



## ACOEM APPLICATION FOR JOINT PROVIDERSHIP FOR CONTINUING EDUCATIONAL ACTIVITIES

Return this completed application and all supporting materials to ACOEM at **least 20 business days** before the first day of the program. Incomplete applications will not be considered for credit. All applications will be considered for *AMA PRA Category 1 Credit™* (CME) and ABPM MOC Credit.

**Return the completed application to:**

ACOEM Education Department  
25 Northwest Point Blvd., Ste. 700  
Elk Grove Village, IL 60007  
educationinfo@acoem.org Phone: 847/818-1800

**SUBMITTER'S INFORMATION**

*This application should be completed and submitted by one member of the program planning committee and should pertain to the activity as a whole. It should not be completed by individual faculty pertaining only to their session(s).*

Full Name with Credentials: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Component or Section Hosting the Activity: \_\_\_\_\_

ACTIVITY TITLE: \_\_\_\_\_

**ACTIVITY TYPE**

- In-person, live activity
- One-hour, live webinar

*Please Note: At this time we do not offer joint providership of CME/MOC for enduring materials unless the one-hour, live webinar that this application is intended for is recorded. ACOEM will then consider providing CME for that recorded webinar as an enduring material. Additional processing fees applied.*

ACTIVITY DATE (Start/End): \_\_\_\_\_

*Please Note: Your activity date must be at least 20 business days later than the date on which ACOEM receives your completed application.*

ACTIVITY LOCATION – City/State (if applicable): \_\_\_\_\_

REQUESTED NUMBER OF CME/MOC HOURS: \_\_\_\_\_

**Is this activity being organized by an ACOEM SECTION OR COMPONENT?**

\_\_\_ No

\_\_\_ Yes

If yes, please specify: \_\_\_\_\_

**JOINT PROVIDERSHIP FEES**

The following joint providership fees will be in effect for applications. All fees are due at the time the application is submitted. Fees are not refundable once joint providership is granted. Should providership not be granted, fees paid by ACOEM components are fully refundable while outside entity fees are refundable minus a handling fee of \$250.

**ACOEM Component**

- Joint Providership Administration Fee: \$250
- CME/MOC Credit Fee: Not Applicable
- Recorded Webinar offered as an Enduring Material: \$150 Additional Fee

*Please Note: At this time we do not offer joint providership of CME/MOC for enduring materials unless the one-hour, live webinar that this application is for is recorded. ACOEM will then consider providing CME for that recorded webinar as an enduring material. Additional processing fees apply.*

**ACOEM Special Interest Section**

- Joint Providership Administration Fee: Not Applicable
- CME/MOC Credit Fee: Not Applicable
- Recorded Webinar offered as an Enduring: Not Applicable

**Non-ACOEM Component or Section (Outside Entity)**

- Joint Providership Administration Fee: \$750
- CME/MOC Credit Fee:
  - 1 – 10.75 Credits: \$1,000
  - 11-20.75 Credits: \$1,250
  - 21 + Credits: \$1,500

**Method of Payment:**

**PAYMENT:**     Check enclosed **Payable to ACOEM** (US Funds Only)  
 American Express                       Discover                       Master Card                       VISA

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

CVV: \_\_\_\_\_

**Is COMMERCIAL SUPPORT being accepted for this activity?**

\_\_\_ No

\_\_\_ Yes

\_\_\_ If YES, you must include with this application a budget that details the commercial support received and how it will be spent.

*NOTE: If commercial support is being accepted for this activity, ACOEM’s Letter of Agreement (LOA) must be completed and returned with this application. Please contact ACOEM for a copy of the LOA.*

**ACTIVITY DESCRIPTION**

*Please list a description of your activity below; please do not attached a separate document.*

**Education or Practice Gaps** (Education gaps are the difference between what the learner *should* be doing in practice or *should* know and what they *actually* do in practice or *actually* know):

**Example:** Recent government regulations have changed the way physicians need to performance XYZ exams. However, there are currently no educational courses available to provide them with the new regulations, making it difficult to be in compliance.

*Please Note: Educational gaps are not learning objectives, agenda items, or descriptions of your program. Therefore, please do not list that information below. Only the activity’s educational gaps should be listed.*

**How did you identify these knowledge/practice gaps?** (i.e. why is this program educationally necessary? Provide evidence to support your argument: attach articles, research studies, etc. if necessary)

**Learning Objectives** (provide at least three objectives for the activity using active verbs – see ATTACHMENT A):

At the conclusion of this activity, participants should be able to...

