

Date: \_\_\_\_\_

ACTIVITY INFORMATION	
ACTIVITY ID ISSUED:	
ACTIVITY TITLE:	
ACTIVITY START DATE:	ACTIVITY END DATE:
FREQUENCY:	
TIME:	
IS THIS A NEW ACTIVITY?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF NO, HAS THIS ACTIVITY BEEN PREVIOUSLY ACCREDITED?	<input type="checkbox"/> Yes <input type="checkbox"/> No

ACTIVITY PROVIDERSHIP	
<b>Direct Providership</b> - All aspects of this activity are planned and implemented solely by Arizona State University (Accredited Provider).	
<b>Joint Providership</b> - Arizona State University (Accredited Provider) planned and implemented this activity in partnership with one or more nonaccredited organizations.	
THIS ACTIVITY IS:	<input type="checkbox"/> Direct Providership <b>OR</b> <input type="checkbox"/> Joint Providership
If Joint, please list the non-accredited provider(s):	
<b>**Important: ASU must take full responsibility for all aspects of this activity regardless of the providership including financials and disclosures. Disclosures to learners are required naming the joint provider. All financials received by any involved provider must be disclosed in the final budget.</b>	

ACTIVITY LOCATION	
FACILITY NAME:	
BUILDING/ROOM:	
ADDRESS:	
ONLINE:	<input type="checkbox"/> Yes <input type="checkbox"/> No

ACTIVITY PLANNING COMMITTEE INFORMATION			
PLANNING DEPARTMENT			
	NAME	EMAIL/PHONE	SPECIALTY AND CREDENTIAL (MD, RN, etc)
ACTIVITY DIRECTOR (Person with overall responsibility for planning this activity)			
ACTIVITY REPRESENTATIVE (Contact person assisting with accreditation application process)			

ACTIVITY PLANNING COMMITTEE INFORMATION (Continued)			
<b>PLANNING COMMITTEE MEMBER(S).</b> (List any person(s) who contributed to the planning of this activity. Must include members that specialize/represent identified target audience.)	NAME	EMAIL/PHONE	SPECIALTY AND CREDENTIAL (MD, RN, etc)

ACTIVITY PRESENTER INFORMATION			
<b>PRESENTER(S).</b> (List all presenters including faculty, content experts and reviewers.)	NAME	EMAIL/PHONE	SPECIALTY AND CREDENTIAL (MD, RN, etc)

## DISCLOSURE INFORMATION

It is required to submit a completed Relevant Financial Relationship Disclosure Form for all planners, faculty, and others in control of educational content. They must disclose ALL financial relationships with Ineligible Companies (defined on form) within the prior 24 months. There is no minimum financial threshold; individuals must disclose all financial relationships regardless of the amount, with ineligible companies. Individuals must disclose regardless of their view of the relevance of the relationship to the education. Any disclosure must be identified, mitigated and disclosed to the learner prior to the beginning of an educational activity. Please see the attached ACCME "Standards for Integrity and Independence in Accredited Continuing Education" at ACCME.org

Have you included signed Relevant Financial Relationship Disclosure Forms for all planners, faculty, and others in control of educational content for this activity?

☐ Yes ☐ No

## ACTIVITY TYPE

<input type="checkbox"/> Course	<input type="checkbox"/> Regularly Scheduled Series	<input type="checkbox"/> Online	<input type="checkbox"/> In-Person
<input type="checkbox"/> Internet Live Course	<input type="checkbox"/> Enduring Material		
<input type="checkbox"/> Course Repeating	<input type="checkbox"/> Internet Activity		
<input type="checkbox"/> Journal – Based CME	<input type="checkbox"/> Manuscript Review		
<input type="checkbox"/> Test Item Writing	<input type="checkbox"/> Committee Learning		
<input type="checkbox"/> Performance Improvement	<input type="checkbox"/> Internet Searching and Learning		
<input type="checkbox"/> Learning from Teaching	<input type="checkbox"/> Other:		

Please let us know if this activity is clinical or non-clinical. Mark clinical if any part of the activity/sessions will address direct or indirect care and/or treatment or observation of patients.

