Sample: Online Application

Table of Contents

Table of Contents

IAA Planning Document (Phase1)

Pg 1. Activity Information: Title, Type (Live or Enduring)

Activity Title: Type (Live or Enduring)	
	Status: New

Activity Information Proposed Sources of Funding Screening Criteria Purpose

Activity Information (Links are only available in the online application portal).

The CME application is in three phases (Activity, Pre-Activity and Post-Activity). You must complete the first two phases before the activity may be submitted for approval. Deadline for submission is 45 days prior to the start of the activity. If you can't meet this deadline, contact **NMLPDC** for an exception prior to starting the CME application.

Activity ID:
Activity Title:
Location(s):
Location City:
Location State/Country:

Start Date:	End Date:
Available Seats:	Military Fees: 0.00
Civilian Fees: 0.00	Registration Deadline: Last Day of Course
Facility: US NAVY NMLPDC	Hospital Dept:
Associated Facility:	
Proposed CME credits for this activity	

CME Director: Lillian White, LCDR, NC

Course Director (Rank, Fname MI. Lname, Suffix):

Proposed Sources of Funding

☐ No Allocated Funding

Screening Criteria

☐ Content is based on evidence that constitutes **best practices.**

☐ **Gap** exists between current and best practices.

☐ Closing the gap will result in improvement in the health and/or outcomes of patients

☐ The proposed **educational intervention** will result in changes in current practice

Purpose

☐ All CME activities must adhere to the stated purpose of CME per NMLPDC's CME Mission Statement. Check this box to confirm that you have read and understood this requirement.

The mission of the Naval Medical Leader & Professional Development Command (NMLPDC), Continuing Medical Education (CME) Program is to provide Navy physicians the opportunity to expand their professional competence and proficiency to maintain high quality health care with the added ability to respond quickly to the changing needs of the medical officers in the Fleet and best accomplish the mission of Force Health Protection while maintaining the readiness of our nation's maritime forces. Specifically, Naval Medical Leader & Professional Development Command CME Program is charged with:

- Facilitate the continuous learning process that keeps U.S. Navy physicians and other DoD military and civilian physicians professionally competent, despite variability in access to contemporary technologies and facilities.
- Navy physicians must also be prepared to meet the demands of the Navy and Marine Corps fighting forces, the Aviation and Submarine communities, shipboard populations, retirees, recruits, newborn babies and family members, as well as unique populations such as refugees during peace and war time.
- All Navy physicians are required to maintain licensure and highly encouraged to maintain board certification, both of which require CME.

To meet this mission, the US Navy CME Program provides education based on identified **gaps** in **knowledge**, **competence**, **performance** on **patient outcomes** on three fronts:

- Develop training that encompasses the entire spectrum of Navy medicine, ranging from combat casualty care to administration, leadership and environmental health issues, with updates in technology, managed care and other medical issues that are captured through lectures series, grand rounds, seminars, symposiums, advanced life support courses, enduring materials and internet based activities.
- Centrally-planned education responsive to command requirements and the evolution of new guidelines and treatments in all of the major medical disciplines under the direction of the Naval Medical Leader & Professional Development Command and the CME Committee with the input of the chief specialty leaders for the Navy Surgeon-General.
- Locally or regionally-planned education responsive to the needs of Navy medical treatment facilities (MTF) and their physician leadership and under the direction of a CME Activity Director assigned to that MTF and its local CME committee.

Pg. 2-4 Description of the Professional Practice Gap:

Practice Based Learning and Improvement (Page 2)

(Links are only available in the online application portal).

As an accredited CME provider, our CME activities must be designed to address the professional practice gaps of our learners in order to improve the healthcare our physicians deliver. An activity must be designed to change a physician's **competence** (i.e. knowing how to do something, "knowledge in action"), **performance** (i.e. what actions are taken), and/or patient **outcomes** (improvements in patient care and individual health status).
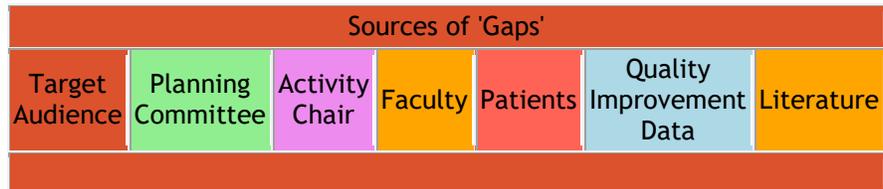
* A. Is the activity designed to improve competence? Yes or No

* B. Is the activity designed to change performance? Yes or No

* C. Is the activity designed to change patient outcomes? Yes or No

Pg 3. Gap Analysis and Sources of Gaps

Identify Gaps in Knowledge and/or Performance and Integrating Them with Other Relevant Needs (Links are only available in the online application portal).

Gaps may be (1) adopted from gap analyses that already exist; (2) developed from original research that you conduct with learners, experts, abstractions from national or specialty society guidelines, analysis of system **barriers** that generate gaps, based on the directives of national authorities that develop **'desired physician attributes'** and more; (3) a mix of existing and new research.

Sources of 'Gaps'						
Target Audience	Planning Committee	Activity Chair	Faculty	Patients	Quality Improvement Data	Literature

The key to planning this CME activity is that you have clearly identified the 'gap' upon which the rest of this CME activity will be based. In short, the gap is based on the difference between what the cohort of learners you have identified for this educational activity DOES NOW versus what you what you want them to do (also known as 'best practice').

Gap Analysis

The purpose of this CME activity, therefore, is to address and close the gaps you have identified. Please document what sources you have accessed that were the basis of your analysis of current practice and best practice so that they can be accessed if this activity is audited by the ACCME (indicate the source, where the data is located (if online, please provide a URL) :

Location of Sources

Therefore, please complete the chart below by carefully stating (1) the best practice that you intend for the learner to achieve as a result of this activity, followed by (2) current practice, followed by (3) the gap, which is the difference between (1) and (2). Only one "best practice/current practice/gap" goes in each box. Another row will automatically generate at Save when at least one of the "best practice/current practice/gap" is completed.

