



American Red Cross
Training Services

CE Application How-to-Guide

Purpose

- The purpose of this guide is to show step-by-step how to complete the continuing education (CE) activity planning application via CloudCME for educators internal and external to the American Red Cross.



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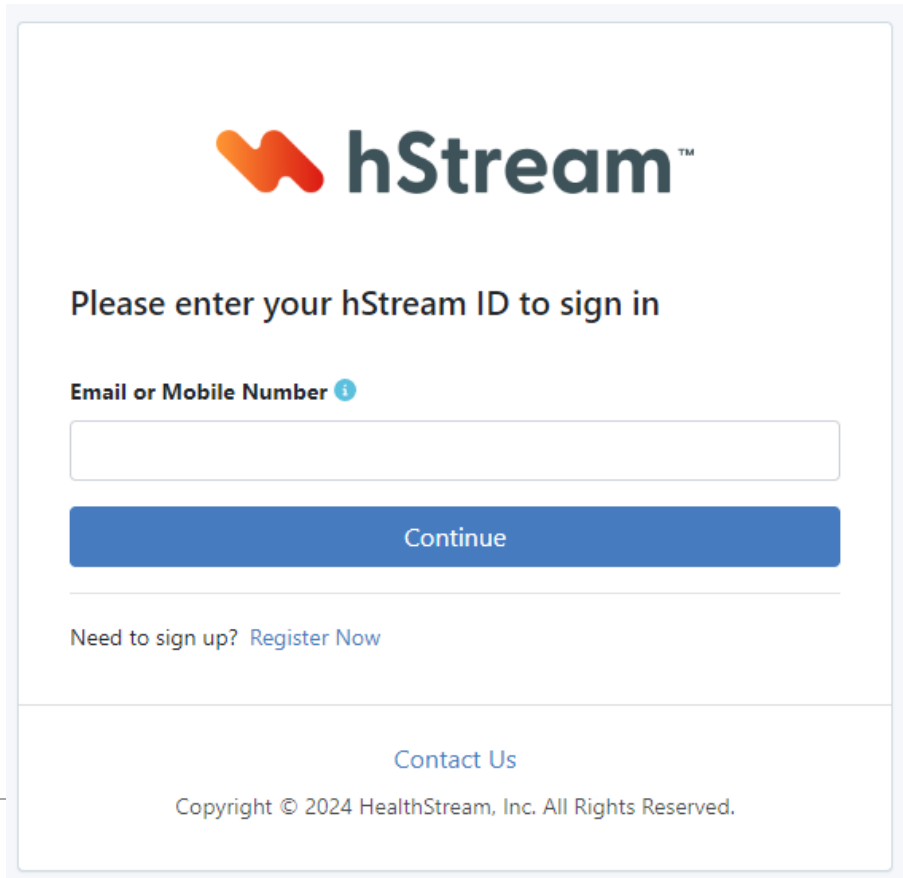
Terms and Definitions


- **Continuing Education (CE) Planning Application**
 - Required form to ensure elements for accreditation are met for the Red Cross Training Services Continuing Education office to review and approve a CE activity for credit
- **CloudCME**
 - Learning management system (LMS) used by Red Cross Training Services to provide application, registration, certificates, transcripts, faculty, scheduling and disclosures for CE activities



Accessing CloudCME

- Visit <https://redcross.cloud-cme.com/default.aspx>
- Click 'SIGN IN'
 - You will be redirected to hStream, to establish an account or sign-in.
 - hStream allows single sign-on for future log-ins.
 - If you have an established account, log in with those credentials
 - If you do not have an account, click 'Register Now' and enter all required credentials



 **hStream™**

Please enter your hStream ID to sign in

Email or Mobile Number ⓘ

[Continue](#)

Need to sign up? [Register Now](#)

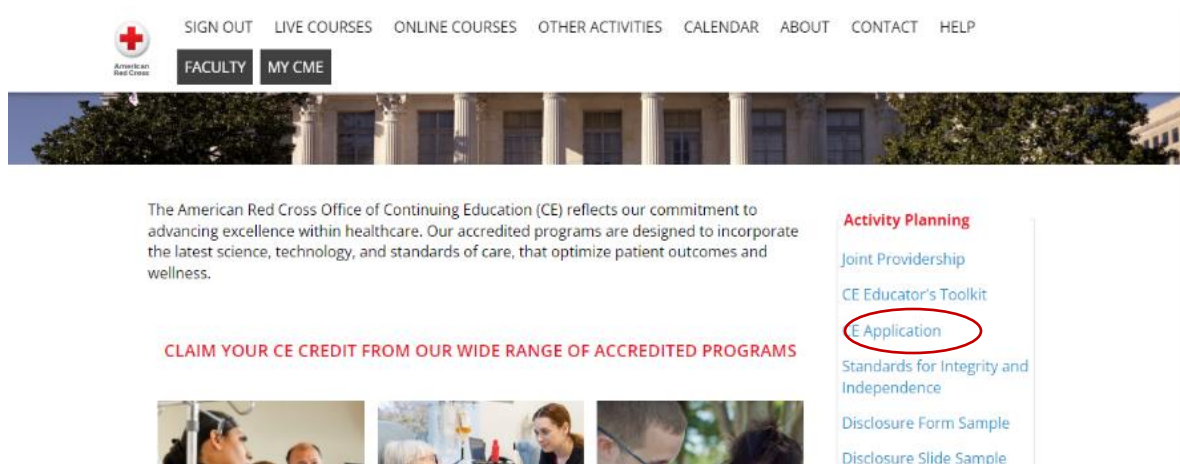
[Contact Us](#)

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Create a New Application

- Access the CE application by doing one of the following:
 - Click the CE Application link on the CloudCME landing page



OR

- Click this link: <https://redcross.cloud-cme.com/Application.aspx>



Create a New Application

- Click 'Create New Application'

SIGN OUT LIVE COURSES ONLINE COURSES OTHER ACTIVITIES CALENDAR ABOUT CONTACT HELP FACULTY MY CME



CME ACTIVITY PLANNING FORM

Complete (at minimum) the required sections of the application and scroll to the bottom of each form and click Save. Note that you will need the email addresses of any planners/faculty you identify in the application. The forms can be edited as needed until all required information is entered. When finished, click the 'Submit For Review' button to send it for peer review and possible approval. Review times vary and you will be contacted via email.