☐ Clinical ☐ Non-clinical

(ACCME Standards for Integrity and Independence in Accredited Continuing Education apply to all activities that are clinical in any way). Please see the ACCME "Standards for Integrity and Independence in Accredited Continuing Education" at ACCME.org

## TARGET AUDIENCE – Check all that apply

<input type="checkbox"/> Physician	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Optometrist
<input type="checkbox"/> Nurse	<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Dietitian
<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Dentist
<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Psychologist	<input type="checkbox"/> Health Professions Student
<input type="checkbox"/> Physician Trainees (Resident/Fellow)	<input type="checkbox"/> Social Worker	<input type="checkbox"/> Other:

**\*\*Important – all specialties checked as target audience MUST have a representative on the activity planning committee with the appropriate credential and experience.**

ACCREDITATION DESIGNATION AND CREDITS – Choose all that apply			
SPECIALITY	COLLABORATING ACCREDITORS	YES OR NO	# OF CREDITS REQUESTED
Medicine	Accreditation Council for Continuing Medical Education (ACCME) (AMA PRA Category 1 Credit™)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Nursing	American Nurses Credentialing Center (ANCC)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pharmacy	Accreditation Council for Pharmacy Education (ACPE)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Psychology	American Psychological Association (APA)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Work	Association of Social Work Boards (ASWB)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Interprofessional Continuing Education	Interprofessional Continuing Education (IPCE)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

GAP AND NEEDS ASSESSMENT		
State the professional practice gap(s) of the healthcare team/members on which the activity was based. (max 100 words)		
State the educational need(s) that you determined to be the cause of the professional practice gap(s) (max 50 words each)	Knowledge needs	
	Skills and Strategy needs	
	Performance needs	
State what this CE activity was designed to change in terms of learners' skills/strategy or performance of the healthcare team or patient outcomes. (max 50 words)		
Explain how you ensured the activity was generated around valid content. (Activity providers are responsible for ensuring that their education is fair and balanced and that any clinical content presented supports safe, effective patient care). (max 50 words)		
Explain how the activity promotes active learning for the healthcare team that is consistent with the activity's desired results. (max 50 words)		

## INDICATE THE DESIRABLE ATTRIBUTE(S) OF THE HEALTHCARE TEAM (I.E. COMPETENCIES) THIS ACTIVITY ADDRESSES

CHECK ALL THAT APPLY CORE COMPETENCIES FOR		
INSTITUTE OF MEDICINE COMPETENCIES	INTERPROFESSIONAL COLLABORATIVE PRACTICE	ACGME/ABMS COMPETENCIES
<input type="checkbox"/> Provide Patient-Centered Care	<input type="checkbox"/> Values/Ethics for Interprofessional Practice	<input type="checkbox"/> Patient Care and Procedural Skills
<input type="checkbox"/> Work in Interdisciplinary Teams	<input type="checkbox"/> Roles/Responsibilities	<input type="checkbox"/> Medical Knowledge
<input type="checkbox"/> Employ Evidence-Based Practice	<input type="checkbox"/> Interprofessional Communication	<input type="checkbox"/> Practice-Based Learning & Improvement
<input type="checkbox"/> Apply Quality Improvement	<input type="checkbox"/> Teams and Teamwork	<input type="checkbox"/> Professionalism
<input type="checkbox"/> Utilize Informatics		<input type="checkbox"/> Systems-Based Practice
		<input type="checkbox"/> Interpersonal Communication
Other Competency(ies):		

## OICHE MISSION

OICHE Mission Statement: "We strive to optimize health and healthcare team knowledge, innovative skills, values and evidence-based strategies to design, implement and evaluate team-based models of health and healthcare to improve value, enhance the patient experience of care, impact population health, and cultivate the well-being and work life of healthcare providers."

**\*\*IMPORTANT – To ensure this activity meets the OICHE Mission – it is required that the objectives of this activity address at a minimum 1 (3-4 preferred) of the below Mission Core Measures:**

M-1	KNOWLEDGE
M-2	SKILLS/STRATEGIES
M-3	PERFORMANCE
M-4	OUTCOMES

## OVERALL GOAL

(How this activity will be addressing the Gap and Needs Assessment)

Purpose Statement

OVERALL LEARNING OBJECTIVES		
What are the desired results for this CE activity? What overall objectives do you want to accomplish?		
<b>**IMPORTANT – To ensure this activity meets the OICHE Mission – it is required that the objectives of this activity address at a minimum 1 (3-4 preferred) of the below Mission Core Measures. (Please use Bloom’s taxonomy verb list when writing operational/behavioral objectives. The list is located on the last page of this document).</b>		
Objective 1	Objective Statement	PLEASE SELECT FROM THE DROPDOWN MENUS BELOW
		Objective Mission Core Measure Please select from drop-down menu
Objective 2	Objective Statement	Objective Mission Core Measure Please select from drop-down menu
Objective 3	Objective Statement	Objective Mission Core Measure Please select from drop-down menu
Objective 4	Objective Statement	Objective Mission Core Measure Please select from drop-down menu
Objective 5	Objective Statement	Objective Mission Core Measure Please select from drop-down menu

### POTENTIAL BARRIERS THAT MAY PREVENT LEARNERS FROM ACHIEVING DESIRED RESULTS

(These may be perceived or real barriers preventing the learners from achieving expected changes in competence, performance or patient outcomes).