(1) Best Practice	(2) Current Practice	(3) Resulting Gap	(4) Underlying Need
Best Practice (What goals are you trying to achieve or what do you want learners to achieve as a result of this activity?)	**Current Practice** (What are learners doing now or what do you want to change?)	**Resulting Gap** (What is the (Clinical Practice) problem you want to solve?)	**Underlying Need** (Incorporate the educational need [knowledge, competence, performance] that underlie the professional practice gap of your learners)
Examples			
Deployed management of mild TBI/concussion in accordance with the Department of Defense Instruction (DoDI) 6490.11. Garrison management of mild TBI/concussion in accordance with HQDA EXORD 165-13.	Not all deploying and Garrison providers are aware of DoDI 6490.11 and HQDA EXORD 165-13 respectively and corresponding medical guidelines.	Train learners to become familiar with treating war related wounds, the atypical injury patterns of combat casualties, and in numbers not normally encountered in a civilian practice. They must provide this care in an austere, combat environment that has constraints and challenges that are not encountered or taught in a civilian healthcare setting.	Lack knowledge, competence and performance in treating war related wounds during austere, combat environment.

(1) Best Practice	(2) Current Practice	(3) Resulting Gap	(4) Underlying Need
Maximum of 1000 characters	Maximum of 1000 characters	Maximum of 1000 characters	Maximum of 1000 characters

Enter the source and location for best practice and current practice.

* Number them appropriately corresponding with the best practice and current practice you entered above. Source documents for best and current practice must be kept on file for the duration of our accreditation.

Source and Location for Best Practice:

Sources and Location for Current Practice:

Pg 4. Target Audience/Scope of Practice

Target Audience/Scope of Practice

A. Identify the intended audience for this activity:

B. Identify prerequisites, if any; if none, so state:

C. Explain why this activity is a good match for the target audience's scope of practice?

D. Identify which specialties of the intended audience relate to the activity: Select All That Apply

☐ AEROSPACE MEDICINE ☐ ALLERGY/IMMUNOLOGY ☐ ANESTHESIOLOGY

☐ CLINICAL PHARMACOLOGIST ☐ DERMATOLOGY ☐ DIAGNOSTIC RADIOLOGY

☐ EMERGENCY MEDICINE ☐ FAMILY MEDICINE ☐ FIELD SURGEON/OPERATIONAL MEDICINE

☐ GENERAL SURGERY & SURGERY SUBSPECIALTIES ☐ HEALTH CARE ADMIN ☐ INTERNAL MEDICINE & SUBSPECIALTIES

☐ MEDICAL RESEARCH ☐ NEUROLOGY & NEUROLOGY SUBSPECIALTIES ☐ NEUROSURGERY

☐ NUCLEAR MEDICINE ☐ OB/GYN & OB/GYN SUBSPECIALTIES ☐ OPHTHALMOLOGY & OPHTHALMOLOGY SUBSPECIALTIES

☐ ORTHOPEDIC SURGERY ☐ OTOLARYNGOLOGY ☐ PATHOLOGY

☐ PEDIATRICS & PEDIATRIC SUBSPECIALTIES ☐ PHYSICAL MEDICINE & REHABILITATION ☐ PREVENTIVE MEDICINE/OCCUPATIONAL MEDICINE

☐ PSYCHIATRY & PSYCHIATRY SUBSPECIALTIES ☐ RADIATION ONCOLOGY ☐ UROLOGY

Pg 5. National Priorities

National Priorities for Physician Attributes (Qualities also Relate to Nursing Activities)

There are several other steps to complete before moving on with the design of the activity delivery methods and instructional design. These are important national priorities in which CME can make important contributions to the realization of those goals.

Institute of Medicine Core Competencies	ACGME/AAMC Competencies	Interprofessional Education Collaborative
☐ **(1) Provide patient-centered care** – identify, respect, and care about patients' differences, values, preferences, and expressed needs; relieve pain and suffering; coordinate continuous care; listen to, clearly inform, communicate with, and educated patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of health lifestyles, including a focus on population health.	☐ **(6) Patient care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.	☐ **(12) Values/Ethics for Interprofessional Practice Work** with individuals of other professions to maintain a climate of mutual respect and shared values.
☐ **(2) Work in interdisciplinary teams** – cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable.	☐ **(7) Medical knowledge** about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.	☐ **(13) Roles/Responsibilities** Use the knowledge of one's own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served.
☐ **(3) Employ evidence-based practice** – integrate best research with clinical expertise and patient values for optimum care, and participate in learning and research activities to the extent feasible.	☐ **(8) Practice-based learning and improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.	☐ **(14) Interprofessional Communication** Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease.
☐ **(4) Apply quality improvement** – identify errors and hazards in care; understand and implement basic safety design principles, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs; and design	☐ **(9) Interpersonal and communication skills** that result in effective information exchange and teaming with patients, their families, and other health professional.	☐ **(15) Teams and Teamwork** Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-population-centered care that is safe, timely, efficient, effective, and equitable.
	☐ **(10) Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.	

and test interventions to change processes and systems of care, with the objective of improving quality.

☐ **(5) Utilize informatics** – communicate, manage, knowledge, mitigate error, and support decision making using information technology.

☐ **(11) Systems-based practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value.

Your CME activities should include content that contributes to continued development of desirable physician competencies. Indicate below the content from this activity which reflects one or more of these competencies. Please include the number of the competency which you are addressing in the appropriate section below. You must include, at minimum, one of the fifteen options. Slides or any source documents used in a presentation to address competencies must be kept on file for the duration of our accreditation.

Institute of Medicine Core Competencies: _____

ACGME/AAMC Competencies: _____

Interprofessional Education Collaborative: _____

System/Educational Barriers and Opportunities

System/Educational Barriers and Opportunities— Planners are encouraged to give consideration to the system of care in which the learner will incorporate new or validate existing learned behaviors. Planners must be sure to address anticipated barriers that could block implementation (e.g., formulary restrictions, time not allotted for implementation of new skills, behaviors, insurance doesn't reimburse for treatments, organization doesn't support educational efforts, lack of resources, policy issues within organization, etc.). Explain if there are any System/Education Barriers and Opportunities for this activity. Identify what is the barrier and what content you plan to discuss with the learners.