Thank you.
Office of Continuing Education



Create New Application

Export XLS

Reset Filters

Find Disclosures

Admin User Lookup

Filter By Application Status:

Hide Approved

Filter By Accreditation:

-- Select --

Filter By Activity Type:

-- Select --

Filter By Date Range:

1/1/2024

8/28/2024

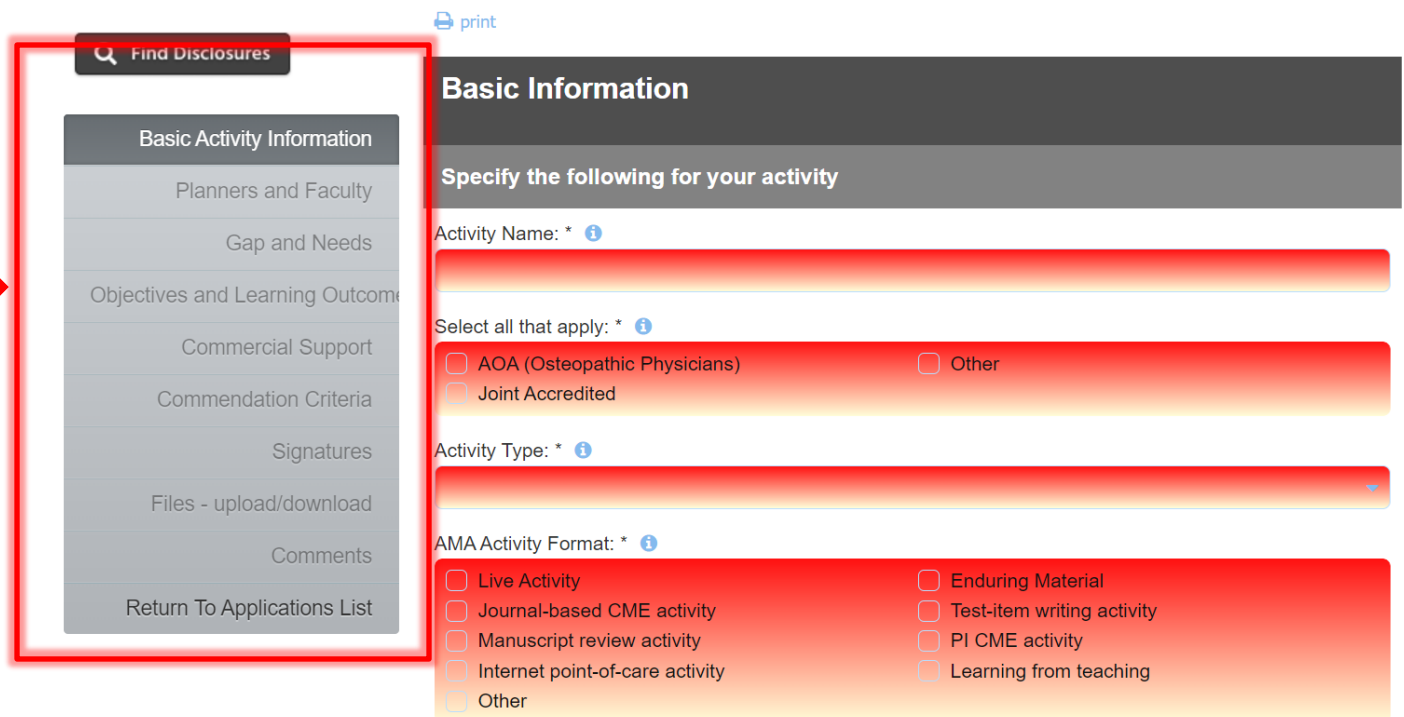
Search

Filter By Event Name:



Navigating the Application

- The left 'menu' bar shows all sections of an application.
- The once the Basic Activity Information is entered, all sections of the menu bar will be accessible.



The screenshot displays the application's navigation and data entry interface. On the left, a vertical menu bar is highlighted with a red box and a red arrow pointing to it. The menu items are: Find Disclosures, Basic Activity Information, Planners and Faculty, Gap and Needs, Objectives and Learning Outcomes, Commercial Support, Commendation Criteria, Signatures, Files - upload/download, Comments, and Return To Applications List. The main content area is titled 'Basic Information' and contains the following sections:

- Basic Information**
- Specify the following for your activity**
- Activity Name: * [i](#)
- Select all that apply: * [i](#)
- AOA (Osteopathic Physicians) Other
- Joint Accredited
- Activity Type: * [i](#)
- AMA Activity Format: * [i](#)
- Live Activity Enduring Material
- Journal-based CME activity Test-item writing activity
- Manuscript review activity PI CME activity
- Internet point-of-care activity Learning from teaching
- Other



Navigating the Application

- Required fields are highlighted red - once completed they turn white.

Before

The screenshot shows the 'Basic Information' section of the application form. The 'Activity Name' field is highlighted in red. The 'Select all that apply' section has 'AOA (Osteopathic Physicians)' and 'Joint Accredited' highlighted in red. The 'Activity Type' field is highlighted in red. The 'AMA Activity Format' section has 'Live Activity', 'Journal-based CME activity', 'Manuscript review activity', 'Internet point-of-care activity', 'Enduring Material', 'Test-item writing activity', 'PI CME activity', and 'Learning from teaching' highlighted in red. The left sidebar shows a navigation menu with 'Basic Activity Information' selected.

After

The screenshot shows the 'Basic Information' section of the application form after completion. The 'Activity Name' field is now white and contains 'CE Test Activity'. The 'Select all that apply' section has 'Joint Accredited' checked. The 'Activity Type' field is now white and contains 'Live Course'. The 'AMA Activity Format' section has 'Live Activity' checked. The left sidebar shows a navigation menu with 'Basic Activity Information' selected.



Navigating the Application

- All required (red) fields must be completed before moving to the next section of the application.
- Click 'Save and Continue' to move onto the next section.

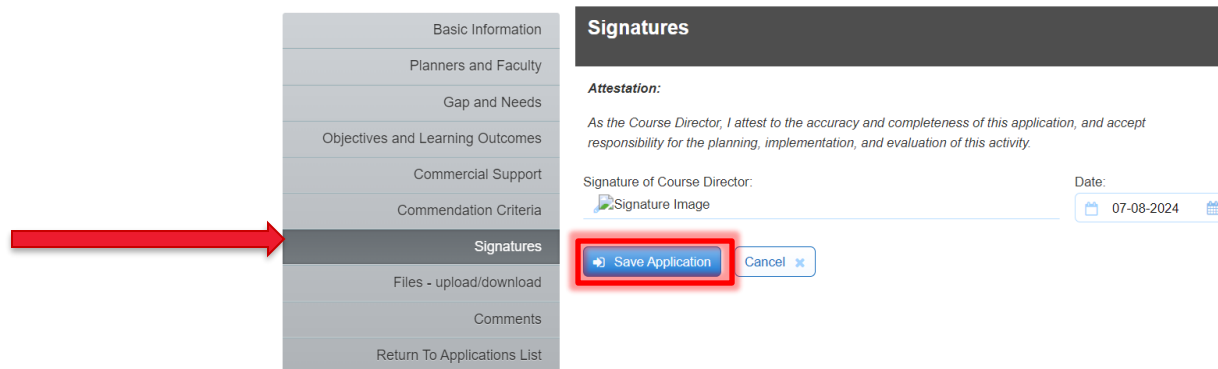


- If there is an error or section is not complete, the missing information will be highlighted orange.
- All fields in the application can be edited, as necessary, prior to submitting for CE review.



