



# Continuing Education Activity Application

CloudCME Technical Guide

Updated February 2020



## Who should access this guide?

Individuals involved in the planning of continuing education (CE) activities who are tasked with completing the VCU Health CE Activity Application form.

Before initiating the online application process, please review the “Continuing Education Planning Guide”

## Terms & Definitions

CE Activity Application – required online application form that documents elements necessary for VCU Health Continuing Education to review and approve an educational activity for credit

CloudCME – learning management system used by VCU Health Continuing Education to maintain required documentation, including CE Activity applications, online course content, registration and payment processing, and learner credit records

# Contents

## **Creating and Navigating the CE Application** - Slides 5 – 16

Provides instructions to access CloudCME to create a new CE Activity Application and navigate the sections of the application. Includes detailed instructions for submission.

The following sections include screenshots and helpful tips to complete each section of the CE Activity Application.

## **Basic Information** – Slides 17 - 32

## **Gap and Needs** – Slides 33 – 41

Reference VCU Health *Continuing Education Planning Guide* for additional guidance in conducting needs assessments and identifying practice gaps.

## **Objectives and Outcomes** – Slides 42 – 47

Reference VCU Health *Continuing Education Planning Guide* for additional guidance in writing learning objectives and evaluating activities.

## **Planners and Faculty** – Slides 48 – 49

## **Services Requested** – Slides 50 – 52

# Accessing CloudCME

Visit <https://vcu.cloud-cme.com> and click “Sign In”

- If you have an @vcuhealth.org email address, click “Sign in with your VCU Health ID”
- All others should click “Sign in with your email and password”
- If you do not have an account, click “Sign in with your email and password” to create a new account
  - On the next screen click “Don’t have an account” and complete the required fields

VCU Health

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Select Login Provider

VCU Health personnel only - click Sign in with your VCU Health ID. Input your VCU Health email and Windows password when requested.

All others - please login with the email address you used to register with earlier.


SIGN IN WITH YOUR VCU HEALTH ID (FACULTY & STAFF) SIGN IN WITH YOUR EMAIL AND PASSWORD | CREATE NEW ACCOUNT


Select *only* if you have an @vcuhealth.org email


Select this option if you *do not* have an @vcuhealth.org email

# Creating a New Application

After signing in, click “Application” on the home screen

<< Back to VCU Health  
Welcome Andrea Perseghin, MEd

[Sign Out](#) [Live Courses](#) [RSS Calendar](#) [Online Courses](#) [About](#) [Contact Us](#) [For Planners](#) [Help](#) [Faculty](#) [My CE](#) 




### Welcome to VCU Health Continuing Education


Our professional development programs provide continuing education credits applicable to physicians, pharmacists, nurses, advanced practice providers, and others. Select an activity below to see further program details.

Search:


Date	Event	Description
February 7, 2020	Advances in Obstetrics and Gynecology <a href="#">REGISTER</a> <a href="#">DETAILS</a>	The program has been designed for obstetrician-gynecologists, Ob/Gyn nurse practitioners, family practitioners and primary care providers in clinical practice in Virginia and nearby states. This one-day program will provide an intense update on caring for women and families affected by addiction, an update on HPV and cancer prevention, bone health, fibroid management, maternal death in the ancient past, ultrasound tips, what the ob/gyn should know about bariatric services, physical therapy and rectus diastasis, geriatric care, and bringing life to death: an end of life doula's approach.



[Courses >](#)  
[Application >](#)  
[My CE >](#)  
[Online Disclosure Form >](#)




VCU Health is accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team through November 2025.



# Creating a New Application

On the Application Screen, Click the “New Application” button



<< Back to VCU Health  
Welcome Andrea Perseghin Reviewer, MEd

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CE Application

Instructions:  
If you have any questions or concerns during this time, please contact VCU Health CME at 804-828-3640.  
We apologize for any inconvenience.

NEW APPLICATION

Admin User Lookup

Filter By Application Status:  
Hide Approved

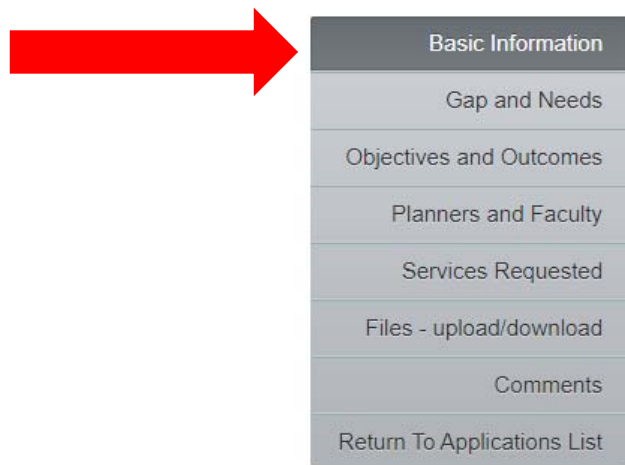
Search By Event Name:  
SearchFind Disclosures

Export XLS

ACTIVITYID	ACTIVITY NAME	AUTHOR	PLANNERS	LAST REVISED	DISCLOSURE STATUS

# Navigating the Application

Left menu bar allows user to navigate between sections.

A screenshot of the 'Basic Information' form section. It has a yellow header with the text 'Basic Information'. Below the header is a dark green bar with the text 'Please specify the following for your a'. The form contains two text input fields: 'Activity Title' with a blue information icon and the text 'CloudCME Application Technical Instructions', and 'Organization/Department' with the text 'VCU Health Continuing Education'. Below these is another dark green bar with the text 'Accreditation Type:'. Underneath is the text 'Select all that apply:' followed by a blue information icon. There are three checkboxes: 'ACCME (Physicians)' which is checked, 'ACPE (Pharmacists and/or Pharmacy Technicians)' which is unchecked, and 'ASWB (Social Workers)' which is checked. The bottom of the form has a yellow bar.



# Navigating the Application

Required fields are highlighted in red until data is entered.

Basic Information

Please specify the following for your activity.

Activity Title \*

Organization/Department \*

Date Planning Started \*

mm/dd/yyyy

Accreditation Type:

Select all that apply: \*

☐ ACCME (Physicians)

☐ ANCC (Nurses)

☐ ACPE (Pharmacists and/or Pharmacy Technicians)

☐ AAPA (Physician Assistants)

☐ ASWB (Social Workers)

☐ APA (Psychologists)

☐ Joint Accreditation (Interprofessional)

Directly Provided (internal partner within VCU/VCUHS)

Jointly Provided (external partner)

Basic Information

Please specify the following for your activity.

