

CPE Activity Application Form

This form is designed to collect all information necessary to plan and develop the proposed CPE activity. Completion of all sections of this form is necessary to meet accreditation requirements. The CPE office is available to help you navigate this process.

Section 1 of 6: Activity Description

Activity Information		
Title of activity:		
Institution (list all):		Dept/Division:
Date(s):	Start/end times:	Location:

Type of Activity	
<input type="checkbox"/>	Live Course (symposium, workshop, conference, etc.) Note: Agenda with speakers, topics, and times must be provided.
<input type="checkbox"/>	Internet, live webinar

Sponsorship <i>(Note: a pharmaceutical company or medical device manufacturer is not a sponsor.) Cosponsorship must be documented in writing. A cosponsorship agreement will be developed to clearly define the working relationships between parties; include completion dates for various tasks; and recourses in the event that the parties involved fail to meet their responsibilities. The UAMS COP CPE Office needs to collaborate with the cosponsor(s) in all stages of development of the activity, from planning, development, promotion, delivery, evaluation and revision.</i>	
<input type="checkbox"/>	Directly sponsored (UAMS College of Pharmacy dept. works with UAMS Continuing Pharmacy Education Office, [CPEO])
<input type="checkbox"/>	Co-sponsored (UAMS CPEO works with another ACPE accredited or Non-ACPE accredited provider)

Section 2 of 6: Leadership and Administrative Support Staff

Course Director		
Name:	Degree(s):	
Title:	Affiliation:	
Department:	Phone:	Email:
Address:	City, State:	Zip:

CPE Associate (this is often the person that the CPE office works with who takes care of administrative details for the event.)		
Name:	Degree(s):	
Title:	Affiliation:	
Department:	Phone:	Email:
Address:	City, State:	Zip:

Additional Committee Members (if applicable)		
Name:	Degree(s):	
Title:	Affiliation:	

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Department:	Phone:	Email:
Address:	City, State:	Zip:
Departmental/Organizational Approval Signature		
Approved by:	Title:	Date:
Signature:		

Section 3 of 6: Planning

Needs Assessment Data and Sources (select two at minimum) Effective CPE activities are planned to address areas of professional practice or behavior(s) that need improvement. In order to identify the problems or issues that are causing gaps in the targeted participants knowledge, competence or performance, it is important to review available data in order to make evidence-based decisions about the needed content.

Please indicate the data sources that brought the need for this activity to your attention. Select all that apply and **provide supportive documentation for all sources identified below (required)**. If you cannot provide documentation, do not check that source. Please identify which practice gap, from the next page, that the data source documentation supports. The Needs Assessment Worksheet is highly recommended to make filling out this section easier:

<http://pharmcollege.uams.edu/departments-units/cpe/forms-policies/>

Select all that apply	Supports Practice Gap # from next page	Needs Assessment Data Source
		Continuing review of changes in quality of care as revealed by medical audit or other patient care reviews. <i>Sources of documentation could include: audit reports, chart reviews</i>
		Ongoing review of recurring diagnoses made by physicians on staff. <i>Sources of documentation could include: summary of notes, minutes of meetings</i>
		Advice from authorities in the field or relevant medical societies. <i>Sources of documentation could include: list of expert names/medical societies and credentials</i>
		Formal or informal requests or surveys of the target audience, faculty or staff. <i>Sources of documentation could include: summary of requests or surveys. Note, must show information related to areas of educational need/topics of interest (not logistical summaries – i.e., food, venue, etc)</i>
		Discussion in departmental meetings. <i>Sources of documentation could include: summary of meeting minutes showing information discussed was related to areas of educational need/topics of interest (not logistical summaries – i.e., food, venue, etc)</i>
		Data from peer-reviewed journals, government sources, consensus reports. <i>Sources of documentation could include: abstracts/full journal articles, government produced documents describing educational need and physician practice gaps (a bibliography of sources is adequate, you do not have to send entire journal articles)</i>
		Review of board examinations and/or re-certification requirements. <i>Sources of documentation could include: board review/update requirements</i>
		New technology, methods of diagnosis/treatment. <i>Sources of documentation could include: description of new procedure, technology, treatment, etc</i>
		Legislative, regulatory or organizational changes affecting patient care. <i>Sources of documentation could include: copy of the measure/change</i>
		Joint Commission Patient Safety Goal/Competency. <i>Sources of documentation could include: copy of the safety goal and/or competency</i>

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		Other, please specify:
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Note: Identification of gaps, needs should be completed by the Planning Committee

Identification of Professional Practice Gaps, Educational Needs, Learning Objectives, and Desired Results

- **Competence** is defined as the ability to apply knowledge, skills, and judgment in practice (knowing how to do something).
- **Performance** is defined as what one actually does, in practice.
- **Patient Outcomes** are defined as the changes measured pre- and post- educational intervention.