Navigating the Application

- Once the application is complete, and all required fields are accurate, submit the application for review.
 - Click the 'Signatures' tab in the menu bar

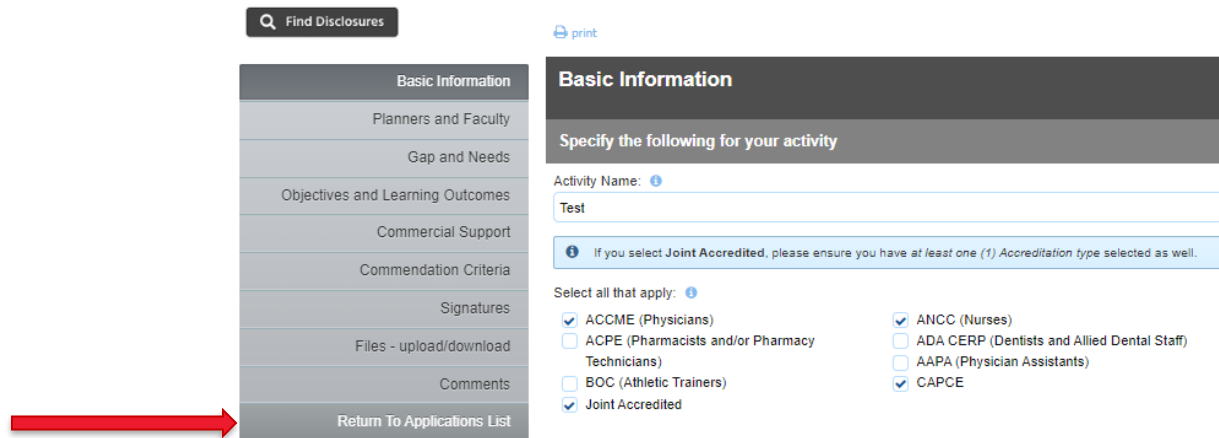


- Type or sign your name if you agree to the attestation and click 'Save Application'.
- Click 'Return to Applications List' in the left-hand toolbar



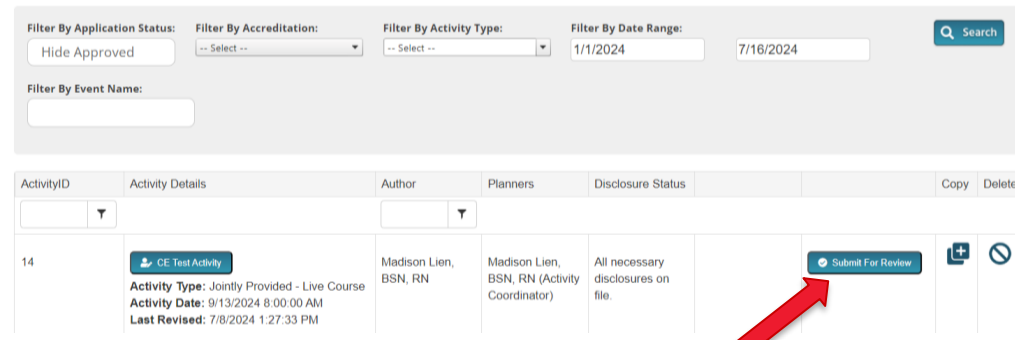
Navigating the Application

- Click 'Return to Applications List' in the menu bar





The screenshot shows a web application interface. On the left is a vertical menu bar with the following items: 'Find Disclosures', 'Basic Information', 'Planners and Faculty', 'Gap and Needs', 'Objectives and Learning Outcomes', 'Commercial Support', 'Commendation Criteria', 'Signatures', 'Files - upload/download', 'Comments', and 'Return To Applications List'. A red arrow points to the 'Return To Applications List' button. The main content area is titled 'Basic Information' and contains a form for specifying activity details. It includes an 'Activity Name' field with the text 'Test', a note about accreditation, and a section for selecting accreditation types with checkboxes for ACCME, ACPE, BOC, Joint Accredited, ANCC, ADA CERP, and CAPCE.

- Click 'Submit for Review'



The screenshot shows a table of application records. Above the table are several filter options: 'Filter By Application Status' (Hide Approved), 'Filter By Accreditation' (dropdown), 'Filter By Activity Type' (dropdown), and 'Filter By Date Range' (1/1/2024 to 7/16/2024). There is also a search bar. The table has columns for ActivityID, Activity Details, Author, Planners, Disclosure Status, and actions (Copy, Delete). A red arrow points to the 'Submit For Review' button in the actions column of the first row.

ActivityID	Activity Details	Author	Planners	Disclosure Status	Copy	Delete
14	CE Test Activity Activity Type: Jointly Provided - Live Course Activity Date: 9/13/2024 8:00:00 AM Last Revised: 7/8/2024 1:27:33 PM	Madison Lien, BSN, RN	Madison Lien, BSN, RN (Activity Coordinator)	All necessary disclosures on file	Submit For Review	 



Basic Information



Basic Information

- Fields that have an **i** icon offer explanations and assistance for each section.
 - Click on the image for help with that specific question.

Specify the following for your activity

Activity Name: **i**

i If you select this activity type, ensure you have a valid CME provider ID to create the activity in CloudCME.

Select all that apply: **i**

Enter a name for this activity. The name of the activity entered here is what will appear to attendees. Required to create the activity in CloudCME.

Type of Credit Requested: **i**

AMA PRA Category 1 Credit
 General Attendance
 Continuing Pharmacy Education Contact Hours
 AAF

Select all that apply: **i**

ACCME (Physicians)
 ACPE (Pharmacists and Technicians)
 BOC (Athletic Trainers)
 Joint Accredited
 ANCC (Non-Intentional)
 ADA CE
 AAPA (Family)
 CAPCE

Was this activity planned for the healthcare team?
 Yes No


The type or types of credits this activity awards. Required to create the activity in CloudCME.

Select at least one accreditation type. You may also select more than one accreditation type. If the activity is joint accredited, please click the Joint Accreditation checkbox below. If you will not be designating this activity for CE credits, please check the Non-Accredited checkbox.

Basic Information

Accreditation Types

- Select the accreditation types based on the target audience of the learning activity.

Select all that apply: * 

- ACCME (Physicians)
- ANCC (Nurses)
- ACPE (Pharmacists and/or Pharmacy Technicians)
- ADA CERP (Dentists and Allied Dental Staff)
- BOC (Athletic Trainers)
- AAPA (Physician Assistants)
- CAPCE
- Joint Accredited

- Based on the accreditation type(s) selected, additional questions may appear. (next slides)
 - **Note: If more than one accreditation type is requested, ensure 'Joint Accredited' is also selected.**



Basic Information

Accreditation Type: ACPE (Pharmacists and/or Pharmacy Technicians)

- If ACPE is selected, additional information is necessary - and will automatically appear
 - These fields are not required by the system, but incomplete responses will result in rejection of the application.
 - Descriptions of these options are given on the next 2 slides.

