READ THESE QUESTIONS CAREFUL AND ANSWER APPROPRIATELY.

**Is the organization an AAPA Constituent Organization?**
- 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.
  - (select)
AAPA CME Accreditation

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 *
AAFP 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.

- [ ] PAs (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.

<table>
<thead>
<tr>
<th>Planners/Reviewers</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Planners/Reviewers have been added. Click on Add Planner/Reviewer below.</td>
<td></td>
</tr>
</tbody>
</table>

Add Planner/Reviewer

File Uploads

Sample Evaluation (PDF only) *
Please upload a copy of the evaluation. Example: Sample Evaluation

Choose File 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.

Choose File No file chosen
**Self-Assessment Session Details**

Please input session details below *

If there are multiple sessions within the activity, a new row must be added for each session.

<table>
<thead>
<tr>
<th>Sessions</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No Sessions have been added. Click on Add Session below.</td>
</tr>
</tbody>
</table>

**Session Title** *

Format *

- Live
- Enduring

**Session Timing**

**Session Start Date** *

Earliest possible date for learners to earn CME credits.

**Session End Date** *

Last possible date for learners to earn CME credits.

**Requested CME Credits** *


Number of Questions

In general, a minimum of 10 questions are required per credit. At their discretion, reviewers may approve fewer questions per credit if justified by the complexity of the questions and the time required for a learner to formulate a response. For example, clinical vignettes that require data collection as well as analysis can be time-consuming. Likewise, lengthy rationales of over 250 words may influence their decision.

Upload all of the self-assessment questions with rationales.

Session Goals and/or Objectives

How will participation be verified prior to awarding credits? (Post-test, tracking program, etc.)

Provide a description of the learner's experience and how assessment feedback is delivered.
Faculty Member Name *

For each faculty member, it is the responsibility of the CME provider to upload the disclosure form, identify conflicts, explain how the conflict was resolved, and resolve them appropriately. Organizations may upload their own disclosure form or use AAPA’s CME Disclosure Form.
A completed disclosure form must be uploaded for each faculty member, even if they have nothing to disclose.

Faculty Disclosures *

Use the Choose File button to upload the completed faculty disclosure form for this faculty member.
Choose File No file chosen

Does this disclosure represent a conflict of interest? *

Please refer to the ACCME COI Flow Chart on identifying and resolving conflicts of interest.
○ Yes
○ No

Add another faculty member? *

○ Yes
○ No

Cancel Add

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 participant 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.

Would you like to advertise this activity on AAPA’s CME Calendar? *

This option is for providers who have not already purchased advertising space. If your organization has already paid to have your entire catalog or this specific activity on the AAPA CME calendar, please select ‘no’ and proceed to the next step in the application.

The AAPA CME Calendar is a space which can be used to market educational opportunities to the PA community and AAPA members. By purchasing advertising through this application, a posting will be placed on the calendar from this application’s approval date through the start date of the activity.
Calendar listings are free of charge for AAPA Constituent Organizations. All other organizations are subject to a $250 per month fee, calculated per day, per posting. This option is only available to applications with a single occurrence. This cost will be added onto the final purchase price of this application. This fee is added onto the base review fee, upload fee, rush fee, and any other applicable fees. It will be reflected in your final purchase total for accreditation.

By purchasing calendar placement through this application you will be paying for placement from your accreditation date until your event’s start date. If you do not wish to begin advertising immediately or have specific questions regarding promotions including calendar placement, email marketing, or any other opportunities please contact Tony Manigross directly.
Choosing ‘no’ does not disqualify you from the opportunity to be placed onto the CME calendar or any other advertising opportunities. You may apply for calendar placements outside of this application by using this application form or contacting Tony Manigross directly.

○ Yes
○ No

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