Identified System Barrier: _____

 Planned Discussion in Activity Content: _____

Quality and/or Patient Safety Findings

Quality and/or Patient Safety Findings— Planners should examine planned activities for quality and/or patient safety concerns in accordance with the national public interest. Please list issues of quality management in health care and patient safety associated with these educational interventions that need to be addressed in this activity:

Identified Quality and/or Patient Safety Findings: _____

Planned discussion in Activity Content: _____

Pg. 6 Learning Objectives

Preparing Learning Objectives

Please write as many objectives as are necessary to address the gaps identified Learning objectives for this activity are:

Global Objective(s): Maximum of1000 characters/objective

Objective 1:

Objective 2:

Objective 3:

Pg. 7 Education Design

Education Design

To achieve your intended results, the design of this activity should relate to (1) the scope of practice of your learners, and (2) contain educational formats that reinforce learning such that the activity results in a behavior change. 'Scope of practice' relates to the appropriateness of the education you are planning to the audience that will be educated. For example, if the target audience is generalists but you are forming content at a specialist level or that doesn't relate to the environment of the primary care practice, it doesn't relate to the scope of practice. Formats are designed to assure that you have engaged your audience and that physician learners incorporate the knowledge presented into strategies for patient care. Therefore, interactive methods and those that involve case studies, and reflection opportunities are appropriate.

Based on the intended results "Best Practices" from page 3 of the application, indicate your rationale for choosing the educational design that reflects the target audience: **See the Education and Rationale document** to view the sample formats and their rationale.

Rationale for the Type of Educational design I have Selected: _____

Interactive Education Methods

Indicate choice of Educational Methods:

☐ Case Studies ☐ Simulations ☐ Reflection Moments

☐ Role Playing ☐ Video Teleconference ☐ Other

[   ]

Tools to Support Learners in Achieving Results

Thoughtful tools that support the achievement of your intended results for this activity should be developed and are encouraged. List any tools that will be used. Examples of tools include follow up mechanisms, patient handouts, algorithms, wall charts, etc. Keep a copy of your tools on file for the duration of our accreditation.

Tool	Purpose of Tool	Source or Assigned Developer

Pg. 8 Activity Evaluation Template and Outcomes Assessments

Activity Evaluation and Outcomes Assessments

Evaluations are tools used to determine if the result you intended for learners has actually been achieved. The choice of which evaluation tools to use depends on (1) the goal of the activity (i.e., improving competence, physician performance, or patient outcomes), (2) the type of activity and applicability of the tool (i.e., live activity, Internet, print), and (3) available resources.

Preparation of Post-Activity Evaluation

All post-activity evaluations will measure if the learner gained competence as a result of the CME activity. **Choose one of the following 4 options** to measure competence, provide the questions or strategies it asks for, and it will be included as part of the evaluation for your learners to complete. The first two options are preferable since they are more quantifiable.

Option 1

☐ Measurement of Competence (case studies or vignettes and questions that measure application of knowledge to practice).

Write a Case Study or Vignette below:

You must add **at least three** questions regarding the Case Study or Vignette to appear on the activity evaluation, and you may add **up to a total of ten**.

1. Question:

Answer A:

Answer B:

Answer C:

Correct Answer:

Add questions 2 & 3 below following the above format.

Option 2

The questionnaire. You can email it or hand it out to the learner prior to the start of the activity. Be sure to collect them, your course director will need it to complete the course evaluation.

☐ Measurement of Competence (using questions pairs)

Pre-Activity Question: How often do you currently use each of the following (patient care) strategies?

Questions to ask at the end of the activity: Based on your participation in this CME activity, how often do you now plan to use each of the following (patient care) strategies?

Strategy 1:
Strategy 2:

Option 3 Measurement of Competence

☐ Based on your participation in this CME activity, what new strategies do you plan to use (in your practice) that you haven't used before? (If you choose this option, the textbox will appear on the evaluation form.)

Option 4 Measurement of Competence

☐ Enter as many strategies as you want, but only one per text box. The learner will be asked to choose as many strategies that apply to them.

B. Additional Questions

If you would like to include any additional questions on the evaluation, add them below.

Questions:

C. Faculty Evaluation

Would you like to evaluate the faculty members? Yes or No

IAA Pre-Activity (Phase 2)

Committee Members

Committee Members (Links are only available in the online application portal).

Committee Members are individuals who can influence or have control of the content of this activity. Requirements for these members are to complete a biography and sign a disclosure form. To add a committee member, first search our database for the last name or the last four of their SSN in the search field. If the name you are searching for appears, simply put a check beside the name in the select column and click "Add Selected Member." If the name you are searching for is not listed, click on "Add NEW Member." Once you have identified all of your members, you must complete their biography. Click on edit and complete all four tabs.

Before you add a new attendee, please search the database to prevent duplicate entry for the same person.

Enter Last Name or SSN (Last 4)
[ ]   Search

Select	Edit	Delete	Name	Facility	Primary Specialty	Disclosure Signed	Login Id
[ ]	Edit	Delete	Planner, Alpha	US NAVY NMLPDC	No Specialty Listed	Not Signed	******
[ ]	Edit	Delete	Planner, Bravo	US NAVY NMLPDC	No Specialty Listed	Not Signed	******

Remove   Add New Member

Select Faculty

Faculty Members (Links are only available in the online application portal).

Faculty Members are speakers who are invited to present a topic for this activity. Faculty that you select should have a demonstrated expertise in the therapeutic field, strong presentation and communication skills, and/or ability to address the gaps and learning objectives expressed in this planning document. You should select faculty with the most expertise and teaching skills and the least amount of conflicts of interest.

To build your Faculty Member roster, you must first search our database for the last name or the last four of their SSN in the search field. If the name you are searching for appears, simply put a check beside the name in the select column and click "Add Selected Member." If the name you are searching for is not listed, click on "Add New Member." Once you have identified all faculties, you must complete their biography. Click on edit and complete the information in each tab.

