) (4.12)

← 4.12

	Number	Learning Objectives	
+	1		ⓘ

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

How do you intend to measure if competence, performance and/or patient outcomes have occurred?

Knowledge/Competence:

- CE Portal Evaluation (Most commonly used)
- Paper Evaluation
- Audience Response System
- Customized pre/post test
- Return skill demonstration
- Focus group discussion
- Case study analysis
- Role play
- Other (please specify)

If Other, please specify

Performance in Practice:

- Adherence to guidelines
- Case-based studies
- Chart audits
- Customized follow-up survey/interview/focus group about actual change in practice at specified intervals
- Physician or patient feedback, surveys and evaluations
- Reminders and feedback
- Observation of performance in practice
- Other (please specify)

If Other, please specify

Patient/Population Health

- Change in health status measure
- Change in quality/cost of care
- Measure mortality and morbidity rates
- Patient feedback and surveys
- Other (please specify)

If Other, please specify

Competencies (4.30)

← 4.30

A CME activity must be developed in the context of desirable physician attributes. Indicate which of the Accreditation Council for Graduate Medical Education (ACGME), and/or American Board of Medical Specialties (ABMS), Institute of Medicine (IOM), and Interprofessional Education Collaborative (IEC) core competencies will be addressed by this CME activity. Please only select the core competencies that most closely reflect the educational agenda of your activity.

ACGME/ABMS

- Patient Care or Procedural Skills
- Medical Knowledge
- Practice-Based Learning and Improvement
- Interpersonal & Communication Skills
- Professionalisms
- 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

Nursing Quality Outcome Measures (4.50)

← 4.50

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 (5.0)

← 5.10

All commercial supporters must comply with the ACGME/ANCC Standards for Commercial Support of CME/CNE Activities.

Is this activity receiving commercial support?

Yes

No

A Commercial Support Agreement will be sent to the contact person's email listed below. Please ensure the contact person's name and e-mail are correct.

Commercial Support is:

• Financial Support—money supplied by a commercial interest organization to be used by a provider for expenses related to the educational activity. Financial support may be provided as an unrestricted grant, educational grant, donation, or scholarship.

• "In-kind" Support – materials, space, or other nonmonetary resources or services used by a provider to conduct an educational activity, which may include, but are not limited to, human resources, marketing services, physical space, equipment such as audiovisual components, and teaching tools (for example, anatomic models).

To add additional Commercial Supporters click the plus (+) icon at the beginning of the preceding row. To remove a Commercial Supporter click the minus (-) icon on that row.

Commercial Supporter	
Name of Commercial Supporter	Amount of Commercial Support
<input type="text"/>	<input type="text"/>
Contact Person's Email	Contact Person's Full Name
<input type="text"/>	<input type="text"/>
In-Kind	Other In-Kind
<input type="checkbox"/> Durable Equipment	<input type="text"/>
<input type="checkbox"/> Facilities/Space	
<input type="checkbox"/> Disposable supplies (Non-biological)	
<input type="checkbox"/> Animal parts or tissue	
<input type="checkbox"/> Human parts or tissue	

Upload a completed Commercial Support Agreement (Contact Continuing Education Department to obtain agreement to be signed prior to submitting application.)

Funding (5.2)

Is there projected income? *

- Yes
- No

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)

Will there be projected expenses? *

- No
- Yes

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

Advertising / Promotional Material / Brochure (5.30)

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 Consultant.

Upload Promotional Items here:

Commendation Criteria (6.0)

Commendation Criteria (6.0)

← 6.0

ACCME Commendation Criteria

The Accreditation Council for Continuing Medical Education (ACCME) encourages and rewards accredited CME providers for implementing best practices in educational methods, engagement, evaluation, assessment of change, and generating meaningful outcomes.

With regard to your activity, please consider whether any of the following criteria may apply. If you are uncertain, [click here for a document](#) that can offer additional clarity or please contact us at averacontinuingeducation@avera.org.

Promotes Team-Based Education

- C23 Members of interprofessional teams are engaged in the planning and delivery of interprofessional continuing education (ICPE).
- C24 Patient/public representatives are engaged in the planning and delivery of CME.
- C25 Students of the health professions are engaged in the planning and delivery of CME.

Addresses Public Health Priorities

- C26 The provider advances the use of health and practice data for healthcare improvement.
- C27 The provider addresses factors beyond clinical care that affect the health populations.
- C28 The provider collaborates with other organizations to more effectively address population health issues.

Enhances Skills

- C29 The provider designs CME to optimize communication skills of learners.
- C30 The provider designs CME to optimize technical and procedural skills of learners.
- C31 The provider creates individualized learning plans for learners.
- C32 The provider utilizes support strategies to enhance change as an adjunct to its CME.

Demonstrates Educational Leadership

- C33 The provider engages in CME research and scholarship.
- C34 The provider supports the continuous professional development of its CME team.
- C35 The provider demonstrates creativity and innovation in the evolution of its CME program.

Achieves Outcomes

- C36 The provider demonstrates improvement in the performance of learners.
- C37 The provider demonstrates healthcare quality improvement.
- C38 The provider demonstrates the impact of the CME program on patients or their communities.

← Save and Continue

Signatures (7.0)

Signatures

← 7.0

Attestation:

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

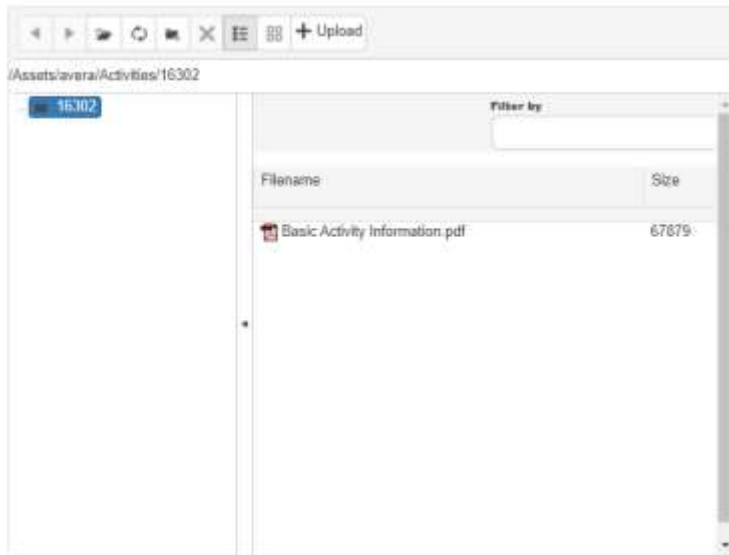
Signature *

Date *

← Save Application

Cancel

Files-upload/download (8.0)



← 8.0

Comments (9.0)



← 9.0

Return to Application List (10.0)