Overall goal(s) for the educational activity.

Professional Practice Gap (<i>difference between the actual (what is) and ideal (what should be) practice behaviors with regard to professional and/or patient outcomes.</i>) What is the practice-based problem or issue you identified for the target audience? <i>Write the gap in terms of what these practitioners do not know and/or are unable or fail to do according to the latest evidence.</i>	Need Why does the gap exist? <i>Write the need in terms of the underlying cause of the gap. This should be written in terms of knowledge (what they do not know), competence (why they do not or cannot apply what they know), or performance (why they do not utilize known strategies that are consistent with current guidelines or evidence-based research).</i>	This is a gap/need of: (Mark all that apply)	Learning Objective – What should a learner be able to demonstrate in terms of new knowledge, competence or performance after the activity? <i>Write the objectives in measurable terms. Avoid using terms such as understand, know, learn. Verbs for writing measurable objectives.</i>	Desired Result - The ideal outcome if the gap has been closed. <i>If this educational activity is successful, describe what behaviors or practices would have been changed?</i>
1.		<input type="checkbox"/> Knowledge <input type="checkbox"/> Competence <input type="checkbox"/> Performance	After the activity, the participant will be able to:	
2.		<input type="checkbox"/> Knowledge <input type="checkbox"/> Competence <input type="checkbox"/> Performance	After the activity, the participant will be able to:	

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3.		<input type="checkbox"/> Knowledge <input type="checkbox"/> Competence <input type="checkbox"/> Performance	After the activity, the participant will be able to:	
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Additional needs/gaps, objectives, desired results attached.

Needs Statement: Why do your learner's need this educational activity? Within this statement, use the data sources you identified to make the argument that this educational activity is needed for your target audience.

Content Content should be designed to change the competence, performance or patient outcomes that underlie the cause of the practice gaps. **Describe how the content will address the identified practice gaps.**

Professional Practice Gap identified above	Educational Method to address this gap (select all that apply):	Presentation topic(s) that will address this gap	Describe the speaker(s) who have been selected to present this topic and why
	<input type="checkbox"/> Didactic lecture <input type="checkbox"/> Panel Discussion <input type="checkbox"/> Simulation/Skills Lab <input type="checkbox"/> Case Presentations <input type="checkbox"/> Multimedia (video/audio) <input type="checkbox"/> Roundtable Discussion <input type="checkbox"/> Q & A sessions <input type="checkbox"/> Other—Please describe:		
	<input type="checkbox"/> Didactic lecture <input type="checkbox"/> Panel Discussion <input type="checkbox"/> Simulation/Skills Lab <input type="checkbox"/> Case Presentations <input type="checkbox"/> Multimedia (video/audio) <input type="checkbox"/> Roundtable Discussion <input type="checkbox"/> Q & A sessions <input type="checkbox"/> Other—Please describe:		
	<input type="checkbox"/> Didactic lecture <input type="checkbox"/> Panel Discussion <input type="checkbox"/> Simulation/Skills Lab <input type="checkbox"/> Case Presentations <input type="checkbox"/> Multimedia (video/audio) <input type="checkbox"/> Roundtable Discussion <input type="checkbox"/> Q & A sessions <input type="checkbox"/> Other—Please describe:		

Additional room was needed and separate page is attached.

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Target Audience

Select all that apply (at least 1 box from geographic location and provider type must be selected). Place an "X" in the appropriate box next to each item.

Geographic Location:		Provider Type:	
<input type="checkbox"/>	Internal only	<input type="checkbox"/>	Pharmacists
<input type="checkbox"/>	Local/regional	<input type="checkbox"/>	Pharmacy Technicians
<input type="checkbox"/>	National	<input type="checkbox"/>	Primary care physicians
<input type="checkbox"/>	International	<input type="checkbox"/>	Specialty Physicians
		<input type="checkbox"/>	Physician Assistants
		<input type="checkbox"/>	Nurses
		<input type="checkbox"/>	Nurse Practitioners
		<input type="checkbox"/>	Other (specify):

Planning Process

1. Who identified the speakers and topics? (select all that apply)

Program/Course Director CPE Associate Planning Committee Other (provide names):

2. What criteria were used in the selection of speakers (select all that apply)?

Subject Matter expert Excellent teaching skills/effective communicator Experienced in CPE
 Other, please specify:

3. Were any employees of a pharmaceutical company and/or medical device manufacturer involved with the identification of speakers and/or topics? No Yes, please explain:

Identified Barriers (select 1 at minimum)

What potential barriers do you anticipate attendees may have incorporating new knowledge, competency, and/or performance objectives into practice? Select all that apply by placing an "X" in the appropriate box.