Before you add a new attendee, please search the database to prevent duplicate entry for the same person.

Enter Last Name or SSN (Last 4)

	Search

Select	Edit	Delete	Name	Facility	Participant	CV On File	Disclosure Signed	Login Id
☐	Edit	Delete	Faculty, Alpha	US NAVY NMLPDC	NO	NO	Not Signed	******
☐	Edit	Delete	Faculty, Bravo	US NAVY NMLPDC	NO	NO	Not Signed	******

Remove	Add New Member

Agenda

Agenda

To build your agenda, complete all fields under "Add/Update Presentation." The system will chronologically add your agenda in order by date and by time. The CME Director will award credits to each item based on your objective/description of each presentation. Credits are awarded in quarter increments (i.e. 10, 15 or 20 minutes = .25; 25, 30 or 35 minutes = .50; 40, 45 or 50 mins = .75; 55 or 60 minutes = 1.0). No credits will be awarded for breakfast, lunch, dinner, breaks, and administrative announcements.

Scheduled Presentations

Add/Update Presentation

Faculty Member:

Title: Date: (format = MM/DD/YYYY)

Begin Time: End Time: (24 hour clock; format = hhmm)

Additional Faculty (Optional):   1:
                                                  2:
                                                  3:

Teaching Methods

☐ Lectures   ☐ Discussion   ☐ Slides   ☐ PowerPoint   ☐ Panel Discussion

☐ Small Group Interaction   ☐ Other: _____

Objectives **Preparing Learning Objectives** **Behavioral Verbs** (Links are available online)

Credit Hours:

Commercial Support/Exhibit Fees

Commercial Support/Exhibit Fees

This activity does not have any commercial support or exhibit fees as specified in the planning document.

* NMLPDC only accepts CME only, Interprofessional and/or CNE only applications from military or federal commands/organizations which are non-commercial interest organizations. Proposed Sources of Funding will always be marked "No Allocated Funding" see Page 1 of the Planning Document

Faculty/Planning Committee Correspondence: Biographic Data Form, Financial Disclosure Statement

Biographic Data Form

Name:		Rank, Corps (or Prefix):	Service: N/A
Phone #:		DSN #:	Fax #:
Address:			Email Address:
Position/Title:			

Degrees			
Degree Awarded	**Institution**	**Major/Area of Study**	**Degree Year**

Area of Expertise: (needs to be a short bio with yrs of experience):

FINANCIAL DISCLOSURE STATEMENT AND AGREEMENT
FOR CME FACULTY, AUTHORS, AND MEMBERS OF PLANNING COMMITTEES

Activity Title: Activity Date:

As a provider accredited by the Accreditation Council for Continuing Medical Education (ACCME), we require that anyone involved in the content of a CME activity disclose all relevant financial relationships with commercial interests within the past 12 months in order to assess if there are any potential conflicts of interest. A conflict of interest exists when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME regarding the products or services of that commercial interest. Disclosure is required so that the planning committee, course director, and/or staff can resolve any conflicts prior to the presentation and so that participants may be informed about speaker disclosures. Speakers who do not disclose relevant financial relationships cannot be included in the CME activity. Faculty, authors, members of planning committees and staff should utilize the best available evidence when developing the content of the activity. Information on needs, expected results and purpose or objectives of this CME activity will be provided to learners. Participants will be asked to evaluate the objectivity of the presentation or publication and to identify any perceived commercial bias. We will also seek feedback from participants on the effectiveness of this CME activity through evaluations.

> *The definition of a commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.*

Section 1: I have read the above and I declare the following:

☐   Currently or within the past 12-months, neither I nor my spouse have (had) a financial relationship with any entity producing, marketing, re-selling, or distributing healthcare goods or services consumed by, or used on, patients. (Skip to Section 3)

☐   Currently or within the past 12-months, I and/or my spouse have (had) a financial relationship with an entity or entities producing, marketing, re-selling, or distributing healthcare goods or services consumed by, or used on, patients as noted below. (Complete Sections 1 & 2)

Type of Relationship	Name of Company	Type of Relationship	Name of Company
Employment/Salary		**Consultant/Advisory Board**	
Stock Options/Holdings		**Patent Owner**	
Research Grants/Contracts		**Speakers Bureau**	
Royalties		**Other (*Specify*)**	
Honoraria		**Other (*Specify*)**	

Section 2:

☐   The relationships above are not relevant to the topic I will be discussing.

☐   One or more of the above relationships is relevant to the topic and content of my presentation. Complete A & B.
     A. Company or companies
     B. Please provide one or two evidence-based bibliographic citations relevant to your discussion of product(s) produced by the companies with which there is a potential conflict of interest.

Section 3: I hereby accept the invitation to participate as _____ Faculty _____ Author _____ Planning Committee Member, and agree to adhere to the ACCME's content validation statements: *1. All the recommendations involving clinical medicine in a CME activity are based on evidence that is acceptable within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. 2. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation conforms to the generally accepted standards of experimental design, data collection and analysis.*

I understand that the information I provided on this form will be made known to the planners and participants of this educational activity.

☐ Due to a conflict of interest, I decline to participate at this time.

Signature _____ Date _____

Please note: Faculty and authors should use generic or scientific names whenever possible. If trade names will be used, then the trade names of all similar products of those within a class should be used. You are not permitted to receive any gifts, direct remuneration, or input regarding the content of your presentation from any commercial interests. Individuals who do not complete and submit this form cannot serve as faculty, authors or planning committee members.

Disclosures

Disclosures (Links are only available in the online application portal).

Each faculty and committee member must sign a disclosure form which is valid for one year only from the last date signed. If a member's disclosure expire or changes at any point, it is necessary to complete another disclosure form. Simply click on the disclosure form to create a new disclosure.