Activity Title 

CloudCME Application Technical Instructions

Organization/Department 

VCU Health Continuing Education

Date Planning Started 

02/05/2020

Accreditation Type:

Select all that apply:

☒ ACCME (Physicians)

☒ ANCC (Nurses)

☐ ACPE (Pharmacists and/or Pharmacy Technicians)

☐ AAPA (Physician Assistants)

☒ ASWB (Social Workers)

☐ APA (Psychologists)

☒ Joint Accreditation (Interprofessional)

Directly Provided (internal partner within VCU/VCUHS)

Jointly Provided (external partner)

## Navigating the Application

Cannot navigate to next section until all required fields complete.

All required fields must be complete before system will save section.

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

➡ Save and Continue

Cancel ✕

Click Save and Continue once required fields complete to move to next section.

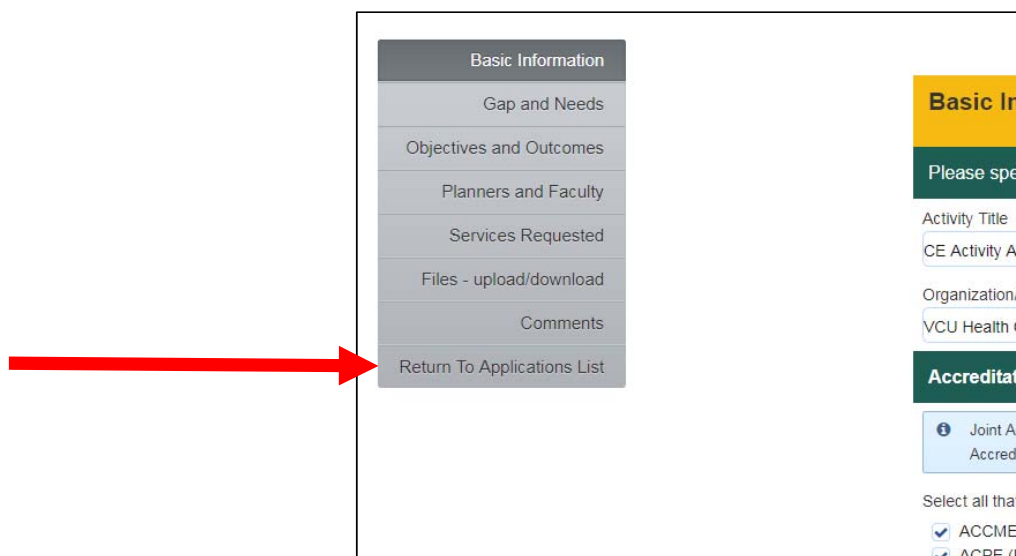
➡ Save and Continue

Cancel ✕

## Navigating the Application

Once your application is complete, follow these instructions to submit for review.

1. Click “Submit” at the end of the “Services Requested” page to save the entries on that page.
2. Review your application to ensure it is complete.
3. Click “Return to Applications List” in the menu bar on the left side of the application form.



## Navigating the Application

After clicking “Return to Applications List,” the screen will display all of the user’s application forms. Locate the application in this list.

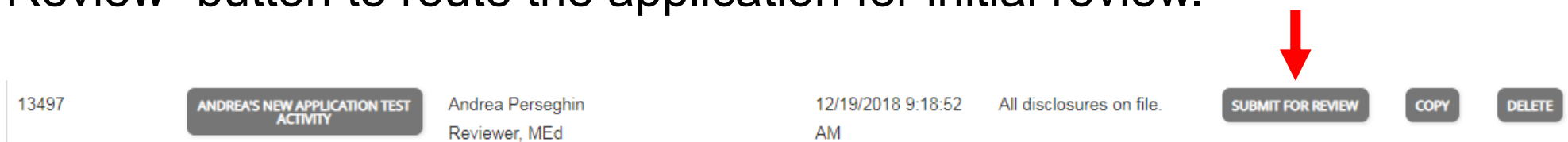
If any planning committee OR presenter/faculty conflict of interest forms are outstanding, you cannot submit the application for review, as shown in the example below.

13978	<a href="#">CE ACTIVITY APPLICATION INSTRUCTIONS</a>	Andrea Perseghin Reviewer, MEd	1/21/2019 10:48:18 AM	Tamara Hunter does not have a disclosure on file. John Doe, PharmD does not have a disclosure on file.	<a href="#">DISCLOSURES REQUIRED</a>	<a href="#">COPY</a>	<a href="#">DELETE</a>
-------	--	-----------------------------------	-----------------------	---	--------------------------------------	----------------------	------------------------

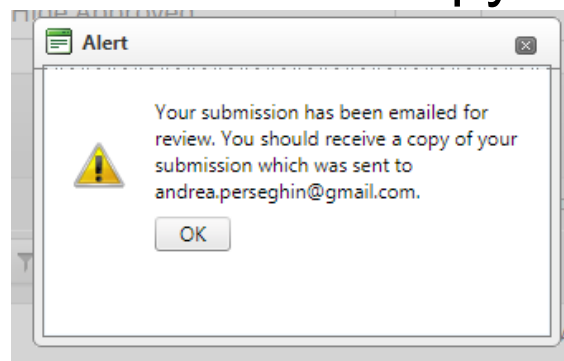
**Contact VCU Health Continuing Education to assist in this situation to ensure timely review.**

## Navigating the Application

Once all conflict of interest forms are submitted, click “Submit for Review” button to route the application for initial review.



The page will reload with a pop-up message confirming the submission and notice that a PDF copy was sent via email.



## Navigating the Application

### What happens next?

1. Initial application review. If incomplete, VCU Health Continuing Education will contact the activity coordinator listed in the application.
2. If complete, the application will be routed to the appropriate review committee.

# Navigating the Application

## What happens next?

3. Feedback will be provided in the “Comments” section of the application. You should receive an automated email when this occurs.

- Let your CE representative know if you have any questions and when corrections/clarifications are complete.

The screenshot displays a web application interface. On the left is a vertical sidebar with a list of menu items: 'Basic Information', 'Gap and Needs', 'Objectives and Outcomes', 'Planners and Faculty', 'Services Requested', 'Files - upload/download', 'Comments' (which is highlighted with a dark background), and 'Return To Applications List'. The main content area on the right has a dark header bar containing 'Add Comment' and 'Refresh' buttons. Below this, there is a 'Find Disclosures' button. The main content area shows a message: 'Objective 1 is not measurable, please revise' with a timestamp '2/7/2020 6:27:25 AM'.