ACPE

Is this activity: [i](#)

- Knowledge-Based (K)
- Application-Based (A)
- Certificate Program

Topic Designator: [i](#)

- 01-Disease State Management/Drug Therapy
- 02-AIDS Therapy
- 03-Law Related to Pharmacy Practice
- 04-Pharmacy Administration
- 05-Patient Safety
- 06-Immunizations
- 07-Compounding
- 08-Pain Management
- 99-Additional Topic Areas



Basic Information

Accreditation Type: ACPE (Pharmacists and/or Pharmacy Technicians)

Activity	Activity Purpose	Learning Assessment	Credit Hours
Knowledge-based	Transit knowledge (i.e. facts)	Questions/recall of facts	Minimum credit of 15 minutes or 0.25 contact hours
Application-based	Apply information learned	Case studies/application of principles	Minimum credit of 60 minutes or 1 contact hour
Certificate program	Instill knowledge, skills, attitudes – should include didactic and practice experience components	Formative and summative	Minimum credit of 15 contact hours



Basic Information

Accreditation Type: ACPE (Pharmacists and/or Pharmacy Technicians)

Topic Designator	Activity Content
Disease State Management/Drug Therapy	Drugs, drug therapy, and/or disease states
AIDS Therapy	Therapeutic, legal, social, ethical, or psychological issues related to the understanding and treatment of patients with HIV/AIDS
Law Related to Pharmacy Practice	Federal, state, or local laws/regulations affecting pharmacy practice
General Pharmacy	Topics relevant to the practice of pharmacy (economic, social, administrative, managerial aspects)
Patient Safety	Prevention of healthcare errors, elimination/mitigation of patient injury caused by healthcare errors
Immunizations	Provision of immunizations (schedules, administration procedures, storage/disposal, record keeping. Reviewing appropriateness or contraindications, identifying/reporting adverse drug events, providing necessary first aid.
Compounding	Sterile, non-sterile, and hazardous drug compounding for humans and animals. Best practices, USP quality assurance standards, environmental testing and control, record keeping, error detection and reporting, continuous quality improvement.
Pain Management	Treatment and management of pain (prescribing, distribution and use of opioid medications, risks, symptoms, and treatment of opioid misuse/addiction.



Basic Information

Accreditation Type: Joint Accredited

- If 'Joint Accredited' is selected, the following question will appear.

Was this activity planned by the healthcare team, for the healthcare team? *

Yes

No



Basic Information

Accreditation Type: ANCC (Nurses)

- If 'ANCC (Nurses)' is selected, the following question will appear
 - This field is not required by the system, but incomplete responses will result in rejection of the application.

ANCC

ANCC Activity Type: [i](#)

- Learner Directed, Learner Paced
- Provider Directed, Learner Paced
- Provider Directed, Provider Paced



Basic Information

Accreditation Type: AAPA (Physician Assistants)

- If 'AAPA (Physician Assistants)' is selected, the following question will appear
 - This field is not required by the system, but incomplete responses will result in rejection of the application.

AAPA

AAPA Activity Formats:

- Live
- Enduring Material
- Precepting / Clinical Teaching
- Regularly Scheduled Series
- Self-Assessment
- Quality or Performance Improvement (PI)



Basic Information

Accreditation Type: CAPCE

- If 'CAPCE' is selected, the following question will appear

CAPCE Format: *

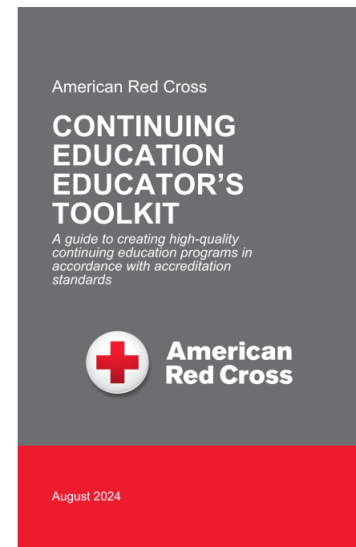
- F1: Live Courses with real time interaction in the same geographic location
- F2: Live Courses with repeating content, such as BLS
- F3: Distributed Learning or online course (DL)
- F4: Learner interacts with the activity in such a way that their actions and choices dictate the direction of the activity or case. This applies to features such as interactive games or immersive virtual programs that include patient scenarios or mobile platforms that require user input to guide the activity.
- F5: Virtual Instructor Led Training (VILT): Utilizes online technology to deliver educational programs in a virtual classroom. The instructor and participant are in different locations but have the ability to see teaching materials and verbally communicate synchronously during a live session. Does not include pre-recorded lectures.



Basic Information

Activity Format


- Activity Formats
 - Directly provided activities are those provided by the Red Cross
 - Jointly provided activities are those provided by an organization external to the Red Cross
- For descriptions of activity types – refer to the [Continuing Education Educator's Toolkit](#)



Basic Information

Activity Description

- Insert a short description of the activity.
 - This description is visible on the CloudCME detailed course page and marketing materials.
 - It will be visible by all learners.

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):



Basic Information

Type of Credit Requested

- Select appropriate credit types for the activity.

Type of Credit Requested: * ⓘ

<input type="checkbox"/> AMA PRA Category 1 Credits™	<input type="checkbox"/> Non-Physician Attendance
<input type="checkbox"/> General Attendance	<input type="checkbox"/> Interprofessional Continuing Education (IPCE) Credit
<input type="checkbox"/> Continuing Pharmacy Education Contact Hours	<input type="checkbox"/> AAPA Category 1 Credits
<input type="checkbox"/> ADA CERP Continuing Education Credits	<input type="checkbox"/> BOC CEU
<input type="checkbox"/> Commission on Accreditation For Pre-Hospital Continuing Education (CAPCE)-Basic	<input type="checkbox"/> Commission on Accreditation For Pre-Hospital Continuing Education (CAPCE)-Advanced
<input type="checkbox"/> Commission on Accreditation For Pre-Hospital Continuing Education (CAPCE)-Educator	<input type="checkbox"/> Commission on Accreditation For Pre-Hospital Continuing Education (CAPCE)-First Responder
<input type="checkbox"/> Commission on Accreditation For Pre-Hospital Continuing Education (CAPCE)-Operational	<input type="checkbox"/> Commission on Accreditation For Pre-Hospital Continuing Education (CAPCE)-Management
<input type="checkbox"/> Nursing Continuing Professional Development Contact Hours	<input type="checkbox"/> CEUs (Laboratory Professionals)

You can't leave this empty: Type of Credit Requested:

- Note: If CAPCE credit is requested, ensure the correct option is selected based on the CEH category of the activity.
 - See [Continuing Education Educator's Toolkit](#) for category descriptions



Basic Information

Location, Date, Time

- Enter the location, start/end date, and start/end time
 - If an event is 'online' no City/State is required.
 - Activity Start date must be more than 60 days prior to the application submission.