A conflict of interest is a circumstance that is created when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship. Conflict of interest exists when presenters disclose a relationship with a commercial interest whose product or device will be discussed in the presentation/lecture or when the commercial interest is a grantor/commercial supporter of the CME activity. In these cases, a review of the speaker's presentation is necessary. The definition of a commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. A reviewer with knowledge on the speaker's topic must review the presentation and complete a Content Review Form and fax it to the CME Office at 301-295-6113 prior to the approval of the activity.

Currently Assigned Faculty

Name	Facility	Disclosures	Current Disclosure
Faculty, Alpha	US NAVY NMLPDC		Click here for Disclosure
Faculty, Bravo	US NAVY NMLPDC		Click here for Disclosure

Currently Assigned Committee Members

Name	Facility	Disclosures	Current Disclosure
Planner, Alpha	US NAVY NMLPDC		Click here for Disclosure
Planner, Bravo	US NAVY NMLPDC		Click here for Disclosure

Course Director/Nurse Planner Review

Course Director Review

In order for the Course Director's name to appear under Content Validation, make sure that you answer the third question under the Committee Members screen in the User's Profile tab and save.

Content Validation

☐ I, (Insert Course Director or Nurse Planner), attest that my course/activity meets the following content validation statements by the ACCME:

All the recommendations involving clinical medicine in a CME activity must 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, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.

Review for Potential Conflict of Interest (COI):

Please ensure that you review all the disclosure forms of your faculty and planning committee members. If you or your lead planner identify a conflict of interest in terms of financial reporting by any of your speakers or committee members, you are responsible for initiating procedures to resolve COI. **Click on this link (only available within the application portal)** for suggested options on how to resolve any COI. **Click on this link (only available within the application portal)** to complete the content review form. This can also be completed by another qualified peer. Should you determine that there is a real or apparent incidence of commercial bias, or that content is not based on acceptable levels of evidence, this information should be corrected by the presenter in question before the activity can proceed. You must document how you resolved any COI in the planning log.

○ There are no identified conflicts of interest.

○ There was an identified conflict of interest that has been resolved prior to the lecture and documented in the planning log.

Planning Log Notes

Planning Log (Links are only available in the online application portal).

There must be notes on the planning of the activity. Add a brief description of the history of this activity and why is it important to conduct. Click on the "Planning Log Checklist" to view other notes that must be added to your planning log. Click on the "Mechanism to Resolve Conflict of Interest" in the event a faculty or committee member has a conflict of interest.

Mechanism to Resolve Conflict of interest | **Planning Log Checklist**

Date: _____ 🗓(format = MM/DD/YYYY)

Subject: _____

Attendees: _____

NOTES:

Brochure Template

Continuing Medical Education Brochure for

Activity Title

Day/Date
Location

Provided By
U.S. NAVY NMLPDC

Activity ID	Course Director	CME Planner
####-####	Title, First and Last Name	Title, First and Last Name

Accreditation Statement:

Credit Designation:

Statement of Need/Gap Analysis:

The purpose of this CME activity is to address the identified gap(s):

Learning Objectives:

Target Audience / Scope of Practice:

Policy on Disclosure:

Acknowledgement of Commercial Support:

There is no commercial support associated with this educational activity.

Agenda/Presenter

Date/Time	Topic	Presenter
MM/DD/YYYY 0000-00030	Title	Alpha Faculty

Area of Expertise

Presenter	Area of Expertise
Alpha Faculty	Example: Alpha Faculty is a board certified ophthalmologist. He has over 15 years experience as an ophthalmologist and is the subject matter expert in ocular trauma in the Army. He is the Residency Program Director for the ophthalmology program at Walter Reed Army Medical Center and has authored/co-authored numerous publications in ophthalmology with emphasis on ocular trauma injury.

Course Handout

Continuing Medical Education Course Handout for

Activity Title
Day/Date
Location

Provided By
U.S. NAVY NMLPDC

Activity ID	Course Director	CME Planner
####-####	Title, First and Last Name	Title, First and Last Name

Accreditation Statement:

Credit Designation:

Statement of Need/Gap Analysis:

The purpose of this CME activity is to address the identified gap(s):

Learning Objectives:

Target Audience / Scope of Practice:

Disclosure of Faculty/Committee Member Relationships
It is the policy of the U.S. NAVY NMLPDC that all CME planning committee/faculty/authors disclose relationships with commercial entities upon invitation of participation. Disclosure documents are reviewed for potential conflicts of interest and, if identified, they are resolved prior to confirmation of participation.

List of Faculty Members

List of Committee Members

Acknowledgement of Commercial Support:
There is no commercial support associated with this educational activity.

This is a required handout. It must be disseminated to each learner prior to the start of the activity.

Upon completion of this activity, log on to the CME Website at https://education.mods.army.mil/navycme to obtain a physician or other learner certificate. From the home page, click on the 'Members Portal/Certificates' portal then login. Complete the Activity Evaluation and Request for Credit Form and submit. For assistance, you may contact the CME Planner, (Name, email address, and phone number).

Web Registration

Your activity must be advertised on the CME Website in order for learners to access it in the activity Registration portal. To advertise it, complete this screen. Check the appropriate box in A to show how you want to be contacted should a registrant have any questions about the activity. Complete B if you have additional information about your activity that is not contained in your application (such as an alternate contact, room number where presentations will be held, directions to the course, etc.). Choose the appropriate option in C whether or not you want the activity advertised then Save.

If your activity is by invitation only or learners are chosen via a selection board, there is no requirement to advertise the course. If you choose this option, you as the planner must register ALL learners.

A. Course Planner Contact Information

☐ Address ☐ Phone ☐ Fax ☑ E-Mail ☐ Alternate Contact

B. Additional Notes (Displayed on the Web):

****

NURSE CONTINUING NURSING EDUCATION STATEMENTS:

This continuing nursing education activity was approved by the Naval Medical Leader & Professional Development Command (NMLPDC), an accredited approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Disclosure Criteria for Successful Completion: Criteria for successful completion for this activity includes: pre-registering on the supplied website; sign-in on the attendance roster, attendance at entire event or session, and completion/submission of evaluation form.