## Navigating the Application

What happens next?

4. Upon approval of corrections/clarifications, a Letter of Understanding will be issued.

Visit the VCU Health Continuing Education “For Planners” website for more information, including timeline and required documentation:

<https://vcu.cloud-cme.com/default.aspx?P=1200>



## Basic Information

**Accreditation Type:**

Select all that apply: ⓘ

<input checked="" type="checkbox"/> ACCME (Physicians)	<input checked="" type="checkbox"/> ANCC (Nurses)
<input type="checkbox"/> ACPE (Pharmacists and/or Pharmacy Technicians)	<input type="checkbox"/> AAPA (Physician Assistants)
<input checked="" type="checkbox"/> ASWB (Social Workers)	<input type="checkbox"/> APA (Psychologists)
	<input checked="" type="checkbox"/> Joint Accreditation (Interprofessional)

Select all of the appropriate **Accreditation Type** based on who you designed the activity for, either as the primary target audience or as part of an interprofessional target audience:

- **ACCME** –physicians
- **ACPE** – pharmacists and/or pharmacy technicians
- **ASWB** – social workers
- **ANCC** – nurses
- **AAPA** – physician assistants
- **APA** – psychologists
- **Joint Accreditation** – select this option planned when 2 or more of the above accreditations are selected and the program is designed for the healthcare team, by the healthcare team.

# Basic Information

Select the appropriate **Activity Type** from the dropdown menu, including providership and type of program.

Note:

- Directly Provided programs are planned by VCU and VCUHS entities
- Jointly Provided programs are planned by organizations external to VCU/VCUHS

## Most commonly used:

- Courses – partial day to multiple day live, in-person activities (ex. conferences, symposia, workshops)
- Regularly Scheduled Series – live, in-person activities planned for the same audience on a regular schedule (ex. case conferences, Grand Rounds, Journal Clubs, M&M, Tumor Boards)
- Enduring Materials – Internet – asynchronous online activities

## Examples:

- A workshop planned by a VCU Department should select: Directly Provided – Courses
- A Grand Rounds planned by an outside organization should select: Jointly Provided – Regularly Scheduled Series

Directly Provided (internal partner within VCU/VCUHS)  
Jointly Provided (external partner)

Activity Type ⓘ

Directly Provided - Courses

Directly Provided - Courses

Directly Provided - Regularly Scheduled Series

Directly Provided - Internet

Directly Provided - Enduring Materials - Internet

Directly Provided - Journal CME

Directly Provided - Committees

Directly Provided - Performance Improvement

Directly Provided (internal partner within VCU/VCUHS)  
Jointly Provided (external partner)

Activity Type ⓘ

Jointly Provided - Courses

Directly Provided - Learning from Teaching

Directly Provided - Enduring Materials

Jointly Provided - Courses

Jointly Provided - Regularly Scheduled Series

Jointly Provided - Internet

Jointly Provided - Enduring Materials - Internet

Jointly Provided - Journal CME

Jointly Provided - Committees

# Basic Information

For activities seeking **ANCC credit**, select the activity type that best describes the planned activity.

ANCC

ANCC Activity Type: [i](#)

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

**Provider Directed, Provider Paced:** The provider controls all aspects of the learning activity, including objectives based on needs assessment, content, method in which it is presented, as well as evaluation methods. (Ex. live, in-person activities and live webinars)

**Provider Directed, Learner Paced:** The provider controls the content of the learning activity, including learning outcomes based on needs assessment, selects the content and the method in which it is presented, as well as evaluation methods. The learner determines the pace at which they engage. (Ex. online self-learning module, independent study)

**Learner Directed, Learner Paced:** The learner identifies his or her learning needs, formulates learning goals, identifies resources for learning, selects and implements learning strategies, and evaluates learning outcomes. This type of activity is engaged in by only one individual. (Ex. manuscript review, test item writing, committee learning, performance improvement, internet searching and learning)

## Basic Information

For activities seeking **ACPE credit**, select the activity type that best describes the planned activity and the appropriate topic designator.

**Knowledge-based:** designed to transmit knowledge

**Application-based:** designed to apply the information learned in the time allotted

**Practice-based:** designed to instill, expand, or enhance practice competencies through the systematic achievement of specified knowledge, skills, attitudes, or performance behaviors. Should include a didactic and practice experience component, and at a minimum provide 15 hours of educational content delivery.

### ACPE

Is this activity: [i](#)

- ☐ Knowledge-Based (K)
- ☐ Application-Based (A)
- ☐ Practice-Based (P)

# Basic Information

For activities seeking **ACPE credit**, select the appropriate topic designator that best describes the planned content.

Topic Designator: 

- ☐ Disease State Management/Drug Therapy
- ☐ AIDS Therapy
- ☐ Law
- ☐ General Pharmacy
- ☐ Patient Safety
- ☐ Immunizations
- ☐ Compounding

Topic Designator	Activity Content
<b>Disease State Management / Drug Therapy</b>	Drugs, drug therapy, and/or disease states
<b>AIDS Therapy</b>	Therapeutic, legal, social, ethical, or psychological issues related to the understanding and treatment of patients with HIV/AIDS
<b>Law</b>	Federal, state, or local laws and/or regulations affecting the practice of pharmacy
<b>General Pharmacy</b>	Topics relevant to the practice of pharmacy other than those included in the classifications of drug therapy related, HIV/AIDS therapy related, and law
<b>Patient Safety</b>	The prevention of healthcare errors, and the elimination or mitigation of patient injury caused by healthcare errors
<b>Immunizations</b>	Provision of immunizations, i.e., recommend immunization schedules, administration procedures, proper storage and disposal, and record keeping. This also includes review for appropriateness or contraindication and identifying the reporting adverse drug events and providing necessary first aid
<b>Compounding</b>	Sterile, nonsterile, and hazardous drug compounding for humans and animals. This includes best practices and USP quality assurance standards, environmental test and control, record keeping, error detection and reporting, and continuous quality improvement processes

# Basic Information

Select the strategy(ies) that will be implemented to engage learners in the activity.  
*Reference Continuing Education Planning Guide for definitions and examples of each.*

**Learner Engagement Strategies: (Select all that apply) \***

- ☐ Integrating opportunities for dialogue or question/answer
- ☐ Including time for self-check or reflection
- ☐ Analyzing case studies with interactive discussion
- ☐ Use of audience response system
- ☐ Providing opportunities for problem-based learning
- ☐ Games and Quizzes to practice recall
- ☐ Demonstration
- ☐ Example with practice
- ☐ Role play
- ☐ Application exercises
- ☐ Practice exercises
- ☐ Other

If other engagement strategy, please specify:



# Basic Information

Select the requirement(s) for awarding credit to participants.