(Check all that apply)

<input type="checkbox"/> No Perceived Barriers	<input type="checkbox"/> Cost
<input type="checkbox"/> Lack of Time	<input type="checkbox"/> Insurance or Reimbursement
<input type="checkbox"/> Patient Adherence	<input type="checkbox"/> Lack of Consensus on Professional Guidelines
<input type="checkbox"/> Lack of administrative Support or Resources	<input type="checkbox"/> Other:

Please explain how you will address potential barriers with the CE activity.

### DIVERSITY AND INCLUSION

**DIVERSITY STATEMENT:** Describe how your program respects and attends to diversity in its content and the application of concepts presented. Explain which diverse populations are addressed reflected in and drawn from your title, program description, learning objectives and references. Diversity includes but is not limited to culture, gender, sexual orientation, racial, ethnic, disability, age, religion or socioeconomic differences.

ACTIVITY FINANCIAL INFORMATION	
<b>REGISTRATION FEES</b>	
Will a registration fee be charged?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, how much will you charge?	\$
Anticipated number of attendees	

GOVERNMENT MONETARY TOTAL (DOES NOT INCLUDE COMMERCIAL/INELIGIBLE COMPANIES)	
Will there be grant funds used to fund this activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, list government agency and amount on the submitted budget sheet.	

PRIVATE MONETARY TOTAL (DOES NOT INCLUDE COMMERCIAL/INELIGIBLE COMPANIES)	
Will there be private donations used to fund this activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, list private donors and amount on the submitted budget sheet.	

IN-KIND DONATIONS (DOES NOT INCLUDE COMMERCIAL/INELIGIBLE COMPANIES)	
Will there be in-kind donations received for this activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, list company name, description and number of donated good(s) on the submitted budget sheet.	

EXHIBIT AND ADVERTISING INCOME	
Will exhibit/advertising be offered for this activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, list exhibitors/advertisers and amounts on the submitted budget sheet. (If yes, include a copy of the prospectus with the activity application)	

SUPPORT FROM COMMERCIAL/INELIGIBLE COMPANIES	
Will you seek financial or in-kind support from ANY ineligible companies? <i>(ACCME defines Ineligible Companies as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>**If you answered YES to this question, please contact OICHE before submitting this application.</b>	

<b>MARKETING</b>	
<b>(How will this activity be publicized to prospective participants)?</b>	
<b>(Check all that apply)</b>	
<input type="checkbox"/> "Save the Date" Flyer	<input type="checkbox"/> Website Announcement/Banner Ads
<input type="checkbox"/> Brochure	<input type="checkbox"/> Advertisements/Journal Announcements
<input type="checkbox"/> "Save the Date" Postcard for the "Future Meetings Table" at outside meetings	<input type="checkbox"/> "Save the Date" PowerPoint on ASU Faculty Presentations
<input type="checkbox"/> Learning Management System (LMS)	<input type="checkbox"/> Posters placed in Hospitals and Clinics
<input type="checkbox"/> Email Campaigns	<input type="checkbox"/> Other:
<p><b>Pre-Approval:</b> Before activity is approved it cannot be marketed as accredited but in process. Example: "CE has been applied for and is pending approval."</p> <p><b>Post-Approval:</b> Once this activity is approved by OICHE, marketing must include all required disclosures and must have correct accreditation statement(s) and logo(s). This will be on the Award Letter Provided to the Activity Representative once the activity is approved for accreditation.</p>	

<b>EVALUATION AND IMPROVEMENT</b>	
<b>What method(s) will you use to measure actual changes in performance or patient/system outcomes implemented by your learners as a result of this activity.</b>	
<ol style="list-style-type: none"> <li>1. OICHE requires that evaluation data captures the Mission (M) Core Measures identified in the objectives of this activity. Please ensure your evaluation questions address those objectives directly.</li> <li>2. OICHE also requires that evaluations capture learner Reaction (R) Core Measures. These refer to learner satisfaction (activity content, venue, mode of delivery, presenters, objectives, overall satisfaction etc.). It is also recommended to include questions that address that the activity is <i>Free from Commercial Bias</i> and also addresses <i>Presenter conflict of interest/disclosures</i>.</li> <li>3. It is requested that you use the evaluation scoring format of 1 – 5 (5 being the highest) as well as learner comments/feedback.</li> <li>4. OICHE will provide guidance and evaluation samples upon request.</li> </ol>	
<p><b>Please select the method(s) of evaluation for this activity. The learner must complete an evaluation and the evaluation data must directly connect the learner to the data for the learner to receive CE credit.</b></p>	
<b>Select all methods of evaluation:</b>	
<input type="checkbox"/> Post activity Evaluation	<input type="checkbox"/> Quality Improvement Data
<input type="checkbox"/> Retro Pre-test and Post-test	<input type="checkbox"/> CMS/JCAHO Reports
<input type="checkbox"/> Patient Satisfaction Data	<input type="checkbox"/> Formative Feedback of Technical of Procedural Skills
<input type="checkbox"/> Formative Feedback of Communication Skills	<input type="checkbox"/> Longitudinal Evaluation – 4-6 weeks post activity
<input type="checkbox"/> Pre and Post Comparison Performance Data	<input type="checkbox"/> Other:

APPLICATION PROCESS		
DUE	ITEM	ITEM/DOCUMENT DESCRIPTION
<b>Application will not be reviewed until these are received</b>		
SUBMIT ITEMS 1-9 FOR APPLICATION ACCREDITATION REVIEW AND APPROVAL.	1	OICHE application – completed and signed (add separate sheet if more space is needed to list planners/presenters).
	2	Completed Relevant Financial Disclosure (RFD) Forms for anyone associated with the activity or in.
	3	Data source used to determine gap analysis and needs assessment.
	4	Schedule of program/agenda/syllabus (speakers, topics and times).
	5	Planning meeting minutes.
	6	Draft evaluation.
	7	Proposed budget using the provided template.
	8	Draft Marketing
SUBMIT ITEMS 10-11 NO LATER THAN TWO WEEKS PRIOR TO START OF ACTIVITY	9	Updated or changed planner/presenters including and relevant financial disclosures.
	10	Learning materials including PowerPoint presentations, handouts, etc. Must include all applicable disclosures and must have correct accreditation statement(s) and logo(s).
ITEMS 12-15 DUE AFTER ACTIVITY COMPLETION IN ACCORDANCE WITH INSTRUCTIONS INCLUDED IN THE AWARD LETTER.	11	Attendance data.
	12	Evaluation data.
	13	Final Budget
	14	Closing report and data.
ACTIVITY APPROVAL PROCESS		
OICHE Advisory Council is responsible for approving and awarding the requested credit for the activity. The council meets the 2 <sup>nd</sup> Tuesday of every month. After the council meets, Activity Directors/Representatives are notified of the outcomes with an “Award Letter” which will detail the results and any required follow-up. If the activity is approved, the award letter will also include the correct accreditation statement(s) and logo(s).		

**AFFIRMATION**

*Please review and sign*

**ACTIVITY REPRESENTATIVE | AFFIRMATION STATEMENT**

- ✓ I have reviewed and attest to the accuracy of this activity proposal.
- ✓ Any changes will be conveyed to the Office of Interprofessional Continuing Health Education in writing prior to the beginning of the activity.
- ✓ I ensure that accredited continuing education serves the needs of patients and the public.
- ✓ I will ensure we present learners with only accurate, balanced, scientifically justified recommendations.
- ✓ I will assure healthcare professionals and teams that they can trust accredited continuing education to help them deliver safe, effective, cost-effective, compassionate care that is based on best practice and evidence.
- ✓ I will ensure to create a clear, unbridgeable separation between accredited continuing education and marketing and sales.
- ✓ I affirm that the disclosure information provided by faculty and activity planning members will be communicated to the learners prior to the beginning of the educational activity as described in the application.
- ✓ I will maintain accountability for distribution of funding related to the activity and will provide an accurate income/expense statement to the ASU Office of Interprofessional Continuing Health Education, at the completion of the activity.
- ✓ I will submit the required information and documentation to the ASU Office of Interprofessional Continuing Health Education according to the document submission schedule.
- ✓ I have reviewed and will adhere to the ACCME "Standards for Integrity and Independence in Accredited Continuing Education" at ACCME.org.