<input type="checkbox"/>	Lack of time to assess or counsel patients	<input type="checkbox"/>	Lack of consensus on professional guidelines
<input type="checkbox"/>	Lack of administrative support/resources	<input type="checkbox"/>	Cost
<input type="checkbox"/>	Insurance/reimbursement issues	<input type="checkbox"/>	No perceived barriers
<input type="checkbox"/>	Patient compliance issues	<input type="checkbox"/>	Other, specify:

Please describe how you will attempt to address these identified barriers in the educational activity.

Example: If the identified barrier is cost, you might attempt to address the barrier by stating, "The agenda will allow for the discussion of cost effectiveness and new billing practices."

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Educational Materials *Educational materials could be used to enhance change in your learners as an adjunct to this activity. Copies of your speaker slides should not be the only form of handouts/educational materials you provide. Examples: pocket-sized reminder cards; patient surveys; patient information packets; email reminders to the learners (i.e., summary points from the lecture, new information); posters throughout the hospital; department newsletters; etc.*

Will you use any educational materials? Yes No

If yes, what will you use in order to enhance your learners' ability to change what they are doing to incorporate the new information?

Building Bridges with Other Stakeholders *Occasionally there are other internal and/or external stakeholders working on similar issues with which you can collaborate.*

Are there others within your organization working on this issue? No Yes, identify who: _____
If yes, could they be included in the development and/or execution of this activity? No Yes, in what ways? _____

Are there external stakeholders working on this issue? No Yes, identify who: _____
If yes, could they be included in the development and/or execution of this activity? No Yes, in what ways? _____

Section 4 of 6: Evaluation and Outcomes

Evaluation and Outcomes

*How will you measure for changes in competence, performance or patient outcomes after the activity? Place an "X" next to all that apply. Note: you will be required to provide a summary of both your compiled data and the **analysis** of the data for the evaluation methods selected.*

The CPE Office uses an online form. If you prefer to use your own, it must be approved in advance by the CPE Office staff for required elements.

Knowledge

Evaluation form for participants (required) <input type="checkbox"/> Using UAMS CPE template <input type="checkbox"/> Using our own template (requires approval by CPE staff, prior to use)	Physician and/or patient surveys
Audience response system (ARS)	Customized pre- and post-test
Other, please specify:	

Application

Adherence to guidelines	Chart audits
Case-based studies	Direct observations
Customized follow-up survey/interview/focus group about actual change in practice at specified intervals	Other, please specify:

Practice (Patient/Population Health)

Observe changes in health status measures	Obtain patient feedback and surveys
Observe changes in quality/cost of care	Measure morbidity mortality rates

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Other, please specify:

Section 5 of 6: Independence

DISCLOSURE OF FINANCIAL RELATIONSHIPS

All individuals who have the ability to control or influence the content of an educational activity must disclose all relevant relationships** with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

- The “Biographical & Conflict of Interest Form/Conflict of Interest Form” (disclosure form) is the mechanism used by the CPE Office uses to gather information about relevant financial relationships with commercial interests.
- *Failure to return a disclosure form is equal to refusing to disclose.*
- Conflicts of Interest (COI) must be resolved **BEFORE the activity occurs**, preferably during the early planning stages.
- Disclosure forms and documentation of how relevant financial relationships were explored and how any conflicts of interest were resolved must be submitted to the CPE Office well before the activity begins. The disclosure to the participants should be conveyed in a written form and the text must be approved by the CPE Office prior to the event.
- Disclosure must be made to participants of all relevant financial relationships, and/or the lack of relevant financial relationships, prior to the start of the activity. **The text for the disclosure to participants must be approved by the CPE Office prior to the activity.**

I have read the UAMS CPE Office Policy for Commercial Support (<http://pharmcollege.uams.edu/departments-units/cpe/forms-policies/>) in order to understand the policies and procedures for disclosure of financial relationships and I understand my responsibilities for collecting disclosure information, resolving all conflicts of interest and reporting the disclosed information to the participants.

Yes No If no, please explain why.

Disclosure Plans

1. How were planners and faculty informed about the need to ensure balance, independence, objectivity and scientific rigor and the need to disclose all financial relationships with commercial interests?

- Letter or email (preferred, template available) Verbal (must provide transcript of what was communicated)
 Documentation attached (**Required**)

2. How will the participants be provided disclosure of financial relationships, or lack thereof, information gathered from the above planners, faculty, speakers, etc.? *The text for disclosure to the participants must be approved by the CPE Office prior to the CPE activity.*

Written (preferred): Handouts Slides Sign Other,

Verbal disclosure is discouraged and the CPE Office must approve using verbal disclosure as the sole method of disclosing financial relationships to participants. When approved by the CPE Office, the text that will be read verbatim to the participants must be submitted and approved prior to the CPE activity by the CPE staff.

Verbal by: Speaker Moderator (Verbal disclosure requires providing a written transcript of what was communicated to the participants and a signed attestation by a participant of the CPE activity. This transcript must accompany the closing report.)