NOTE: If “Successful completion of a post-test” is selected, be sure to include the minimum passing score, as shown in the example below.

## Criteria for Awarding Credit

Criteria for awarding contact hours for live and home study activities in addition to mandatory completion of evaluation form include: (Select all that apply)

- ☐ Attendance at entire activity
- ☐ Credit awarded commensurate with participation
- ☐ Attendance at 1 or more sessions
- ☒ Successful completion of a post-test (e.g., attendee must score 75% or higher)
- ☐ Successful completion of a return demonstration
- ☐ Engage in active case discussions
- ☐ Participate in audience response system (ARS) polls
- ☐ Demonstrate skills through simulation exercises
- ☐ Other - Describe:

If “Successful completion of a post-test” is selected, please specify the minimum passing score:

 80

If other criteria, please specify:



## Basic Information

What assessment and feedback techniques will be utilized for this activity? Learning assessments are required for each CPE activity to allow participant to assess achievement of learned content. This can be informal or formal, but must be consistent with the activity type.

Describe the techniques that will be utilized to provide participants to assess achievement of learned content. This is required for programs seeking ACPE credit and must be aligned with the activity type.

**Knowledge-based activities** – must include assessment questions to determine recall of facts.

**Application-based activities** – must include case studies structured to address application of the principles learned.

**Practice-based activities** – must include formative and summative assessments that demonstrate that the participants have achieved the stated objectives.

Examples:

Self-assessment or pre-test/post-test questions developed to reinforce the learning objectives and to assess learners.

Question and answer sessions incorporated at the end of the activity to allow participants to assess their learning, with correct answers with rationale provided.

Case study discussion exercises incorporated into activity with correct answers and rationale provided.

Demonstration exercises incorporated into activity allowing participants to demonstrate skills and receive feedback from instructors.



# Basic Information

Select all of the appropriate credit types for your activity.

## Most Frequently Used:

- AAPA Category 1 CME credit for physician assistants
- ACPE credit for pharmacists and pharmacy technicians
- **AMA PRA Category 1 Credit™** for physicians
- ANCC credit for nurses
- APA credit for psychologists
- ASWB ACE credit for social workers

Note: Many other professions accept participation in activities designated for **AMA PRA Category 1 Credit™** for Virginia licensure renewal, including but not limited to: nurse practitioner, occupational therapist, physician assistant, physical therapy, speech-language pathology

Type of Credit Requested \* ⓘ

- |  |  |
|--|--|
| <input type="checkbox"/> AMA PRA Category 1 Credits™                         | <input type="checkbox"/> Non-Physician Attendance  |
| <input type="checkbox"/> AAFP - American Academy of Family Physicians        | <input type="checkbox"/> AAP - American Academy of Pediatrics  |
| <input type="checkbox"/> ACPE - Accreditation Council for Pharmacy Education | <input type="checkbox"/> ANCC - American Nurses Credentialing Center                                     |
| <input type="checkbox"/> ABP MOC Part 2                                      | <input type="checkbox"/> ASET - The Neurodiagnostic Society ACE  |
| <input type="checkbox"/> General Attendance - Attendance without CE credit   | <input type="checkbox"/> ADA CERP - American Dental Association Continuing Education Recognition Program |
| <input type="checkbox"/> APA - American Psychological Association            | <input type="checkbox"/> ABIM MOC Part 2   |
| <input type="checkbox"/> AAPA Category 1 CME credit                          | <input type="checkbox"/> ABA MOCA 2.0 Part 2   |
| <input type="checkbox"/> ASWB Approved Continuing Education (ACE)            | <input type="checkbox"/> General Attendance  |
|  | <input type="checkbox"/> AAPA Category 1 PI-CME  |
|  | <input type="checkbox"/> IPCE - Interprofessional Continuing Education Credit                            |

# Basic Information

The following credit types are not as common, may require additional fees, documentation requirements, and processing times:

- **AAFP – American Academy of Family Physicians** – specialized credit for family physicians
- **AAP – American Academy of Pediatrics** – specialized credit for pediatricians
- **ADA CERP – American Dental Association Continuing Education Recognition Program** – dentists and dental hygienists
- **ASET – The Neurodiagnostic Society ACE** – electrodiagnostic technicians
- **MOC Part 2 credits** for physicians boarded by:
  - **ABA MOCA** – American Board of Anesthesiology
  - **ABIM** – American Board of Internal Medicine
  - **ABP** – American Board of Pediatrics
  - **ABPN** – American Board of Psychiatry and Neurology

Type of Credit Requested \* ⓘ

<input type="checkbox"/> AMA PRA Category 1 Credits™	<input type="checkbox"/> Non-Physician Attendance
<input type="checkbox"/> AAFP - American Academy of Family Physicians	<input type="checkbox"/> AAP - American Academy of Pediatrics
<input type="checkbox"/> ACPE - Accreditation Council for Pharmacy Education	<input type="checkbox"/> ANCC - American Nurses Credentialing Center
<input type="checkbox"/> ABP MOC Part 2	<input type="checkbox"/> ASET - The Neurodiagnostic Society ACE
	<input type="checkbox"/> ADA CERP - American Dental Association Continuing Education Recognition Program
<input type="checkbox"/> General Attendance - Attendance without CE credit	<input type="checkbox"/> ABIM MOC Part 2
<input type="checkbox"/> APA - American Psychological Association	<input type="checkbox"/> ABA MOCA 2.0 Part 2
<input type="checkbox"/> AAPA Category 1 CME credit	<input type="checkbox"/> General Attendance
<input type="checkbox"/> ASWB Approved Continuing Education (ACE)	<input type="checkbox"/> AAPA Category 1 PI-CME
	<input type="checkbox"/> IPCE - Interprofessional Continuing Education Credit

# Basic Information

The following credit types are not as common, may require additional fees, documentation requirements, and processing times:

- **AAFP – American Academy of Family Physicians** – specialized credit for family physicians
- **AAP – American Academy of Pediatrics** – specialized credit for pediatricians
- **ADA CERP – American Dental Association Continuing Education Recognition Program** – dentists and dental hygienists
- **ASET – The Neurodiagnostic Society ACE** – electrodiagnostic technicians
- **MOC Part 2 credits** for physicians boarded by:
  - **ABA MOCA** – American Board of Anesthesiology
  - **ABIM** – American Board of Internal Medicine
  - **ABP** – American Board of Pediatrics
  - **ABPN** – American Board of Psychiatry and Neurology

