

# Checklist of Required Items: CE Request

## Under Title Tab

* Title
* Host Department/Unit Name
* Activity Type
* Anticipated Number of Participants
* Number of CE Hours Requested
* Start Date
* End Date

(\*Please note, a 90 day lead time is required for all CE Activity Requests to allow sufficient time for planning and accreditation compliance actions to occur. This timeline has been waived for regularly scheduled series beginning in January 2020 due to the delayed launch of CE Central.)

## Under Planning Committee Tab

* Activity Director/ Nurse Planner Name and Email (Once entered, CE Central will notify them via email to complete COI disclosure in CE Central)
* Activity Coordinator Name and Email (Once entered, CE Central will notify them via email to complete COI disclosure in CE Central)

## Under Activity Details Tab

* Purpose (Why this activity is needed. What is the purpose of this activity?)
* Activity Location (City, State, Country, Postal Code, Proposed Venue)
* Target Audience (Audience Affiliation, Discipline(s), Geographic area)
* Type(s) of CE Requested
* Commercial and External Support (Will there be exhibitors, grants, or funding from a commercial entity?)
* Joint Provider Information (Will another organization or entity be involved in the planning or hosting of this activity?)
	+ If joint provider also list Organization, name, email and phone number of the primary contact at the organization.

# Checklist of Required Items: CE Proposal

## Under Activity Details Tab

* Agenda (to include all session titles and objectives) \* Only applicable for Live and Enduring Materials
* Education Design and Professional Gaps Identification

Needs (Select Knowledge, Competence, or Performance)

* + - Describe each need selected

State what this activity is designed to change (Competency, Performance, or Patient Outcomes)

* + - Describe selection(s)

Explain why this educational format is appropriate for this activity

Indicate the desirable physician attribute(s) (i.e., competencies) this activity addresses.

What is the professional practice gap that this activity will be designed to fill?

The gaps to be addressed are:

* + - Individual physicians
		- Physician groups (for example: internal medicine, institutional physicians, etc.)
		- Community
		- Population-level
		- Other, specify:

The gaps could be caused by:

* + - Physician inabilities
		- Physician challenges
		- Environment that is present where the physician practices
		- Other, specify:

How were these gaps identified to meet the needs of the target audience? (Check below and attach supporting documentation under **Required Documents Tab**.)

* + - Evaluation of previous CE activity
		- Peer-reviewed journal articles
		- Expert opinion
		- Interview/ focus group
		- Request/ surveys from target audience
		- Quality improvement data
		- Discussion in department meeting(s)
		- Practice guideline/ clinical pathway
		- Epidemiology report
		- Medical audit
		- New technology, methods of diagnosis/treatment
		- Joint Commission
		- Legislative, regulatory or organizational changes affecting patient care
		- Core competencies
		- Other (specify)