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](#)

Please select a location

City: [i](#) State: TN Country: * [i](#)

You can't leave this empty: Country:

Activity Start and End Dates

Start Date: * [i](#) End Date: * [i](#)

You can't leave this empty: Start Date: You can't leave this empty: End Date:

Activity Start and End Times

Start Time: * [i](#) End Time: * [i](#)

06:30 AM 06:30 PM

You can't leave this empty: Start Time: You can't leave this empty: End Time:

Time Zone: [i](#)

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






Basic Information

Joint Provider

- If the activity is Jointly Provided or Co-Sponsored, enter the Joint Providership/Co-Sponsorship provider.

Joint Provider Details

Name(s) of Joint Provider(s): * 

You can't leave this empty: Name(s) of Joint Provider(s):

NOTE: Joint Providership may not be with an ineligible company. *Companies that are ineligible to be accredited are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.*

- Note: If the activity is directly provided, this question will not appear.



Planners and Faculty



Planners and Faculty

Planning Committee and Faculty/Speakers

- Each person on the planning committee and each faculty/speaker must be included in the application.
- **Reminder, the planning committee MUST represent your audience!***

Basic Information
Planners and Faculty
Gap and Needs
Objectives and Learning Outcomes
Commercial Support
Commendation Criteria
Signatures
Files - upload/download
Comments
Return To Applications List

Planners and Faculty

Planning Committee and Faculty/Speakers

Complete the table below for each person on the planning committee and for each faculty/speaker. Include email, full name, degree, profession and their role on the planning committee.

Instructions: The fields in red are required. Enter a valid email address first. If the email address belongs to a user with an active account, we will populate any completed information from their profile. If they have a disclosure on file that is valid for the activity, the Disclosure field will contain that information. If it is blank, they either do not have a disclosure, or their most recent one is invalid for this activity. The system will email them a request to update or complete their disclosure.

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.



Planners and Faculty

Planning Committee and Faculty/Speakers

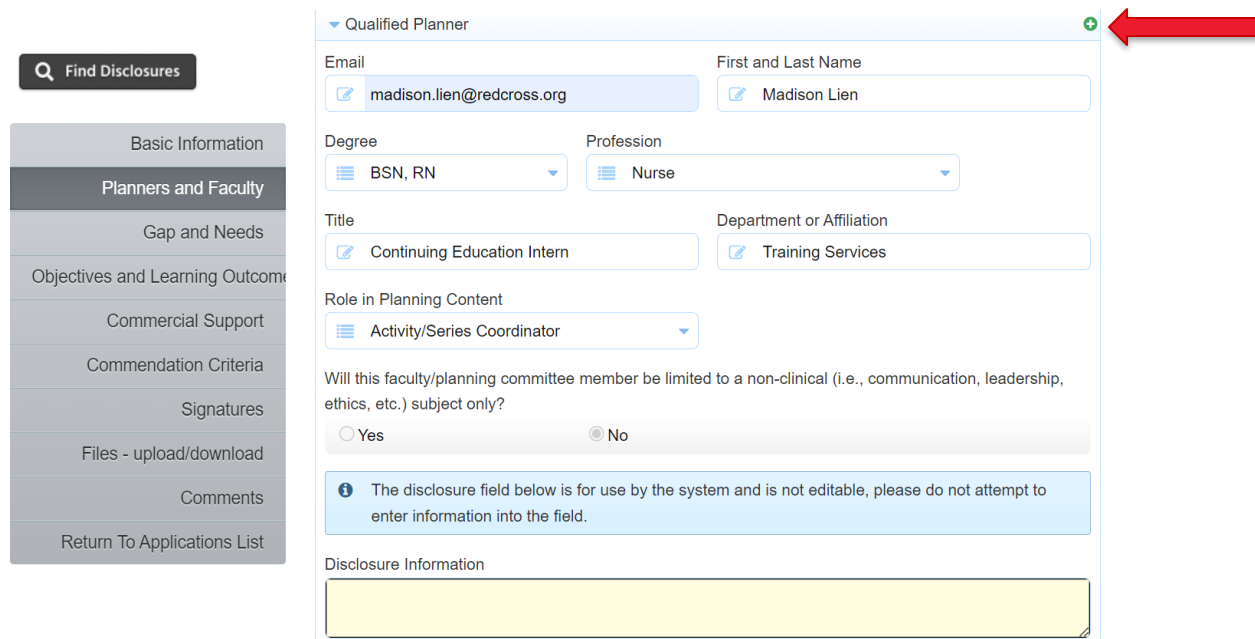
- Enter the information for each individual on the planning committee and each faculty/speaker.
- Required fields:
 - Email/First and Last Name/Degree/Profession
 - If the individual has an account in the system, the other required information will auto-populate.
 - If the individual does NOT have an account in the system, all fields in 'red' are required.
 - Role in Planning Content
 - Select the BEST, applicable role from the drop down.
 - If an individual has more than one role, notify the Office of Continuing Education (Continuing.education@redcross.org) that additional roles need to be assigned to that individual
- **NOTE: ensure email is entered accurately!!!**



Planners and Faculty

Adding additional planners/faculty

- After entering the first individual, click the green (+) button in the upper right-hand corner to add additional planners and faculty.