Type of Credit Requested \* ⓘ

<input type="checkbox"/> AMA PRA Category 1 Credits™	<input type="checkbox"/> Non-Physician Attendance
<input type="checkbox"/> AAFP - American Academy of Family Physicians	<input type="checkbox"/> AAP - American Academy of Pediatrics
<input type="checkbox"/> ACPE - Accreditation Council for Pharmacy Education	<input type="checkbox"/> ANCC - American Nurses Credentialing Center
<input type="checkbox"/> ABP MOC Part 2	<input type="checkbox"/> ASET - The Neurodiagnostic Society ACE
<input type="checkbox"/> General Attendance - Attendance without CE credit	<input type="checkbox"/> ADA CERP - American Dental Association Continuing Education Recognition Program
<input type="checkbox"/> APA - American Psychological Association	<input type="checkbox"/> ABIM MOC Part 2
<input type="checkbox"/> AAPA Category 1 CME credit	<input type="checkbox"/> ABA MOCA 2.0 Part 2
<input type="checkbox"/> ASWB Approved Continuing Education (ACE)	<input type="checkbox"/> General Attendance
	<input type="checkbox"/> AAPA Category 1 PI-CME
	<input type="checkbox"/> IPCE - Interprofessional Continuing Education Credit

# Basic Information

Select the **Activity Format** which best describes how your content will be delivered to participants.

- Most common:
  - Live Activity for Courses, Regularly Scheduled Series
  - Enduring Material for Internet Enduring Materials

**Activity Format**

Activity Format ⓘ

☒ Live Activity (in person or webinar)☐ Enduring Material

☐ Journal-based CE activity☐ Test-item writing activity

☐ Manuscript review activity☐ PI CME activity

☐ Internet point-of-care activity

Activity Synopsis (optional shorter description used in lists and on the calendar) ⓘ

This is a shorter description used on the CE catalog listing if using the registration system. Ex: Join us for this one day program designed to teach planners how to complete a CE Activity Application.

Activity Description ⓘ

This is a longer description used in required reporting. Ex: This one day program is designed for CE planners to learn how to complete a CE Activity Application. Participants will learn how to fill out each section of the form, including examples and definitions.

Requested Number of Credits (1 credit = 60 minutes of content participation - does not include breaks, meals, etc.) ⓘ

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## Basic Information

Enter the Activity **Location** (actual or proposed), **Date** and **Times**

**Proposed Location:**

Venue (NA for Enduring) ⓘ  
Enter actual or proposed venue Ex: Hilton

City ⓘ  
Richmond

State  
VA ▼

**Proposed Dates and Times:**

Enter the activity Start and End Dates - *for Regularly Scheduled Series the start and end date should be the same.*

Start Date ⓘ  
01/31/2019 ⓘ


End Date ⓘ  
01/31/2019 ⓘ

Enter the activity Start and End Times (if applicable)

Start Time ⓘ  
⌚ 08:00 AM

End Time ⓘ  
⌚ 05:00 PM

Timezone ⓘ  
⌵ (GMT -5:00) Eastern Time (US & Canada), Bogota, Lima ▼

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# Basic Information

If seeking Maintenance of Certification (MOC) Part 2 points for physicians, select Yes and complete additional fields.

## ABIM

**MOC**

Requesting MOC? ⓘ  
☒ Yes ☐ No

Select the applicable MOC credit type(s): ⓘ  
☒ ABIM MOC ☐ ABA MOCA 2.0 ☐ ABP MOC ☐ ABPath MOC

MOC Credit Type(s): ⓘ  
☒ Medical Knowledge Only ☐ Medical Knowledge + Patient Safety  
☐ Medical Knowledge + Practice Assessment ☐ Medical Knowledge + Practice Assessment + Patient Safety  
☐ Practice Assessment Only ☐ Practice Assessment + Patient Safety

Points Awarded: ⓘ

Registration: ⓘ ☒ Open to All ☐ Limited

Patient Safety Training? ⓘ ☐ Yes ☒ No

## ABA MOCA

**MOC**

Requesting MOC? ⓘ  
☒ Yes ☐ No

Select the applicable MOC credit type(s): ⓘ  
☐ ABIM MOC ☒ ABA MOCA 2.0 ☐ ABP MOC ☐ ABPath MOC

Select the applicable practice area(s): ⓘ  
☒ Ambulatory/Outpatient ☐ Cardiac Anesthesia  
☐ Critical Care Medicine ☐ General Operative Anesthesia  
☐ Hospice and Palliative Medicine ☐ Neuro Anesthesia  
☐ Obstetric Anesthesia ☐ Pain Medicine  
☐ Pediatric Anesthesia ☐ Regional Anesthesia/Acute Pain  
☐ Sleep Medicine ☐ Thoracic Anesthesia  
☐ Trauma

Points Awarded: ⓘ

Registration: ⓘ ☒ Open to All ☐ Limited

Patient Safety Training? ⓘ ☐ Yes ☒ No

# Basic Information

If seeking Maintenance of Certification (MOC) Part 2 points for physicians, select Yes and complete additional fields.

## ABP and ABPath

### MOC

Requesting MOC? ⓘ

☒ Yes ☐ No

Select the applicable MOC credit type(s): ⓘ

☐ ABIM MOC ☐ ABA MOCA 2.0 ☒ ABP MOC ☒ ABPath MOC

Points Awarded: ⓘ

Registration: ⓘ

☒ Open to All ☐ Limited

Patient Safety Training? ⓘ


☐ Yes ☒ No

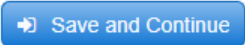
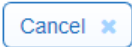
## Basic Information

**Agenda**

Please attach a Draft Agenda including topics, speakers with credentials, presentation start/end times, breaks/meals, etc.

Upload Agenda (Word, Excel or PDF files only):


 Add Files

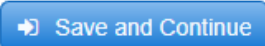
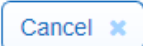
 Save and Continue  Cancel

Upload an **Agenda** for the proposed program including any breaks/meals.

A draft that does not have confirmed speakers is fine however the topics need to be clearly indicated.

Click “Save and Continue” to save application and continue to the next section.  
All required fields must be complete before system will save section.