Activity Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN THE APPLICATION AND ALL SUPPORTING DOCUMENTATION TO:**

Kathryn Bracamonte, OICHE Office Specialist  
Office of Interprofessional Continuing Health Education  
Arizona State University  
[Kathryn.Bracamonte@asu.edu](mailto:Kathryn.Bracamonte@asu.edu)

## Revised Bloom's Taxonomy Action Verbs

Definitions	I. Remembering	II. Understanding	III. Applying	IV. Analyzing	V. Evaluating	VI. Creating
<b>Bloom's Definition</b>	Exhibit memory of previously learned material by recalling facts, terms, basic concepts, and answers.	Demonstrate understanding of facts and ideas by organizing, comparing, translating, interpreting, giving descriptions, and stating main ideas.	Solve problems to new situations by applying acquired knowledge, facts, techniques and rules in a different way.	Examine and break information into parts by identifying motives or causes. Make inferences and find evidence to support generalizations.	Present and defend opinions by making judgments about information, validity of ideas, or quality of work based on a set of criteria.	Compile information together in a different way by combining elements in a new pattern or proposing alternative solutions.
<b>Verbs</b>	<ul style="list-style-type: none"> <li>• Choose</li> <li>• Define</li> <li>• Find</li> <li>• How</li> <li>• Label</li> <li>• List</li> <li>• Match</li> <li>• Name</li> <li>• Omit</li> <li>• Recall</li> <li>• Relate</li> <li>• Select</li> <li>• Show</li> <li>• Spell</li> <li>• Tell</li> <li>• What</li> <li>• When</li> <li>• Where</li> <li>• Which</li> <li>• Who</li> <li>• Why</li> </ul>	<ul style="list-style-type: none"> <li>• Classify</li> <li>• Compare</li> <li>• Contrast</li> <li>• Demonstrate</li> <li>• Explain</li> <li>• Extend</li> <li>• Illustrate</li> <li>• Infer</li> <li>• Interpret</li> <li>• Outline</li> <li>• Relate</li> <li>• Rephrase</li> <li>• Show</li> <li>• Summarize</li> <li>• Translate</li> </ul>	<ul style="list-style-type: none"> <li>• Apply</li> <li>• Build</li> <li>• Choose</li> <li>• Construct</li> <li>• Develop</li> <li>• Experiment with</li> <li>• Identify</li> <li>• Interview</li> <li>• Make use of</li> <li>• Model</li> <li>• Organize</li> <li>• Plan</li> <li>• Select</li> <li>• Solve</li> <li>• Utilize</li> </ul>	<ul style="list-style-type: none"> <li>• Analyze</li> <li>• Assume</li> <li>• Categorize</li> <li>• Classify</li> <li>• Compare</li> <li>• Conclusion</li> <li>• Contrast</li> <li>• Discover</li> <li>• Dissect</li> <li>• Distinguish</li> <li>• Divide</li> <li>• Examine</li> <li>• Function</li> <li>• Inference</li> <li>• Inspect</li> <li>• List</li> <li>• Motive</li> <li>• Relationships</li> <li>• Simplify</li> <li>• Survey</li> <li>• Take part in</li> <li>• Test for</li> <li>• Theme</li> </ul>	<ul style="list-style-type: none"> <li>• Agree</li> <li>• Appraise</li> <li>• Assess</li> <li>• Award</li> <li>• Choose</li> <li>• Compare</li> <li>• Conclude</li> <li>• Criteria</li> <li>• Criticize</li> <li>• Decide</li> <li>• Deduct</li> <li>• Defend</li> <li>• Determine</li> <li>• Disprove</li> <li>• Estimate</li> <li>• Evaluate</li> <li>• Explain</li> <li>• Importance</li> <li>• Influence</li> <li>• Interpret</li> <li>• Judge</li> <li>• Justify</li> <li>• Mark</li> <li>• Measure</li> <li>• Opinion</li> <li>• Perceive</li> <li>• Prioritize</li> <li>• Prove</li> <li>• Rate</li> <li>• Recommend</li> <li>• Rule on</li> <li>• Select</li> <li>• Support</li> <li>• Value</li> </ul>	<ul style="list-style-type: none"> <li>• Adapt</li> <li>• Build</li> <li>• Change</li> <li>• Choose</li> <li>• Combine</li> <li>• Compile</li> <li>• Compose</li> <li>• Construct</li> <li>• Create</li> <li>• Delete</li> <li>• Design</li> <li>• Develop</li> <li>• Discuss</li> <li>• Elaborate</li> <li>• Estimate</li> <li>• Formulate</li> <li>• Happen</li> <li>• Imagine</li> <li>• Improve</li> <li>• Invent</li> <li>• Make up</li> <li>• Maximize</li> <li>• Minimize</li> <li>• Modify</li> <li>• Original</li> <li>• Originate</li> <li>• Plan</li> <li>• Predict</li> <li>• Propose</li> <li>• Solution</li> <li>• Solve</li> <li>• Suppose</li> <li>• Test</li> <li>• Theory</li> </ul>
Anderson, L. W., & Krathwohl, D. R. (2001). A taxonomy for learning, teaching, and assessing, Abridged Edition. Boston, MA: Allyn and Bacon.						