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All individuals who are in a position to control the content of the educational activity (course/activity directors, planning committee members, staff, teachers, or authors of CPE) must disclose all relevant financial relationships they have with any commercial interest(s). Employees of commercial interests cannot control the content of an accredited CPE activity and therefore cannot be course/activity directors, planning committee members, staff, teachers, or authors of CPE.

Course Directors/Planning Committee Members - Disclosure Information

Provide a complete list of all the course director and planning committee members. A Conflict of Interest form is required.

Available online: <http://pharmcollege.uams.edu/departments-units/cpe/conflict-of-interest-activity-planners/>

Name & Professional Designation <i>i.e. John Doe, PhD</i>	Affiliation <i>i.e. UAMS COP</i>	Conflict of Interest form completed?	Was there a financial relationship reported?	If yes, has conflict of interest (COI) been resolved?
		<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

More space is needed, a complete list of planners is attached with the above information indicated.

Speakers, Teachers, Moderators or Authors - Disclosure Information

A speaker information packet that includes a Biographical & Conflict of Interest form must be dispersed through the course director. (This speaker packet & form will be created for individually for each activity and sent by the CPE Office to course directors to be dispersed to speakers. Speaker packets will be created for each activity after reviewing the application.)

I agree to send the speaker packet and biographical & conflict of interest form to each speaker in adequate time to allow the CPE Office to review the information needed for credit.

Yes No If no, please explain why.

More space is needed, a complete list of speakers, etc. is attached with the above information indicated.

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Commercial Support

Will you apply for educational grants to help fund this activity?

- Yes, please list below all grants for which you have applied or for which you plan to apply. Indicate the grant status. *A properly executed letter of agreement (LOA) and a copy of the check must be sent to the CPE Office for each grant that is funded **BEFORE** the educational activity.*
- No

Name of company	Grant request funded?	Signed LOA attached	Copy of check attached
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

More space is needed, a complete list of grants applied for is attached with the above information indicated.

Exhibits

Will there be exhibits? Yes No

Attestation of Having Read the Commercial Support Policies and Procedures

If you answered yes to grants or exhibits above you must attest to the following: I have read both the ACPE Standards for Commercial Support (<https://acpe-accredit.org/ceproviders/CEpolicies.asp>) and the CPE Office Commercial Support Policy (<http://pharmcollege.uams.edu/departments-units/cpe/forms-policies/>) in order to understand the policies and procedures for receiving commercial support and my role and responsibilities.

Yes No If no, please explain why?

Acknowledgement of Commercial Support

How will the audience be provided acknowledgement of receipt of commercial support? *Commercial support must be acknowledged to the participants prior to the content presentation. The text for the acknowledgement to the participants must be approved by the CPE Office prior to the CPE activity.*

Written (preferred): Brochure Syllabus/Handouts Slides Sign Other

Verbal acknowledgement must be approved in advance by the CPE Office.

Verbal by: Speaker Moderator (Verbal requires a transcript of what was communicated and attestation signed)

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Budget

You must submit a preliminary budget with the application. A final budget that line items ALL expenses will be required post-activity with the closing report. You will need to submit documentation for payment of all speaker expenses. **Please note:** *Commercial supporters cannot pay any conference expenses. Commercial entities can only provide unrestricted educational grants.* You must demonstrate through the budget and the accompanying documentation that the conference organizers paid all expenses directly.

How will activity expenses be paid? (check all that apply)

- Internal department funds
- Participant registration fees
- Commercial Support
- State or Federal Grant
- Other, identify:

- A preliminary budget is attached (**required**) If not, why:

Section 6 of 6: Marketing and Administrative

Promotional Materials

Please note: *All promotional materials must be approved by the CPE Office prior to distribution to potential participants. There are required elements and statements that must be used in all promotional materials. If you fail to get prior approval for the materials and elements are missing or are incorrect, you will be required to make the necessary corrections and redistribute the materials to potential participants (even if this requires reprinting.)*

See: *Activity Announcement Guide*

[http://pharmcollege.uams.edu/files/2014/02/Activity Announcement Guide.pdf](http://pharmcollege.uams.edu/files/2014/02/Activity%20Announcement%20Guide.pdf)

How will notification of this educational activity be distributed to the participants prior to the activity?

- Brochure
- Email
- Website: URL site:
- Journal
- Flyer
- Other, identify:
- A proof of the promotional material is attached.
- A proof of the promotional material will be sent later.

You can submit your application and supporting documentation by:

Mail: UAMS COP CPE Office
 4301 W. Markham Street, Slot 630
 Little Rock, AR 72205

Questions: 501-686-5396

Email: <mailto:ASPerry2@uams.edu>

CPE Office Use Only

Received Date	Reviewed by	Approved?	Approval Date