****

I want this activity to:

○ appear on the CME website up to 30 days prior to the course.

○ not appear on the Web Site.

CE Roster Sign In Template

THIS SIGN-IN SHEET SERVES AS YOUR CONFIRMATION OF ATTENDANCE FOR THIS ACTIVITY. HOWEVER, YOU MUST STILL REGISTER ON THE CME WEBSITE. IF YOU DO NOT HAVE A PROFILE ON THE CME WEBSITE, YOU MUST COMPLETE ALL FIELDS BELOW.

FULL NAME (LAST, FNAME, MI)	LAST 4 OF SSN	BIRTH MONTH	BIRTH DAY	RANK	SERVICE	CORPS	SPECIALTY	PHONE #	COMMAND AND EMAIL ADDRESS
Ex. MILES, JANE U	1234	MAR	10	CAPT	NAVY	NURSE	INT MED	123-456-7890	WRNNMC JANE.MILES@US.NAVY

Nurse Peer Reviewer Form

NAME OF NURSE PLANNER: XXXXXXXXXXXXXXXXXX
(see online application for credentials and contact information)
NAME OF COMMAND/ORGANIZATION: XXXXXXXXXXXXXXXXXXXXXXX

ACTIVITY # 202#-XXXX **ACTIVITY TITLE:** XXXXXXXXXXXXXXXXXXXXXXXX

TYPE OF ACTIVITY (Live vs. Enduring vs. Blended): See online activity application

ACTIVITY START DATE: XXXXXXXX

ENDURING MATERIAL END DATE: (if applicable see online application)

PEER REVIEW DUE DATE: M/D/YYYY

Please complete and return to the NMLPDC CE Program Office via email at
usn.bethesda.navmedprodevctrmd.list.nmpdc-ce@mail.mil

EVALUATION OF CONFLICT OF INTEREST

As the Nurse Peer Reviewer for this Individual Activity Applicant, I attest to having no conflict of interest with this applicant that would preclude me from reviewing this application in a fair and unbiased manner:

Nurse Peer Reviewer #1 Signature (typed): _____   **Date of Review:** _____

Nurse Peer Reviewer #2 Signature (typed): _____   **Date of Review:** _____

PEER REVIEWER INSTRUCTIONS: **On the following pages, please review the online activity application and indicate in column 2 whether each criteria is Met or Unmet. If Unmet, please provide feedback/corrective comments in column 3. Return peer review via email attachment by the due date above to usn.bethesda.navmedprodevctrmd.list.nmpdc-ce@mail.mil.**

NURSE PLANNER INSTRUCTIONS: **Review Columns 6 and 7 for any criteria which are "Not Met" and where corrective action is required. Correct these items and then notify the NMLPDC CE email group usn.bethesda.navmedprodevctrmd.list.nmpdc-ce@mail.mil you have updated the application and it is ready for final review/approval.**

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7
Activity file documentation criterion	**Nurse Peer Reviewer Evaluation - 1** **Criteria is:** **M = Met** **N = Not met** **N/A = not applicable**	**NPR #1** **Comments OR Additional documents requested:** **(list)**	**Nurse Peer Reviewer Evaluation - 2** **Criteria is:** **M = Met** **N = Not met** **N/A = not applicable**	**NPR #2** **Comments OR Additional documents requested:** **(list)**	**AAPD:** **Summary of Corrective action required to meet criteria requirement:**	**AAPD:** **Final criteria determination:** **M = Met** **N = Not met** **N/A = not applicable**
1. Nurse Planner Eligibility: Nurse planner holds a current, unencumbered registered nursing license AND holds a baccalaureate degree to higher in nursing.						☐ Met ☐ Not met
2. Applicant Eligibility: NMLPDC only accepts CNE applications from military or federal commands/organizations which are non-commercial interest organizations. The Nurse Planner attests that there have been no previous denials by ANCC Accredited Approvers and/or other accrediting or approving bodies. No resolution of previous denials is warranted.						☐ Met ☐ Not met
3. Description of the professional practice gap (e.g. change in practice, problem in practice, opportunity for improvement) *Single/Enduring: Phase 1, Pg 3* *RSS: Phase 1, Pg 2*	☐ Met ☐ Not met		☐ Met ☐ Not met			☐ Met ☐ Not met
4. Evidence that validates the professional practice gap *Single/Enduring: Phase 1, Pg 3RSS: Phase 1, Pg 2*	☐ Met ☐ Not met		☐ Met ☐ Not met			☐ Met ☐ Not met
5. Educational need that underlies the professional practice gap (e.g. knowledge, skills, and/or practices) *Single/Enduring: Phase 1, Pg 2,3RSS: Phase 1, Pg 2,3*	☐ Met ☐ Not met		☐ Met ☐ Not met			☐ Met ☐ Not met

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7
6. Description of the target audience *Single/Enduring: Phase 1, Pg 4* *RSS: Phase 1, Pg 4*	☐ Met ☐ Not met		☐ Met ☐ Not met			☐ Met ☐ Not met
7. Desired learning outcome(s) *Single/Enduring: Phase 1, Pg 3,6* *RSS: Phase 1, Pg 3,6*	☐ Met ☐ Not met		☐ Met ☐ Not met			☐ Met ☐ Not met
8. Description of evidence based content with supporting references or resources *Single/Enduring: Phase 1, Pg 3* *RSS: Phase 1, Pg 2*	☐ Met ☐ Not met		☐ Met ☐ Not met			☐ Met ☐ Not met
9. Learner engagement strategies *Single/Enduring: Phase 1, Pg 7* *RSS: Phase 1, Pg 7*	☐ Met ☐ Not met		☐ Met ☐ Not met			☐ Met ☐ Not met
10. Criteria for awarding contact hours *Single/Enduring: Phase 2, Planning Log* *RSS: Phase 2, Planning Log*	☐ Met ☐ Not met		☐ Met ☐ Not met			☐ Met ☐ Not met
11. Description of evaluation method: Evidence that change in knowledge, skills, and/or practices of target audience was assessed *Single/Enduring: Phase 1, Page 8* *RSS: Phase 1, Page 7*	☐ Met ☐ Not met		☐ Met ☐ Not met			☐ Met ☐ Not met
12. Names and credentials of all individuals in a position to control content (must identify who fills the roles of Nurse Planner and content expert(s)) *Single/Enduring: Phase 2, Planning Committee/Planning Log* *RSS: Phase 2, Planning Committee/Planning Log*	☐ Met ☐ Not met		☐ Met ☐ Not met			☐ Met ☐ Not met

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7
13. Qualifications documentation for the Nurse Planner and content expert *Single/Enduring: Phase 2, Planning committee* *RSS: Phase 2, Planning Committee*	☐ Met ☐ Not met		☐ Met ☐ Not met			☐ Met ☐ Not met
14. Conflict of interest documentation from all individuals in a position to control content (e.g. planners, presenters, faculty, authors, and/or content reviewers) • Name of individual • Past 12 months • Spouse/significant other • Individual providing the information is provided definition of a commercial interest organization *Single/Enduring: Phase 2, Disclosures* *RSS: Phase 2, Disclosures*	☐ Met ☐ Not met		☐ Met ☐ Not met			☐ Met ☐ Not met
15. Evidence of a resolution process (if applicable) *Single/Enduring: Phase 2, Disclosures/Planning Log* *RSS: Phase 2, Disclosures/Planning Log*	☐ Met ☐ Not met ☐ N/A		☐ Met ☐ Not met ☐ N/A			☐ Met ☐ Not met ☐ N/A
16. Number of contact hours awarded for activity, including method of calculation (Provider must keep a record of the number of contact hours earned by each participant). *Single/Enduring: Phase 2, Agenda* *RSS: Phase 2, Agenda*	☐ Met ☐ Not met		☐ Met ☐ Not met			☐ Met ☐ Not met
17. Documentation of completion and/or certificate	☐ Met		☐ Met			☐ Met ☐ Not met

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7
• Title and date of the educational activity • Name and address of the provider of the educational activity (web address is acceptable) • Number of contact hours awarded • Approver statement • Participant name *Single/Enduring: automatically generated; not visible until after course* *RSS: automatically generated; not visible until after series*	☐ Not met		☐ Not met			
18. Commercial Support (CS) Agreement with signature and date (if applicable) • Name of the Commercial Interest Organization (CIO) • Name of the Provider • Complete description of all CS provided, including both financial and in-kind support • Statement that the CIO will not participate in Planning, developing, implementing or evaluating the educational activity • Statement that the CIO will not recruit learners from the educational activity for any purpose • Description of how CS must be used by the Provider (Unrestricted Use and/or Restricted Use) • Signature of a duly authorized	☐ Met ☐ Not met ☐ N/A		☐ Met ☐ Not met ☐ N/A			☐ Met ☐ Not met ☐ N/A

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7
representative of **the** CIO with authority to enter into binding contracts on behalf of the CIO • Signature of a duly authorized representative of the Provider with authority to enter into finding contracts on behalf of the Provider • Date on which the written agreement was signed *Single/Enduring:* Copies maintained by NMLPDC if applicable. *RSS:* Copies maintained by NMLPDC if applicable.						
Evidence of required information provided to the learners:						
19. Approval statement of provider awarding contact hours *Single/Enduring:* Phase 2, Web Registration *RSS:* Phase 2, Web Registration	☐ Met ☐ Not met		☐ Met ☐ Not met			☐ Met ☐ Not met
20. Criteria for awarding contact hours *Single/Enduring:* Phase 2, Web Registration *RSS:* Phase 2, Web Registration	☐ Met ☐ Not met		☐ Met ☐ Not met			☐ Met ☐ Not met
21. Presence or absence of conflicts of interest for all individuals in a position to control content (e.g. the Planning Committee, presenters, faculty, authors, and content reviewers) *Single/Enduring:* Phase 2, Syllabus *RSS:* Phase 2, Syllabus	☐ Met ☐ Not met		☐ Met ☐ Not met			☐ Met ☐ Not met

	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7
	22. Commercial support (if applicable) *Single/Enduring:* *Phase 2, Syllabus* *RSS:* *Phase 2, Syllabus*	☐ Met ☐ Not met ☐ N/A		☐ Met ☐ Not met ☐ N/A			☐ Met ☐ Not met ☐ N/A
	23. Expiration date (enduring materials only) *Single/Enduring:* *Phase 2, Syllabus* *RSS:* *N/A*	☐ Met ☐ Not met ☐ N/A		☐ Met ☐ Not met ☐ N/A			☐ Met ☐ Not met ☐ N/A
	24. Joint Providership (if applicable) • Materials associated with the activity (marketing materials, advertising, agendas, and certificates of completion) must clearly indicate the Provider awarding contact hours and responsible for adherence to ANCC criteria *Single/Enduring:* *Phase 2, Syllabus/Web Registration* *RSS:* *Phase 2, Syllabus/Web Registration*	☐ Met ☐ Not met ☐ N/A		☐ Met ☐ Not met ☐ N/A			☐ Met ☐ Not met ☐ N/A
	25. Summative evaluation *Single/Enduring:* *Phase 3, After Action Report* *RSS:* *Phase 3, After Action Report*	☐ Met ☐ Not met		☐ Met ☐ Not met			☐ Met ☐ Not met

NURSE PEER REVIEWER ADDITIONAL COMMENTS

Nurse Peer Reviewer # 1	
Nurse Peer Reviewer #2	**Additional Comments: Nurse Peer Reviewer #2 is the Accredited Approver Program Director. See comments on next page.**

ACCREDITED APPROVER PROGRAM DIRECTOR DECISION

	Individual Activity Application File
Approval decision:	☐ Approved ☐ Pending* ☐ Denied
*Pending until the following documents/corrections have been received:	
Approval decision:	☐ Approved ☐ Denied
Individual making final decision:	Accredited Approver Program Director, CDR Jane Doe NC, USN
Date applicant notified of decision:	
Individual notifying applicant:	Accredited Approver Program Director, CDR Jane Doe NC, USN

Post-Activity (Phase 3)

Summative Evaluation/After Action Report

<div align="center">

Naval Medical Leader & Professional Development Command
After Action Report **(Single (live)/Enduring** Activity)

Activity Title
Date
Location

</div>

Activity ID	Course Director	CME Planner
####-####	Title, First and Last Name	Title, First and Last Name

Accreditation Statement:

Credit Designation:

Faculty Presenters:

Planning Log

Brochure/Promotional Materials
The promotional materials for this activity was approved on – MM/DD/YEAR.

Syllabus/Course Materials
The syllabus/course materials for this activity was approved on - MM/DD/YEAR.

Disclosure Information

Commercial Support

 # Physician/Other Learner Participants

Physicians	
Other Learners	
Resident	
Fellow	
Total	

Participants by Service

Service	# of Participants
Army	0
Navy	0
Air Force	0
Other	0
Total	0

Attendee Roster
Evaluation Summary
Number of evaluations received: #

Was the activity effective in addressing and closing the following gap(s)?

Gap	#Yes	#No	#N/A
Gap Statement	0%	0%	0%

Learning Objectives

Objective(s)	1=Poor	2=Fair	3=Satisfactory	4=Good	5=Excellent
Objective 1	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
Objective 2	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

Summary of Faculty Evaluations (If Requested)

Commercial Support and Disclosure

	True	False	Not Applicable
1. Disclosure of faculty relationships with commercial organizations was made available to me before the presentation	0.0 %	0.0 %	
2. The commercial supporters were acknowledged in the printed materials	0.0 %	0.0 %	0.0 %
3. If trade names were used, trade names of all products discussed were used	0.0 %	0.0 %	0.0 %
4. Representatives of commercial supporters did not engage in sales activities in the meeting room before, during, or after the activity	0.0 %	0.0 %	
5. Commercial promotional products were not displayed or distributed in the meeting room	0.0 %	0.0 %	

Commercial Support and Disclosure Explanations

Competence Evaluation Option 1, 2, 3, or 4 (Below is 3)

Based on your participation in this CME activity, what new strategies do you plan to use in your practice that you haven't used before?

Future Topics/Presenters
If the participants had suggestions for topics and/or authors/presenters for future educational activities, they were asked to record them. Those answers are listed below:

Physician Provider	Non-Physician Provider	Other
0.0 %	0.0 %	0.0 %

Planner/Course Director's Evaluation

Title:		Date:
Location:		
Course Director:		

1. Provide a concise synopsis of the activity with emphasis on whether its learning objectives helped to close the identified knowledge, competence or performance gap. Provide any military-unique content in the discussion.

2. What do you feel was the most valuable part of the activity? What would you improve for next time?

3. Was the course free from commercial bias?

4. Suggested topics for future CME activities.

5. Learning and Improvement

Were changes in competence evaluated? Yes or No
Were changes in performance evaluated. Yes or No
Were changes in patient outcomes evaluated. Yes or No

6. Review the summary of course evaluations and comment on each area based on your chosen designation in page 2 of your application.

7. Provide comments concerning facilities, scheduling, social activities, and other administrative topics.

 8. Did you compile a separate evaluation form in addition to the one provided in the CME website? If so, what did you evaluate on or measure and please provide a summary of this evaluation.

Naval Medical Leader & Professional Development Command
After Action Report (**RSS (live)** Activity)

Activity Title
Date
Location

Activity ID	**Course Director**	**CME Planner**
####-####	Title, First and Last Name	Title, First and Last Name

Accreditation Statement:

Credit Designation:

Faculty Presenters:

Planning Log

Brochure/Promotional Materials
The promotional materials for this activity was approved on – MM/DD/YEAR.

Syllabus/Course Materials
The syllabus/course materials for this activity was approved on - MM/DD/YEAR.

Disclosure Information

Commercial Support

 # Physician/Other Learner Participants

Physicians	
Other Learners	
Resident	
Fellow	
Total	

Participants by Service

Service	# of Participants
Army	0
Navy	0
Air Force	0
Other	0
Total	0

Attendee Roster

Evaluation Summary
Number of evaluations received: #

	Excellent	**Good**	**Fair**
A. To what extent did the sessions meet your needs/objectives?			

B. These sessions fit the scope of my medical practice.	**Yes**	**No**

C. Were the sessions balance and free of commercial bias?   **Yes**   **No**
**If you answered no to question #C, please explain why you felt the
sessions were not free of bias.**

D. I will make changes to my practice based on what I have learned.   **Yes**   **No**

**E. List two changes/applications you will make in your practice as a
result of this series of activities.**

**F. What clinical problems have you been able to solve as a result of
attending these sessions?**

**G. Suggestions for future topics that will enhance your competence,
performance or patient outcomes?**

H. Did attending these sessions impact outcomes for your patients?   **Yes   No**

**If you answered yes, explain how it impacted patient outcomes or give an example of a patient whose
condition improved based on your application of something you learned during this series.**

**I. If you were not able to make any changes as a result of attending these sessions, what are the
barriers?**

Physician Provider	Non-Physician Provider	Other
0.0 %	0.0 %	0.0 %

Planner/Course Director's Evaluation

Title:		Date:
Location:		
Course Director:		

1. Provide a concise synopsis of the activity with emphasis on whether its learning objectives helped to close the identified knowledge, competence or performance gap. Provide any military-unique content in the discussion.

2. What do you feel was the most valuable part of the activity? What would you improve for next time?

3. Was the course free from commercial bias?

4. Suggested topics for future CME activities.

5. Learning and Improvement

Were changes in competence evaluated? Yes or No
Were changes in performance evaluated? Yes or No
Were changes in patient outcomes evaluated? Yes or No

6. Review the summary of course evaluations and comment on each area based on your chosen designation in page 2 of your application.

7. Provide comments concerning facilities, scheduling, social activities, and other administrative topics.

 8. Did you compile a separate evaluation form in addition to the one provided in the CME website? If so, what did you evaluate on or measure and please provide a summary of this evaluation.