Find Disclosures

Basic Information

Planners and Faculty

Gap and Needs

Objectives and Learning Outcomes

Commercial Support

Commendation Criteria

Signatures

Files - upload/download

Comments

Return To Applications List

Qualified Planner

Email: madison.lien@redcross.org

First and Last Name: Madison Lien

Degree: BSN, RN

Profession: Nurse

Title: Continuing Education Intern

Department or Affiliation: Training Services

Role in Planning Content: Activity/Series Coordinator

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

Yes No

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



Planners and Faculty

Financial Disclosure Form

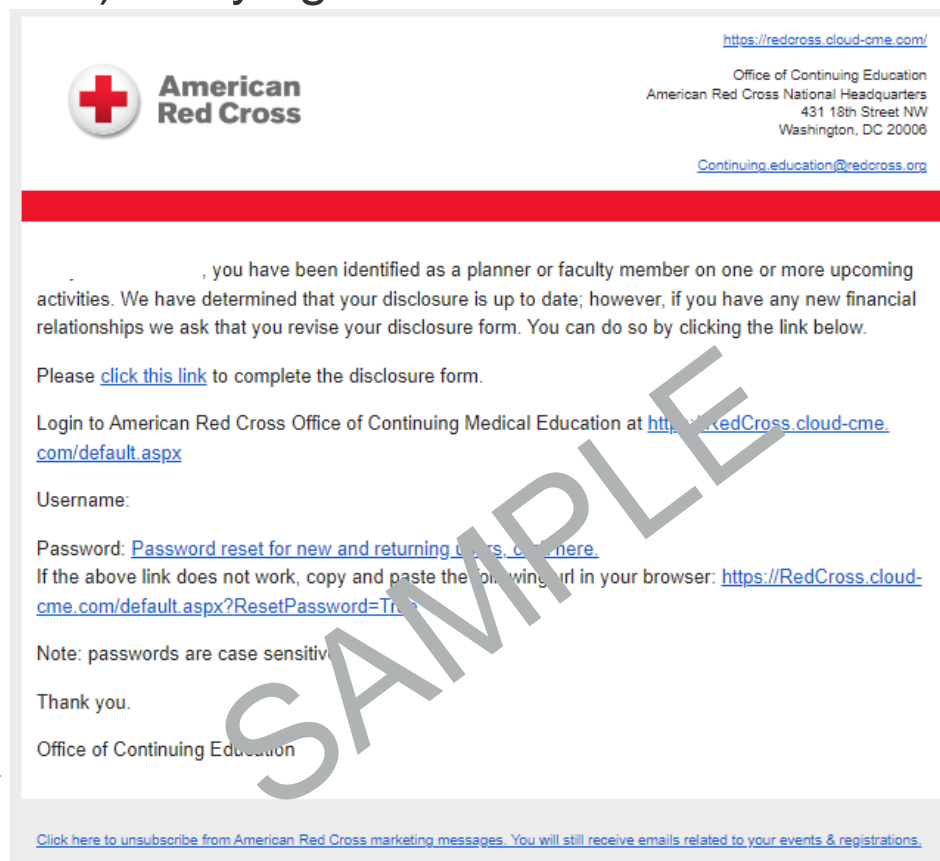
All members of the planning committee and faculty members must complete a disclosure before the application will be reviewed.

- The system will automatically send a disclosure form via email for each listed individual.
 - IF there is a disclosure on file, the individual will receive an email and have an opportunity to review/update their disclosure form.
 - A disclosure that is on file will appear on the screen, in the individual's section of the Planners and Faculty page
 - IF there is no disclosure, the individual will receive an email with instructions to complete the disclosure form.
- **NOTE: disclosures are valid for 1 calendar year.**



Planners and Faculty Financial Disclosure Form

- After a planner or faculty member is added to the application, an email will be sent (by the system) notifying them:
 - They have been identified as a planner or faculty of an upcoming activity
 - Either review or complete their disclosure form.



Planners and Faculty Financial Disclosure Form

- Planners/Faculty that need to update their financial disclosure form can do that anytime:
- Log into CloudCME (<https://redcross.cloud-cme.com/default.aspx>)
→ Click 'Faculty' → click 'Global Tasks' → click 'Update'

The screenshot shows the top navigation bar with links: SIGN OUT, LIVE COURSES, ONLINE COURSES, OTHER ACTIVITIES, CALENDAR, ABOUT, CONTACT, HELP, FACULTY, and MY CME. A red arrow points to the 'FACULTY' button. Below the navigation is a 'MY TASKS' section with a welcome message and instructions. A red arrow points to the 'Global Tasks' link. Below this are three tabs: 'Global Tasks', 'Activity Tasks', and '5 Upcoming Presentations'. A table lists tasks with columns for Status, Task Name, Expiration Date, and Date Completed. A red arrow points to the 'Update' button in the first row of the table.

Status	Task Name	Expiration Date	Date Completed
Update	Disclosure of Financial Relationships	Monday, August 25, 2025	Sunday, August 25, 2024



Planners and Faculty Financial Disclosure Form

DISCLOSURE

Disclosure of Relevant Financial Relationships

For

Information You Need to Know to Disclose Your Financial Relationships with Companies Related to Healthcare Products or Services

Why We Ask:

As an accredited provider, we require your assistance to comply with accreditation guidelines and help us create high-quality Accredited Continuing Education (ACE) that is independent of industry influence. To participate in this educational activity, all individuals who have the ability to influence and/or control the content of this ACE activity must disclose all financial relationships with all companies - whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients - over the past 24 months. To confirm your participation in this ACE activity, we ask that you complete and return this form within seven days of the receipt of this document.

What to Disclose:

- There is no minimum financial threshold; you must disclose all financial relationships, regardless of the amount, with companies as described above; only disclose your own financial relationships, *not* those of your spouse or partner.
- We ask you to disclose all financial relationships regardless of whether or not you view the relationships as relevant to the ACE activity. Staff will determine if the information that you provide is relevant to the topics of the ACE activity in which you will participate.
- Since healthcare professionals serve as the trusted authorities when advising patients, we must protect the learning environment from industry influence to ensure they remain true to their ethical commitments.

- If the staff determine that the financial relationships create a conflict of interest, the staff will determine the appropriate method of mitigation. Mitigation may involve but is not limited to an independent review of the content you develop (or if you are a planner, other methods will be utilized, including peer review of content by non-conflicted planners, etc.).

- Many healthcare professionals have financial relationships with companies as defined above. By identifying and mitigating relevant financial relationships, we will work together to create a protected space to learn, teach, and engage in scientific discourse free from the influence from organizations that may have an incentive to insert commercial bias into education.

Financial Disclosure Form Required by The Standards for Integrity and Independence

This section to be completed by the Planner, Faculty, Author, Content Reviewer or Others Who May Control Educational Content:

Please disclose all financial relationships that you have had in the past 24 months with ineligible companies (see definition below). For each financial relationship, enter the nature of the financial relationship(s) and the name of the ineligible company. There is no minimum financial threshold. We ask that you disclose all financial relationships, regardless of the amount, with ineligible companies.

Definition of Ineligible Companies:

Companies that are ineligible to be accredited in the ACCME System (ineligible companies) are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Examples of such organizations include:

- Advertising, marketing, or communication firms whose clients are ineligible companies
- Bio-medical startups that have begun a governmental regulatory approval process
- Compounding pharmacies that manufacture proprietary compounds
- Device manufacturers or distributors
- Diagnostic labs that sell proprietary products
- Growers, distributors, manufacturers or sellers of medical foods and dietary supplements
- Manufacturers of health-related wearable products
- Pharmaceutical companies or distributors
- Pharmacy benefit managers
- Reagent manufacturers or sellers

Please complete the information below, and then scroll to the bottom of the screen and click Submit. Required fields are indicated with an asterisk (*) and must be completed, the form cannot be submitted without an answer.



Planners and Faculty Financial Disclosure Form (ctd.)

Within the past 24 months, have you received financial support (in any amount) from an ineligible company (including employment, consulting, research grant support, honoraria, etc.)?

- Yes. In the past 24 months, I have an existing and/or have had a financial relationship with an ineligible company (list these relationships below).
 No. In the past 24 months, I have not had a financial relationship with an ineligible company.

To add additional relationships, click the green plus sign. You can remove a relationship by clicking the red minus sign.

Please specify your relationship: +

Nature of the Financial Relationship *	Name of the Ineligible Company: *	Relationship Ended? *
<input type="text"/>	<input type="text"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No

Attestation

I have disclosed all relevant financial relationships and I will disclose this information to learners.

