

AAPA CME Accreditation

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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 APPROPRAITELY.

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

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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

Activity Description *

Please provide a brief description of the nature and purpose of the activity.

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

PA Perspective *

Please explain how the activity included the PA perspective in the planning process. This may be accomplished by including PAs as faculty, planners, or reviewers.

Identify PA Practice Gaps *

Describe how educational needs that address practice gaps have been incorporated into this activity.

Overall Activity Goals and/or Objectives *

Please outline the overall goals and/or objectives below. Individual session objectives should be entered in the Session Details page.

Projected Number of Learners by Audience Group

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

PA's (Physician Assistants) *

NPs (Nurse Practitioners) *

Physicians (MD or DO) *

Other *

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

Planner and Reviewer Disclosures

For each planner and reviewer, it is the responsibility of the CME provider to collect and review disclosures, identify potential conflicts of interest, and document how any conflicts were mitigated or resolved. Applicants will be required to upload all disclosures and document conflict of interest management actions below. Organizations may use their own disclosure form or [AAPA's CME Disclosure Form](#).

Planners and Reviewers *

Use the Add Planner/Reviewer button below to enter planner/reviewer names, disclosures, and conflict resolution actions. Applicants must add details for every planner and reviewer, even if they have nothing to disclose.

Planners/Reviewers	Action
No Planners/Reviewers have been added. Click on Add Planner/Reviewer below.	

Add Planner/Reviewer

File Uploads

Sample Evaluation (PDF only) *

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

No file chosen

Promotional Materials (PDF only) *

Please upload any promotional materials that have been distributed to prospective participants. If the CME provider has not begun promoting this activity, please upload draft promotional materials. As a reminder, any promotional materials distributed prior to receiving an accreditation decision must include the appropriate [Pending Accreditation Language](#).

No file chosen

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Regularly Scheduled Series Details

Proposed Frequency *

(ex. daily, weekly, quarterly, every second Tuesday, etc.)

Location Information *

Identify the specific location for this session including: hospital, clinic/practice, city, and state.

Requested CME Credits Per Meeting *

Goals and/or Objectives *

Example: [How to write Learning Objectives](#)

Regularly Scheduled Series Understanding *

The CME provider understands and agrees that for this Regularly Schedule Series the organization must develop session specific learning objectives, collect disclosures, and resolve conflicts of interest for every session. These session specific details will be provided to AAPA during the post-activity report.

I understand and agree to provide the required information in the post-activity report

Total Credits *

Enter the total number of credits being submitted for review across all formats and sessions within this activity. If the activity includes concurrent sessions, this number may be greater than the maximum number of credits any one participate could possibly complete.

Maximum Credits Available to Each Learner *

Enter the maximum number of credits any one participant could possibly complete across all learning formats and sessions. If there are concurrent sessions, this number may be lower than the total number of credits being submitted for review.

Prev

Save

Add to Cart