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

 Save and Continue  Cancel



# Gap and Needs

*Reference Continuing Education Planning Guide for guidance on how to identify practice gaps and educational needs.*

Enter the practice gap for the target audience the program is planned for.

If seeking ACPE credit and activity is designed for both pharmacists and pharmacy technicians, the gap for pharmacists and technicians should be different and appropriate for the respective scope of practice.

## Gap and Needs

### Professional Practice Gap

What is the “problem or gap in practice” (difference between current state and desired state or opportunity for improvement) that this activity is designed to address? ⓘ

Describe what the gap in practice is, the difference between the current state and what the desired state is for your target audience in the educational activity you are designing.

Ex. New pharmaceutical therapies are available, and patients are asking for them. Physicians are not aware of the advantages and limitations of each FDA-approved product.

# Gap and Needs

*Reference Continuing Education Planning Guide for guidance on how to identify practice gaps and educational needs.*

How did you figure out that this was a problem for your audience?

Select the evidence you used to determine that the professional practice gap exists.  
Provide a brief (1 paragraph maximum) summary.

**Evidence to validate the professional practice gap (check all methods/types of data that apply)**

- ☒ Survey data from stakeholders, target audience members, subject matter experts or similar
- ☐ Input from stakeholders such as learners, managers, or subject matter experts
- ☐ Evidence from quality studies and/or performance improvement activities to identify opportunities for improvement
- ☐ Evaluation data from previous education activities
- ☒ Trends in literature, law and health care
- ☒ Direct observation
- ☐ Advice from authorities in the field/relevant medical societies, new regulations or guidelines
- ☐ Public health data
- ☐ Other (please describe)

**If other evidence, please describe:**

**Please provide a brief summary of data gathered that validates the need for this activity:**

The planning committee conducted a survey to the target audience members, finding a need for this education. Additionally, several planning committee members have observed this need and trends in healthcare with new FDA-drug approvals support a need for this activity.

# Gap and Needs

*Reference Continuing Education Planning Guide for guidance on how to identify practice gaps and educational needs.*

State the professional practice gap(s) of your learners on which the activity was based (100 words max)

Restate the practice gap here (this is for database/reporting purposes).

Single Profession Ex. Physicians are not aware of the advantages and limitations of newly FDA-approved therapies.

Interprofessional Ex. The healthcare team is not utilizing effective communication techniques to maximum patient safety.

Word Count: 39

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

At least one need must be selected.

Multiple needs are not required.

**Knowledge** – knowing facts

**Skill/Strategy** – knowing how to use the facts

**Performance** – demonstrate the knowledge, skills/strategy in the educational activity. If this option is selected, be prepared to share how you are going to assess performance.

# Gap and Needs

*Reference Continuing Education Planning Guide for guidance on how to assess if educational needs addressed in the activity.*

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

Single Profession Ex. Need for additional knowledge of the advantages and limitations of newly FDA-approved therapies.

Interprofessional Ex. Need for basic understanding of communication techniques.

Word Count: 26

## Add more detail based on the Skill/Strategy need (50 words max):

Single Profession Ex. Ability to select the appropriate newly FDA-approved therapy based on knowledge of advantages and limitations.

Interprofessional Ex. Ability to utilize communication techniques.

Word Count: 26

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

Single Profession Ex. Select appropriate newly FDA-approved therapy for patient in simulation role-plays. Learner must score at least 75% correct to earn credit.

Interprofessional Ex. Incorporate communication techniques to reduce safety errors in simulation role-play and debrief case study. To earn credit, cannot have more than 2 safety errors.

Word Count: 50

Hint:

Bullets/phrases are acceptable!

Answers do not need to be written in complete sentences.

# Gap and Needs

*Reference Continuing Education Planning Guide for guidance on how to assess if educational needs addressed in the activity.*

For interprofessional activities: Tell us what you planned the activity to change in terms of the healthcare team.

**State what this CE activity was designed to change in terms of learners' skills/strategy or performance of the healthcare team or patient outcomes (50 words max):**

Ex 1. The activity will identify factors contributing to mortality and provide a foundation for improved clinical practice across the entire team.

Ex 2. Learners will improve knowledge of available therapy options in order to meet the goal to achieve improvement in population outcomes (e.g. meeting therapy goals).

Ex 3. Increase knowledge of updated transplant surgical methods, treatments, and patient management strategies.

**Explain how this activity matches the healthcare team's current or potential scope of professional activities (25 words max):**

Ex 1. The team works in the environment where the mortality cases occurred and the recommendations can be applied to practice.

Ex 2. Learner will acquire knowledge, competence, and skills related to treatment and management of chronic/complex endocrine disorders, including diabetes.

Ex 3. Provides information to improve knowledge base of teams in care coordination, treatment, and management for transplant patients.

## Gap and Needs

*Reference Continuing Education Planning Guide for guidance on how to assess if educational needs addressed in the activity.*

Describe why the activity format (live activity, online enduring material, etc) is appropriate to meet the objectives and educational need of the activity.

Be sure to include how you will assess if the educational need was met during the activity.

Explain why this educational format is appropriate for the setting, objectives and desired results of this activity (25 words max):

Single Profession Ex. The online enduring material (podcast) is appropriate to provide a review of newly FDA-approved therapies. It provides an on-demand resource for participants to listen at their convenience.

Interprofessional Ex. This live workshop will provide participants with opportunities to implement communication techniques and receive immediate feedback.

Word Count: 50

## Gap and Needs

*Reference Continuing Education Planning Guide for guidance on how to assess if educational needs addressed in the activity.*

If planning to offer non-educational intervention(s), select yes and describe. Otherwise, select no to move to next section.

Will you be providing non-educational intervention(s) with this activity?

☒ Yes

☐ No

If yes, please specify:

Single Profession Ex. Participants will be provided with a reference guide download.  
Interprofessional Ex. Participants will be provided with a resource list for further study.

Upload Documentation to support any of the previous fields. *Not required.*

Upload Documentation if available (Accepted file types: Word, Excel, PowerPoint, PDF)

 Add Files

# Gap and Needs

Select the barrier(s) the learners may face in making changes in practice based on the educational activity.

**Barriers**

No Barriers

Provider Barriers

☒ Clinical Knowledge/Skill/Expertise

☐ Recall/Confidence/Clinical Inertia

☐ Peer Influence

☐ Motivation

☐ Cultural Competence

☐ Fear/Legal Concerns

Team Barriers

☐ Roles and Responsibilities

☐ Shared Values and Trust

☐ Communication

☐ Team Structure

☐ Competence

☐ Consensus

Patient Barriers

☒ Patient Characteristics

☒ Patient Adherence

System/Organization Barriers

☐ Work Overload

☐ Practice Process

☐ Referral Process

☐ Cost/Funding

☒ Insurance Reimbursement

☐ Culture of Safety

Other Barriers

☐ Lack of Opportunity

☐ Not Enough Time

Please explain how the identified barriers will be addressed?