- Yes No

The content and/or presentation of the information with which I am involved will promote quality or improvements in health care and will not promote a specific proprietary business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be balanced, evidence-based and commercially unbiased.

- Yes No

I understand that my presentation/content may need to be reviewed prior to this activity, and I will provide educational content and resources in advance as requested.

- Yes No

If I am providing recommendations involving clinical medicine, they will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to will conform to the generally accepted standard of experimental design, data collection and analysis.

- Yes No

I attest that the above information is correct as of this date of submission (sign below):

Type your full name below to sign: *

You can't leave this empty: Type your full name below to sign:

Date *

You can't leave this empty: Date

Date

Please review your responses above to make sure all required fields (* indicates required) are completed before continuing.

Within the past 24 months, have you received financial support (in any amount) from an ineligible company (including employment, consulting, research grant support, honoraria, etc.)?

- Yes. In the past 24 months, I have an existing and/or have had a financial relationship with an ineligible company (list these relationships below).
 No. In the past 24 months, I have not had a financial relationship with an ineligible company.

Attestation

I have disclosed all relevant financial relationships and I will disclose this information to learners.

- Yes No

The content and/or presentation of the information with which I am involved will promote quality or improvements in health care and will not promote a specific proprietary business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be balanced, evidence-based and commercially unbiased.

- Yes No

I understand that my presentation/content may need to be reviewed prior to this activity, and I will provide educational content and resources in advance as requested.

- Yes No

If I am providing recommendations involving clinical medicine, they will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to will conform to the generally accepted standard of experimental design, data collection and analysis.

- Yes No

I attest that the above information is correct as of this date of submission (sign below):

Type your full name below to sign: *

You can't leave this empty: Type your full name below to sign:

Date *

You can't leave this empty: Date

Date

Please review your responses above to make sure all required fields (* indicates required) are completed before continuing.



Gap and Needs



Gap and Needs

Practice Gap

- Refer to the [Continuing Education Educator's Toolkit](#) for information about identifying practice gaps.
- Enter the practice gap for the target audience

Gap and Needs

Gap Analysis

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



Gap and Needs

Educational Needs

- Refer to the [Continuing Education Educator's Toolkit](#) for information about identifying educational needs.
- At least one educational need area must be selected and detailed
 - Knowledge – knowing facts/information
 - Skill/Strategy – knowing how to use the facts/information
 - Performance – demonstrating the knowledge/skills/strategy in the educational activity
- State what the CE activity is designed to change

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): *

Word Count:

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

Word Count:

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

Word Count:

The red boxes will pop up once the educational need is selected.
(i.e. if the planner selects “knowledge need” the box for detailing the knowledge need will appear.)



Gap and Needs

Educational Needs

- Refer to the [Continuing Education Educator's Toolkit](#) for information about educational needs and active learning.
 - Complete the remaining questions about the educational needs and active learning.

Explain what this activity was designed to change in terms of the healthcare team's skills/strategy or performance, or patient outcomes. (100 words max):

Word Count:

Explain how you ensured the activity was planned using a process reflective of the target audience for the activity. (50 words max):

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):

Word Count:



Gap and Needs Needs Assessment

- Refer to the [Continuing Education Educator's Toolkit](#) for information about needs assessment.
 - Select the needs assessment method used to plan the activity, summarize the findings
 - Upload supporting documentation using the 'Add Files' button.

Needs Assessment

Type of needs assessment method used to plan this event; check all that apply: ⓘ

- Current research
- Database analyses (utilization, practice management, medication Rx, etc.)
- Department Chair/ leadership
- Department/specialty case reviews that highlight potential problems
- Departmental quality metrics
- Evaluation results from previous activities
- Focus group/ discussion
- National guidelines (NIH, CDC, AHRQ, etc.)
- Needs assessment survey
- New technology, methods of diagnosis/treatment
- Other
- Peer-reviewed literature
- Planning/Advisory Committee members
- Publicly reported performance data
- QA/QI data or dashboards
- Regulatory requirements (Joint Commission, MOC, etc.)
- Request from relevant healthcare professionals
- Requested by institution(s) or health care professional group(s)
- Specialty society guidelines

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

 Add Files



Gap and Needs Barriers

- Refer to the [Continuing Education Educator's Toolkit](#) for information about barriers.
 - Select the barrier(s) to learning for the activity and explain how the barriers will be addressed

Barriers



No Barriers

Provider Barriers

- Motivation
- Clinical Knowledge/Skill/Expertise
- Cultural Competence
- Fear/Legal Concerns
- Peer Influence

Team Barriers

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

Patient Barriers

- Communication/language barriers
- Patient Adherence
- Patient Characteristics

System/Organization Barriers

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

Other Barriers

- Lack of consensus on professional guidelines
- Lack of Opportunity
- Not Enough Time

Please explain how the identified barriers will be addressed?



Objectives, Learning Outcomes & Competencies



Objectives and Outcomes

Learning Objectives

Objectives, Learning Outcomes & Competencies

Objectives/Learning Outcomes

What do you expect your participants to be able to do as a result of participating in this activity? *List up to 20 objectives/learning outcomes appropriate to your activity.*

To enter your objectives/learning outcomes, type an objective/learning outcome into the table below. At least one Objective/Learning Outcome is required. To add additional objectives/learning outcomes click the plus (+) icon. To remove objectives click the minus (-) icon.

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



Objectives and Outcomes

Learning Objectives

- Refer to the [Continuing Education Educator's Toolkit](#) for information about learning objectives.
- Enter the learning objectives for the activity.
 - Click the green (+) sign to add an objective.
 - Objectives must relate to the practice gap and educational needs.
 - If Joint Accreditation is requested, objectives must reflect impact on the healthcare team.

Objectives, Learning Outcomes & Competencies


Objectives/Learning Outcomes

What do you expect your participants to be able to do as a result of participating in this activity? *List up to 20 objectives/learning outcomes appropriate to your activity.*

To enter your objectives/learning outcomes, type an objective/learning outcome into the table below. At least one Objective/Learning Outcome is required. To add additional objectives/learning outcomes click the plus (+) icon. To remove objectives click the minus (-) icon.

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

Joint Accredited Objectives

	Number	Objective
	1	

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



Objectives and Outcomes Competencies

- Refer to the [Continuing Education Educator's Toolkit](#) for information about competencies.
 - Select the applicable JA Outcomes and/or Competencies as appropriate

JA Outcomes

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

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
 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
 Roles / Responsibilities
 Communication
 Teams & Teamwork

Other Competencies

[Save and Continue](#)



Commercial Support



Commercial Support

 print

Commercial Support

If this activity will receive any monetary or in-kind support, excluding exhibitors/vendors, the ACE Department requires additional information for accreditation purposes. The ACE Department will determine whether the commercial support provided is from an ineligible company which is defined as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

*If it is determined the supporter is an ineligible company, they must comply with the **ACCME Standards for Integrity and Independence in Accredited Continuing Education**. Commercial Support must be identified at least 60 days prior to the activity.*



Commercial Support

- Determine if the activity has commercial support.