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**This activity will be designed to change** (check all that apply):

- Competence                       Performance                       Patient outcomes

**How might this change be measured?** \_\_\_\_\_

**TARGET AUDIENCE/OEM COMPETENCIES**

This activity would most likely appeal to those interested in and/or the activity’s content would best apply to the following competencies and/or fields of occupational and environmental medicine (select all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> OEM Related Law and Regulations                 | <input type="checkbox"/> Clinical – Endocrinology         |
| <input type="checkbox"/> Environmental Health                            | <input type="checkbox"/> Clinical – Gastroenterology      |
| <input type="checkbox"/> Work Fitness and Disability Management          | <input type="checkbox"/> Clinical – Hematology/Oncology   |
| <input type="checkbox"/> Toxicology                                      | <input type="checkbox"/> Clinical – Infectious Disease    |
| <input type="checkbox"/> Hazard Recognition, Evaluation, and Control     | <input type="checkbox"/> Clinical – Musculoskeletal       |
| <input type="checkbox"/> Disaster Preparedness/Emergency Mangmnt         | <input type="checkbox"/> Clinical – Neurology             |
| <input type="checkbox"/> Health and Productivity                         | <input type="checkbox"/> Clinical – Ophthalmology         |
| <input type="checkbox"/> Public Health, Surveillance, Disease Prevention | <input type="checkbox"/> Clinical – Otolaryngology        |
| <input type="checkbox"/> OEM Related Management and Administration       | <input type="checkbox"/> Clinical – Pain Management       |
| <input type="checkbox"/> Clinical – General                              | <input type="checkbox"/> Clinical – Psychiatry            |
| <input type="checkbox"/> Clinical – Cardiology                           | <input type="checkbox"/> Clinical – Pulmonary             |
| <input type="checkbox"/> Clinical – Dermatology                          | <input type="checkbox"/> Clinical – Reproductive Medicine |
| <input type="checkbox"/> Clinical – Emergency Medicine and Surgery       | <input type="checkbox"/> Clinical – Sleep Medicine        |

**CONTENT QUESTIONS AND ANSWERS**

- Three Questions – along with the answers – are required per contact hour
- Questions must be submitted together, number consecutively, and contained in one file
- Your answer key should be located at the end of the file

Please remember to include the Q/A as a separate attachment when submitting this application!

**DISCLOSURE INFORMATION**

Disclosure information must be obtained from all faculty/moderators and program planning committee members. ACOEM's disclosure form must be used and is located at the end of this document. The disclosure form should be cut and pasted into its own document which should be distributed to faculty/moderators and planning committee members and returned to you. Please merge all disclosures into one PDF and submit it as an attachment to this application.

\_\_\_ Remember to include all disclosure forms as a separate attachment when submitting this application!

**FACULTY/MODERATOR INFORMATION**

When listing the faculty/moderator information, please be sure to include their full name with credentials, their organization and city/state.

**PROGRAM PLANNING COMMITTEE MEMBERS**

When listing the Program Planning Committee Members information, please be sure to include their full name with credentials, their organization and city/state.

**HOUR BY HOUR PROGRAM AGENDA**

*Please list below or attached a separate document.*

**COMMENTS**

Please use the following space for any comments you wish to relay to us regarding your activity.

**ADDITIONAL REQUIREMENTS**

Should your application be approved, ACOEM will guide you on how to meet the following requirements:

- ✓ All activity promotion and recruiting materials, emails, advertisements must be reviewed and approved by ACOEM before distribution to potential participants.
- ✓ Peer review for clinical accuracy and commercial bias are required for all educational content, either directly by ACOEM or through a physician member of the program planning committee.
- ✓ We will provide you with instructions for the attendee regarding the claiming of CME and MOC credits, as well as conducting the evaluation process and relaying financial disclosure information to the audience.
- ✓ A comprehensive list of on-site and post activity requirements will be sent to you should your application be approved.

**APPLICATION SUBMITTER'S SIGNATURE:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

*Sign and Scan or use Electronic Signature.. Do not simply type in your name.*

**Disclosure of Relevant Financial Relationships**

ACOEM Component Joint Providership Application  
ACCME Criteria: C7

**DISCLOSURE INFORMATION**

In accordance with the Accreditation Council for Continuing Medical Education’s Standards for Commercial Support, all planners, faculty, and authors involved in the development of CME content are required to disclose to the accredited provider their **relevant financial relationships**. *An individual has a relevant financial relationship if he or she (or spouse/partner) has a financial relationship in any amount occurring in the last 12 months with a commercial interest whose products or services are discussed in the CME activity content over which the individual has control.* ACOEM will disclose relevant financial relationships to the activity audience.

*The ACCME defines a “commercial interest” as any proprietary entity producing, marketing, re-selling, or distributing health care goods or services, used on, or consumed by, patients, with the exemption of non-profit or government organizations and non-health care related companies.*

Your Name: \_\_\_\_\_

Title of Activity: \_\_\_\_\_ Date of Activity: \_\_\_\_\_

**Nondeclaration Statement:**

\_\_\_\_\_ I declare that neither I nor my spouse or partner has a relevant financial relationship with any commercial interest(s) related to the subject matter of the CME program.