Single Profession Ex. Explanation of alternative therapies incorporate the cost and insurance reimbursement considerations.



# Gap and Needs

Select the target audience(s) and specialty that the activity is designed for.

If designed for multiple specialties, select “Multiple Specialties” option.

**Target Audience**

**Geographic Location:**

<input type="checkbox"/> Internal only/RSS	<input type="checkbox"/> Local/Regional
<input type="checkbox"/> National	<input type="checkbox"/> International

**Health Care Professional:**

<input type="checkbox"/> Primary Care Physicians	<input type="checkbox"/> Specialty Physicians
<input type="checkbox"/> All RNs	<input type="checkbox"/> Advance Practice RNs
<input type="checkbox"/> RNs in Specialty Areas	<input type="checkbox"/> LPNs
<input type="checkbox"/> Nurse Practitioners	<input type="checkbox"/> Occupational Therapist
<input type="checkbox"/> Pharmacists	<input type="checkbox"/> Pharmacy Technician
<input type="checkbox"/> Physician Assistants	<input type="checkbox"/> Physical Therapist
<input type="checkbox"/> Psychologist	<input type="checkbox"/> Speech Therapist
<input type="checkbox"/> Social Worker	<input type="checkbox"/> Other (please specify)

## Specialty

- |   |  |
|---|--|
| <input type="checkbox"/> Academic/Research                  | <input type="checkbox"/> Anesthesiology                  |
| <input type="checkbox"/> Audiology                          | <input type="checkbox"/> Behavioral Health               |
| <input type="checkbox"/> Cardiovascular Disease             | <input type="checkbox"/> Critical Care Medicine          |
| <input type="checkbox"/> Dental                             | <input type="checkbox"/> Dermatology                     |
| <input type="checkbox"/> Developmental Disabilities         | <input type="checkbox"/> Diagnostic Radiology            |
| <input type="checkbox"/> Dieticians                         | <input type="checkbox"/> Emergency Medicine              |
| <input type="checkbox"/> Endocrinology                      | <input type="checkbox"/> Family Practice                 |
| <input type="checkbox"/> Gastroenterology                   | <input type="checkbox"/> General Practice                |
| <input type="checkbox"/> General Surgery                    | <input type="checkbox"/> Geriatric Medicine              |
| <input type="checkbox"/> Gynecology                         | <input type="checkbox"/> Hematology                      |
| <input type="checkbox"/> Hepatology                         | <input type="checkbox"/> Hospital Administrators         |
| <input type="checkbox"/> Hospitalist                        | <input type="checkbox"/> Infectious Diseases             |
| <input type="checkbox"/> Internal Medicine                  | <input checked="" type="checkbox"/> Multiple Specialties |
| <input type="checkbox"/> Nephrology                         | <input type="checkbox"/> Neurology                       |
| <input type="checkbox"/> Neurosurgery                       | <input type="checkbox"/> Nuclear Radiology               |
| <input type="checkbox"/> Nurse Anesthetist                  | <input type="checkbox"/> Nurse Midwife                   |
| <input type="checkbox"/> Nurse Practitioner                 | <input type="checkbox"/> Nursing                         |
| <input type="checkbox"/> Nutrition                          | <input type="checkbox"/> Ob/Gyn                          |
| <input type="checkbox"/> Obstetrics                         | <input type="checkbox"/> Occupational Therapy            |
| <input type="checkbox"/> Oncology                           | <input type="checkbox"/> Ophthalmology                   |
| <input type="checkbox"/> Optometry                          | <input type="checkbox"/> Orthopedic Surgery              |
| <input type="checkbox"/> Otolaryngology                     | <input type="checkbox"/> Pain Medicine                   |
| <input type="checkbox"/> Pathology                          | <input type="checkbox"/> Pediatrics                      |
| <input type="checkbox"/> Pharmacist                         | <input type="checkbox"/> Pharmacy Technician             |
| <input type="checkbox"/> Physical Medicine & Rehabilitation | <input type="checkbox"/> Physical Therapy                |
| <input type="checkbox"/> Physician Assistant                | <input type="checkbox"/> Podiatry                        |
| <input type="checkbox"/> Psychiatry                         | <input type="checkbox"/> Psychology                      |
| <input type="checkbox"/> Public Health                      | <input type="checkbox"/> Pulmonary Disease               |
| <input type="checkbox"/> Radiologic Tech                    | <input type="checkbox"/> Radiology                       |
| <input type="checkbox"/> Rheumatology                       | <input type="checkbox"/> School Nurses                   |
| <input type="checkbox"/> Social Work                        | <input type="checkbox"/> Speech Language Pathology       |
| <input type="checkbox"/> Sports Medicine                    | <input type="checkbox"/> Statisticians                   |
| <input type="checkbox"/> Therapeutic Recreation             | <input type="checkbox"/> Urology                         |
| <input type="checkbox"/> Women's Health                     | <input type="checkbox"/> Wound Care                      |

If other specialty, please specify:

Be sure to click “Save and Continue” to move to the next section.

Save and Continue

# Objectives and Outcomes

Enter the learning objectives for your activity. Click the + sign to add objective fields. Objectives should relate to the practice gap and activity content.

## Objectives

	Number	Objective	
+ -	1	Describe the advantages and limitations of each FDA-approved product.(Single Prof)	
+ -	2	Select the appropriate FDA-approve therapy. (Single Profession)	
+ -	3	Discuss common communication techniques used by healthcare teams (Interprofession	
+ -	4	Demonstrate communication techniques in role-play (Interprofessional)	

*If seeking ACPE credit:*

Include separate objectives for pharmacists and pharmacy technicians.

## ACPE Pharmacist Objectives

	Number	Objective	
+ -	1		

## ACPE Pharmacy Technician Objectives

	Number	Objective	
+ -	1		

# Objectives and Outcomes

Describe the desired outcome as a result of participation in the learning activity.

**Outcomes**

**Desired learning outcome(s) (What will the outcome be as a result of participation in this activity? Your outcome should be related to the gap in practice.)**

Single Profession Ex: Participants will have an increased knowledge of the new FDA-approved therapies and the advantages and limitations of each.