No...

Yes...

Commercial Support

If this activity will receive any monetary or in-kind support, excluding exhibitors/vendors, the ACE Department requires additional information for accreditation purposes. The ACE Department will determine whether the commercial support provided is from an ineligible company which is defined as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

*If it is determined the supporter is an ineligible company, they must comply with the **ACCME Standards for Integrity and Independence in Accredited Continuing Education.***

Is this activity receiving monetary or in-kind support?

Yes No

➔ Save and Continue

Commercial Support

If this activity will receive any monetary or in-kind support, excluding exhibitors/vendors, the ACE Department requires additional information for accreditation purposes. The ACE Department will determine whether the commercial support provided is from an ineligible company which is defined as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

*If it is determined the supporter is an ineligible company, they must comply with the **ACCME Standards for Integrity and Independence in Accredited Continuing Education.***

Is this activity receiving monetary or in-kind support?

Yes No

*If it is determined the supporter is an ineligible company, the ACE Department will send a **Commercial Support Agreement to the contact person's email listed below. Please ensure the contact person's name and e-mail are correct.***

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.

	Name of Commercial Supporter	Contact Person's Full Name	Contact Person's E-Mail	Funding or In-Kind Donation
+				



Commendation Criteria



Commendation Criteria

- Select the JA Commendation Criteria met in the activity (as appropriate)

Commendation Criteria

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

▸ Requirements for JA Criteria (click to expand/collapse):

↪ Save and Continue



Signatures



Signatures

- The course planner/director/applicant will electronically sign the application.
 - Either by signing (with a mouse) or typing their name.

Signatures

Attestation:

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

Signature of Course Director:



Date:



07-08-2024



 Save Application

Cancel 



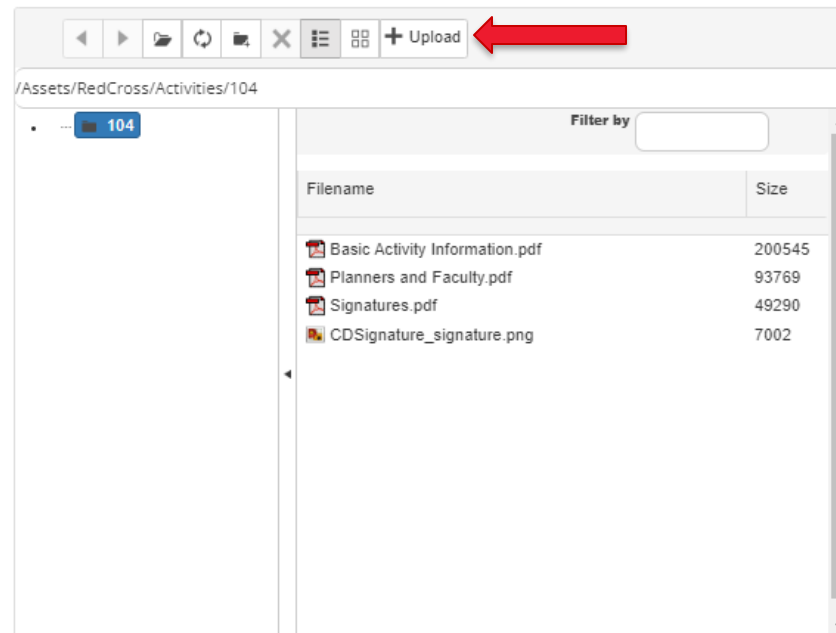
Files – upload/download



Files

Upload/Download

- Another location to upload/download documents
 - May include: .ppt, needs, email communication - Any documentation that supports the activity file.
- Click the '+ Upload' button to add any additional documents to the activity file.



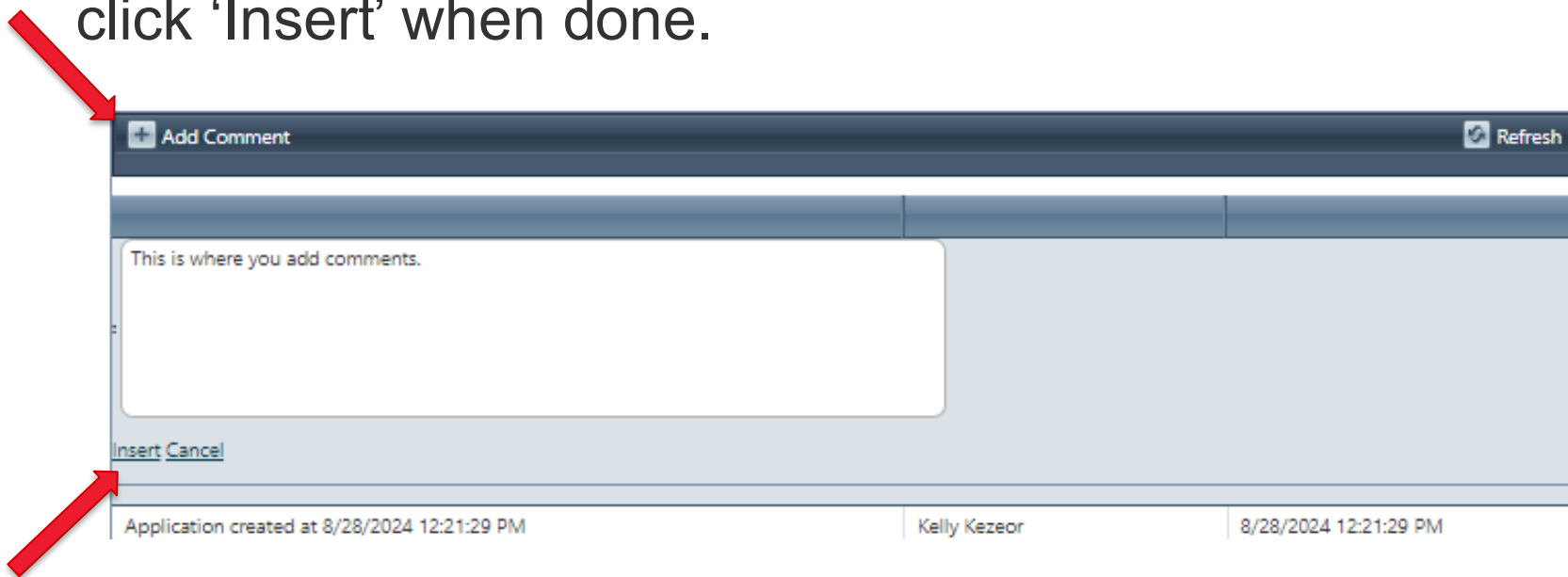
Comments



Files

Upload/Download

- Include any additional comments that support the activity file/application.
- Click the '+ Add Comment' to add your comment and click 'Insert' when done.



Thanks!

Questions?

Please contact:

Continuing.education@redcross.org

