

## AAPA CME Accreditation

[Organization Information](#) → [Activity Overview](#) → [Session Details](#)

The answers to the following questions will be used to determine the review fee and next steps in the application process. The answers will place the application into the appropriate pricing tier and determine the complexity of the application. AAPA retains the right to change the pricing tier and complexity designation for this application at any time without prior notification. More information regarding the simple versus complex fee structure can be found at [AAPA's CME Review Fees](#).

### Organization Name \*

Enter the complete organization name as it appears on the organization's W-9. The use of acronyms or other abbreviations may lead to incorrect processing or a delay in the review.

### Organization Employer Identification Number (EIN) \*

Enter the organization's tax identification number (EIN), which can be found on the W-9. (Format: #####-####)

### Preferred email address for this application \*

This application portal allows for individuals to submit applications on behalf of multiple organizations without having to change their profile information. This field allows applicants to specify a different preferred email address for each application. A different email address is not mandatory, but it is permitted. This email address will be used for all official correspondence.

## READ THESE QUESTIONS CAREFUL AND ANSWER APPROPRIATELY.

### Is the organization an AAPA Constituent Organization? \*

Constituent organizations (COs) are independent organizations affiliated with AAPA.

ONLY ORGANIZATIONS LISTED WITHIN THIS LINK MAY APPLY FOR TIER 1.

- Yes, the organization qualifies as Tier 1  
 No

### Physician Credit Designation \*

Is this activity already designated for AMA PRA Category 1 Credit™, AAFP Prescribed credit, or AOA Category 1-A credit? (If 'yes' a certificate of accreditation will be required for upload)

- Yes  
 No

### Optional Session Details Upload (\$) \*

The application requires details for the overall activity and for each individual session within the activity. If this activity consists of large number of sessions, the applicant, for an [additional fee](#), has the option to provide the [Session Details Worksheet](#), instead of manually entering each session within the application. If so select the option below.

- Yes  
 No

### Application Component(s) \*

Choose the Application Component(s) by selecting each desired learning format(s) for this activity (e.g. Live, Enduring, RSS), Physician Credit Designation, and/or Optional Session Detail Upload (\$) from the drop down menu.

To make multiple selections click "Add Another Application Component(s)."

Save

Save and Next

## AAPA CME Accreditation

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### Activity Overview

#### Activity Title \*

#### Activity Start Date \*

Earliest possible date for learners to earn CME credits.

#### Activity End Date \*

Last possible date for learners to earn CME credits.

#### Rush Fee \*

Applicants may request an expedited review by paying the rush fee. Standard application review time is 21 calendar days. Paying the rush fee guarantees the application will be reviewed within 7 calendar days.

If the activity starts within the next 21 calendar days, a rush fee is REQUIRED.

- Yes, add a rush fee to the application (\$)
- No, do not add a rush fee to the application

#### Identify Competencies \*

AAPA CME Criteria require activities be developed in the context of desirable attributes of PAs ([The PA competencies](#)) and the healthcare team ([The Institute of Medicine \(IOM\) competencies](#)). Select all competency domains associated with this activity.

- PA - Medical knowledge
- PA - Interpersonal and communication skills
- PA - Patient care
- PA - Professionalism
- PA - Practice-based learning and improvement
- PA - Systems-based practice
- IOM - Patient-centered care
- IOM - Evidence-based practice
- IOM - Quality improvement
- IOM - Informatics
- IOM - Work in interdisciplinary teams
- Other

### Projected Number of Learners by Audience Group

If a group is not represented in the activity please input a zero.

#### PAAs (Physician Assistants) \*

#### Has commercial support been requested or secured for any CME components of this activity? \*

Commercial support is defined as financial or in-kind contributions given by an [ACCME-defined commercial interest](#). The definition of roles and requirements when commercial support is received are outlined in the [ACCME Standards for Commercial Support](#).

- Yes  
 No

#### File Uploads

##### Sample Evaluation (PDF only) \*

Please upload a copy of the evaluation. Example: [Sample Evaluation](#)

No file chosen

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## AAPA CME Accreditation

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### Precepting/Clinical Teaching Session Details

#### Please input rotation details below \*

Details on all rotations that will offer preceptors credit must be provided. A new row must be added for each rotation.

Rotations	Action
No Rotations have been added. Click on Add Rotation below.	

#### Type of Rotation \*

#### Clinical Setting \*

#### Duration of Rotation \*

**Projected Number of Preceptors \***

**Preceptor Goals and/or Objectives \***

These are not the overall rotation objectives. Example: [Sample Preceptor Objectives](#).

**Projected Number of Students \***

**Student Goals and/or Objectives \***

Cancel

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Add to Cart