Interprofessional Ex: The healthcare team will have an increased knowledge of and skills in communication techniques.

For activities seeking ANCC credit, indicate the impact area of the learning outcome.

**Where was the impact area of the learning outcome (check all that apply):**

- ☒ Nursing Professional Development
- ☐ Patient Outcomes
- ☐ Other (please describe)

**If other impact area, please describe:**

# Objectives and Outcomes

Describe how the learning will be measured. For the majority of activities, this is a post-activity evaluation form or post-test.

**Outcome Measure(s)** (A quantitative statement as to how the desired learning outcome will be measured):

Single Profession Ex.: A post-activity evaluation measuring the learner's commitment to change and confidence in making the change will be utilized, in conjunction with a post-test assessment of knowledge gain.

Interprofessional Ex.: Team communication skills will be assessed in role-play simulations throughout the workshop, as well as a post-activity evaluation measuring the learner's commitment to change and confidence in making the change.

# Objectives and Outcomes

Select the appropriate outcomes measure(s). This should align with the practice gap. For example, if the practice gap is a knowledge gap, then at least one outcome measurement strategy from the knowledge/competence list should be selected.

## Knowledge/Competence:

- ☒ Evaluation/Self-Assessment
- ☐ Audience Response System
- ☐ Customized pre- and post-test
- ☐ Customized pre-test only
- ☒ Customized post-test only
- ☐ Embedded evaluation in online activity
- ☐ Physician or patient surveys and evaluations
- ☐ Other (please specify)

If Other, please specify

## Performance in Practice:

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

If Other, please specify

Role-play simulation

## Patient/Population Health

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

If Other, please specify

A copy of the results of the outcomes measures must be submitted to VCU Health Continuing Education following the activity.

## Objectives and Outcomes

Select the appropriate competencies this activity is designed to address.

Resources for definitions are available:

- ACGME/ABMS: <https://www.abms.org/board-certification/a-trusted-credential/based-on-core-competencies/>
- Institute of Medicine: <https://www.ncbi.nlm.nih.gov/books/NBK221519/>
- Interprofessional Education Collaborative: <https://www.unthsc.edu/interprofessional-education/wp-content/uploads/sites/33/Core-Competencies-for-Interprofessional-Collaborative-Practice.pdf>

## Objectives and Outcomes

Select the appropriate competencies this activity is designed to address.

AMA PRA Skills and Procedures - majority of activities should select:

- Verification of Attendance
- Verification of Satisfaction Completion of Course Objectives
- Contact VCU Health CE if you think Proctor Readiness or Competence to Perform Procedure is applicable to your activity.

CAPE: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3806946/>

PTCB: <https://www.ptcb.org/docs/default-source/get-certified/Guidebook.pdf>

# Planners and Faculty





Enter the planning committee members and faculty/presenters, if known.

Planning committee must represent your audience! If you want to offer nursing credit, you must have a nurse. If you want to offer pharmacist credit, you must have a pharmacist.

Be sure the planner and faculty email addresses' are entered correctly. The system will automatically send each planner and faculty an email from [ceinfo@vcuhealth.org](mailto:ceinfo@vcuhealth.org) with instructions to complete an electronic COI form.

Planners entered will also have access to edit the application.

All members of the planning committee must complete a conflict of interest disclosure form before the application will be reviewed.

	Email Address	Full Name (first and last)	Degree	Role on Committee	Disclosure
 	<a href="mailto:andrea.perseghin@vcuhealth.org">andrea.perseghin@vcuhealth.org</a>	Andrea Perseghin, IMEd		Activity Director	<a href="#">Disclosure</a>
 	<a href="mailto:john.doe@noemail.c">john.doe@noemail.c</a>	John Doe	PharmD	Co-Course Direc	





In this example, Andrea Perseghin has a disclosure form on file.

John Doe does not.

Users can click on "Disclosure" to view the form and any relevant financial relationships.

This feature is replicated in the faculty/presenter fields (below).

*Credit cannot be granted if employees of a pharmaceutical or medical device manufacturer were involved with the identification of speakers and/or topics.*

	Faculty Email Address	Faculty/Presenter Full Name	Faculty Degree	Disclosure
 	<a href="mailto:wendi.martin@vcuhealth.org">wendi.martin@vcuhealth.org</a>	Wendi Martin, BS	BS	<a href="#">Disclosure</a>
 	<a href="mailto:Tamara.Hunter@vcuhealth.org">Tamara.Hunter@vcuhealth.org</a>	Tamara Hunter	BS	




## Planners and Faculty


The Activity Coordinator serves as the primary point of contact for the activity. VCU Health Continuing Education staff will communicate with this person regarding the CE Activity Application and subsequent activity documentation process.

### Activity Coordinator, if applicable:


Activity Coordinator's Name:


 Mary McLeese


Activity Coordinator's Email Address:


 mary.mcleese@vcuhealth.org


Activity Coordinator's Address:

 Box 980048

Activity Coordinator's Phone: 

 804-828-3640

Activity Coordinator's Fax: 

 804-828-7438

# Services Requested







Use of the VCU Health Continuing Education registration system is not required.

If planning to use, please share this information to facilitate building the registration form and website.

## Services Requested

- ☐ Yes, we will use the online registration, evaluation, and certificate download service available at an additional fee
- ☐ No, we will use an alternative registration and evaluation system

If using the online registration system, please list the types of registration and fees, including any discounts (early, late fees, etc.):

	Registration Type <span>i</span>	Fee
 		
 		
 		

VCU Health CME's standard refund policy is registration fee, less a 15% non-refundable administrative fee, will be refunded only if written notice of cancellation is received via email on or before [date]. No refunds after this date.

Please list the refund policy, if different from VCU Health CME's standard refund policy: i

## Services Requested

Please share how the activity is funded (actual or planned).  
If seeking independent medical education grants or in-kind donations, additional requirements and fees apply.

### Activity Funding

Please contact your CME representative if planning to seek independent medical education grants or in-kind donations from pharmaceutical and/or device manufacturers.

Select all that apply:

- ☐ Independent medical education grants
- ☐ Exhibit Fees
- ☒ Registration Fees
- ☒ Department/Hospital/Foundation/Organization/Professional Society Funds
- ☐ In-kind donations, describe below
- ☐ Other, describe below

If in-kind donation, please describe:

If other funding, please describe:

## Services Requested

Please share the activity billing contact.

VCU Health Continuing Education will send invoices to this person directly.

### Billing Information

Billing contact name:



Billing contact email address:



Billing contact phone number:

