



What is your name and email?	Name: Email:
When will the education take place?	Date:
Do you have a title or brief description for the education? If yes, please note it to the right; if no, leave blank. Examples: Emergency Department team huddle; Leadership in a time of crisis; Well-being check-In	Title/Brief Description:
What practice-based problem (gap) will this education address? Examples: Improve care coordination; Better communication with patients and families; Want to give better feedback to students	Practice-based problem (gap):
What is/are the reason(s) for the gap? How are your learners involved? Examples: We need strategies to discuss difficult topics with family members; Don't know best ways to improve team collaboration	Reason(s) for the gap:
Review the three statements to the right. If you can check <u>any</u> of these boxes, you do not need to identify, mitigate, and disclose relevant financial relationships. If you unable to check any boxes, please contact your CE program administrator to implement processes for ensuring the integrity and independence of this education.	The education will... (check all that apply) only address a non-clinical topic (e.g., leadership or communication skills training). be for a learner group that is in control of the content (e.g., spontaneous case conversation among peers). be a self-directed educational activity where the learner will control their educational goals and report on changes that resulted (e.g., learning from teaching, remediation, or a personal development plan).
What change(s) in strategy, performance, or patient care would you like this education to help learners accomplish? Examples: Eliminate stigmatizing language from communications with patients; Improve my management skills	Desired change(s) in strategy, performance, or patient care:
In order to award CME/CE credit, please indicate the duration of the education.	Education duration: _____ hours and _____ minutes <i>Please report time in 15-minute increments.</i>
Discuss with learners the changes they intend to make to their strategies, performance, or patient care that will result from this activity and list that information to the right. Example: I will use the evidence-based checklist we discussed to improve screening my patients for past military service.	Changes learners intend to make to strategies, performance, or patient care:

After the activity, please collect attendance and learner change information for the activity and send it to the continuing education department in order for credit to be awarded.

REVIEWED BY:	DATE REVIEWED:
APPROVED	NOT APPROVED

Note for Continuing Education Staff

This completed form provides the necessary information to demonstrate the professional practice gap and underlying needs, expected results, appropriate format, changes in learners, independence, and administrative information needed to award credit to learners. Please enter this activity in ACCME PARS following your usual process, and provide to learners your accreditation statement, the credit designation statement, and any applicable MOC statements. If you have awarded MOC credit, please report learners in PARS within 30 days of the education. For questions or assistance, contact ACCME at info@accme.org.