**Declaration Statement:**

\_\_\_\_\_ I (or my spouse or partner) currently have a relevant financial relationship with a commercial interest(s) related to the subject matter of the CME program, **as listed below:**

FINANCIAL RELATIONSHIP	NAME OF COMMERCIAL INTEREST
Honorarium:	_____
Consultant:	_____
Grant/Research Support:	_____
Stock Shareholder:	_____
Other Financial/Material Support:	_____
Speaker’s Bureau:	_____
Employee:	_____
Other:	_____

Failure to return this form as requested by ACOEM will result in disqualification from participation in the development and presentation of the CME activity. ACOEM will use this form to determine relevant financial relationships, which shall be disclosed to the CME activity audience, and conflicts of interest (or unresolved conflicts of interest), which shall be resolved before the individual may participate in the development or presentation of this CME activity.

Your Signature: \_\_\_\_\_ Today’s Date: \_\_\_\_\_

## ATTACHMENT A

# WRITING LEARNING OBJECTIVES

### ***Types of Objectives***

*Learning objectives* state what the learner should know or be able to do at the end of an activity. This type of objective emphasizes learning outcomes.

*Instructional (teaching) objectives* state what the instructor intends to accomplish during a learning activity. This type of objective describes a process, not an outcome.

*Behavioral objectives* state what the learner might be able to do differently (behavioral change) as a result of what has been learned.

### ***How Should Behavioral Learning Objectives Be Written?***

Start with the phrase: "At the conclusion of this activity, participants should be able to..." then state the things participants will be able to do. Be sure to use specific action verbs (behavioral terms) in these statements -- verbs such as "identify," "cite," "describe," or "assess." A list of the verbs is provided below. If you follow this simple format and keep the list of verbs by your side, it is almost impossible to write a bad set of objectives!

### ***Common Mistakes***

Verbs such as "know" and "understand" are vague. Avoid these words and use action verbs from the list provided. "Understanding" can have a myriad of meanings and it can be difficult to evaluate whether a learner "understands" a concept. However, a learning objective that states that a physician "will be able to cite the risk factors for breast cancer" can be evaluated consistently by both the CME Committee and the participants as to whether it has been achieved.

Often meeting announcements list teaching objectives rather than learning objectives. Examples: "To acquaint the clinician with the key clinical features necessary for the diagnosis of common rheumatic diseases." "To update, reinforce, and provide new information regarding the etiology, pathogenesis, diagnosis, treatment, and prognosis of herniated thoracic disc." These objectives focus on what the instructor plans to do, rather than what the learner outcome will be.

Announcements sometimes give objectives which are just a list of topics. Examples: "1. Principles of laser mechanics; 2. Laser uses in the cardiovascular system; 3. Efficacy of lasers in cardiovascular disease." This focuses on what the instructor will do rather on what the learner will achieve.

**When writing learning objectives, focus on the learner!**

***Please see the List of Verbs for Formulating Educational Objectives on the next page.***



**List of Verbs for Formulating Educational Objectives**

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**1. These verbs communicate knowledge**

**Information**

Cite	Identify	Quote	Relate	Tell
Count	Indicate	Read	Repeat	Trace
Define	List	Recite	Select	Write
Describe	Name	Recognize	State	
Draw	Point	Record	Tabulate	

**Comprehension**

Associate	Describe	Explain	Locate	Translate
Classify	Differentiate	Express	Predict	
Compare	Discuss	Extrapolate	Report	
Compute	Distinguish	Interpolate	Restate	
Contrast	Estimate	Interpret	Review	

**Application**

Apply	Employ	Locate	Relate	Sketch
Calculate	Examine	Operate	Report	Solve
Complete	Illustrate	Order	Restate	Translate
Demonstrate	Interpolate	Practice	Review	Use
Dramatize	Interpret	Predict	Schedule	Utilize

**Analysis**

Analyze	Debate	Distinguish	Inventory	
Appraise	Detect	Experiment	Question	
Contract	Diagram	Infer	Separate	
Criticize	Differentiate	Inspect	Summarize	

**Synthesis**

Arrange	Construct	Formulate	Organize	Produce
Assemble	Create	Generalize	Plan	Propose
Collect	Design	Integrate	Prepare	Specify
Compose	Detect	Manage	Prescribe	

**Evaluation**

Appraise	Determine	Judge	Recommend	Test
Assess	Estimate	Measure	Revise	
Choose	Evaluate	Rank	Score	
Critique	Grade	Rate	Select	

**2. These verbs impact skills**

Diagnose	Integrate	Measure	Project
Empathize	Internalize	Palpate	Visualize
Hold	Massage	Pass	

**3. These verbs convey attitudes**

Acquire	Exemplify	Realize	Reflect
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**THESE VERBS ARE BETTER AVOIDED:**

**1. These are often used but are open to many interpretations**

Appreciate	Have faith in	Know	Learn	Understand	Believe
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