



JOINTLY ACCREDITED PROVIDER™  
INTERPROFESSIONAL CONTINUING EDUCATION

## CE/CME Application & Planning Document



Please fill out the following:

**Mission Statement:** Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually-centered, holistic care, which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

In support of improving patient care, Ascension/St. Vincent's Health is Jointly Accredited [by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC)] to provide continuing education for the healthcare team.

ACTIVITY INFORMATION		
All materials must be submitted prior to the activity start date.		
Date Submitted: Click or tap to enter a date.	<b>Providership Type:</b> <input type="checkbox"/> Direct <input type="checkbox"/> Joint NOTE: The ACCME defines joint providership as the providership of a CE/CME activity by one accredited and one or more non-accredited organizations	
Activity Title: Click or tap here to enter text.		
Speaker(s): Click or tap here to enter text.		
Date(s): Click or tap to enter a date.	Time(s): Click or tap here to enter text.	
Number of Credit Hours Requesting: Click or tap here to enter text.		
<b>Target Audience: (check all that apply)</b> <input type="checkbox"/> Inter-professional: <input type="checkbox"/> Physicians <input type="checkbox"/> Nurses <input type="checkbox"/> Pharmacists <input type="checkbox"/> Physician Assistants <input type="checkbox"/> Social Workers <input type="checkbox"/> Psychologists <input type="checkbox"/> Others  <input type="checkbox"/> <b>Single Discipline:</b> <input type="checkbox"/> Physician <input type="checkbox"/> Nursing <input type="checkbox"/> Pharmacist <input type="checkbox"/> Pharmacy Technicians <input type="checkbox"/> Physician Assistants <input type="checkbox"/> Nurse Practitioners <input type="checkbox"/> Allied Health Professionals <input type="checkbox"/> Other Disciplines: (Please insert discipline) Click or tap here to enter text.		
<input type="checkbox"/> <b>Pharmacology Hours:</b> (Pharmacotherapeutic content may include but is not limited to drug-specific information, safe prescribing practices, safe medication administration, prescribing methodologies, new regulations, or similar content) <b>Hours dedicated to pharmacology:</b> Click or tap here to enter text.  <b>Activity Type: (check all that apply)</b> <input type="checkbox"/> Live Course (In Person) <input type="checkbox"/> Live – Webcast <input type="checkbox"/> Enduring <input type="checkbox"/> Internet <input type="checkbox"/> E-Learning Modules <input type="checkbox"/> Journal-based CE/CME <input type="checkbox"/> Other: Click or tap here to enter text.		
<b>To Be Completed for Regularly Scheduled Series Only</b> <input type="checkbox"/> RSS <input type="checkbox"/> RSS previously approved		
<input type="checkbox"/> Grand Rounds <input type="checkbox"/> Case Conferences/Tumor Boards <input type="checkbox"/> Chest Conference	<input type="checkbox"/> Morbidity & Mortality Conferences (M&M) <input type="checkbox"/> Journal Club	<b>Schedule:</b> Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Other
<b>Applying Institution:</b> (check all that apply): <input type="checkbox"/> Ascension <input type="checkbox"/> Region 1 <input type="checkbox"/> Region 2 <input type="checkbox"/> Region 3 <input type="checkbox"/> Region 4 Ministry/Hospital: Click or tap here to enter text.		
<input type="checkbox"/> Providence <input type="checkbox"/> Saint Thomas Health <input type="checkbox"/> St. Vincent's Health <input type="checkbox"/> Other:		
<input type="checkbox"/> External Institution: Click or tap here to enter text.		

### Commercial Support - Proposed Source of Funding:

☐ Yes, If yes, please submit budget and contact the Ascension CE Department. ☐ No

Letters of Agreement (LOA) must be executed prior to the activity. Contact activity CE/CME Manager with any questions regarding any form of commercial support.



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Please fill out the following:

Target Specialties:			
Geographic Location	Specialty		
<input type="checkbox"/> Internal only	<input type="checkbox"/> All specialties	<input type="checkbox"/> OB/GYN	
<input type="checkbox"/> Local/Regional	<input type="checkbox"/> Anesthesiology	<input type="checkbox"/> Oncology	<input type="checkbox"/> Radiation Oncology
<input type="checkbox"/> National	<input type="checkbox"/> Cardiology	<input type="checkbox"/> Orthopedics	<input type="checkbox"/> Surgery
<input type="checkbox"/> International	<input type="checkbox"/> Dermatology	<input type="checkbox"/> Pathology & Laboratory Medicine	
	<input type="checkbox"/> Emergency Medicine	<input type="checkbox"/> Pediatrics	
	<input type="checkbox"/> Family Medicine	<input type="checkbox"/> Physical Medicine & Rehab	
	<input type="checkbox"/> General Medicine	<input type="checkbox"/> Primary Care	
	<input type="checkbox"/> Medicine	<input type="checkbox"/> Psychiatry	<input type="checkbox"/> Other (specify): Click or tap here to enter text.
	<input type="checkbox"/> Neurology	<input type="checkbox"/> Radiology	

Independence of the Planning Process - Planning Committee				
<p><b>In addition to the activity course director, co-director, and/or CE/CME coordinator</b>, list the names, degrees, titles, affiliations and emails of persons responsible for the content, design and implementation of this activity. Use additional sheets if necessary.</p> <p><b>Note: All individuals listed will be required to complete a CE/CME disclosure form before the application will be approved.</b></p> <p><b>Note: If the activity is planned as interdisciplinary, representatives from each discipline must be included as planners.</b></p>				
Activity Director and/or Contact				
(Person who has overall responsibility for planning, developing, implementing, and evaluating the content and logistics of the activity.)				
Name	Click or tap here to enter text.		Degree(s)	Click or tap here to enter text.
Title	Click or tap here to enter text.		Affiliation	Click or tap here to enter text.
Phone	Click or tap here to enter text.	Fax	Click or tap here to enter text.	Disclosure Forms Attached <input type="checkbox"/>
<input type="checkbox"/> Speaker <input type="checkbox"/> Planner <input type="checkbox"/> Reviewer <input type="checkbox"/> Staff				
Activity Speaker(s)				
Name	Click or tap here to enter text.		Degree(s)	Click or tap here to enter text.
Title	Click or tap here to enter text.		Affiliation	Click or tap here to enter text.
Phone	Click or tap here to enter text.	Fax	Click or tap here to enter text.	Disclosure Forms Attached <input type="checkbox"/>
NURSE PLANNER				
Name	Christopher L. Moore		Degree(s)	MSN, RN, MBA
Title	System Chief Nursing Officer		Affiliation	Ascension Health
Phone	205-558-3638	Fax		Disclosure Forms Attached <input checked="" type="checkbox"/>
PLANNING TEAM (Persons who assist in planning, developing, implementing, and evaluating the content and logistics of the activity.)				
Name & Profession		Role	Disclosure Form	
Please Use Excel Sheet, provided, to Enter your Planners for this Activity		(check all that apply)		
			Sent	Received
Lisa Davis, AABA, CCEMP, CE Manager Ascension CE Department; Ascension/St. Vincent's		<input type="checkbox"/> Speaker <input checked="" type="checkbox"/> Planner	<input type="checkbox"/> Reviewer <input checked="" type="checkbox"/> Staff	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Katherine Cherry, MBA, CME Specialist Ascension/St. Vincent's		<input type="checkbox"/> Speaker <input checked="" type="checkbox"/> Planner	<input type="checkbox"/> Reviewer <input checked="" type="checkbox"/> Staff	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



# CE/CME Application & Planning Document



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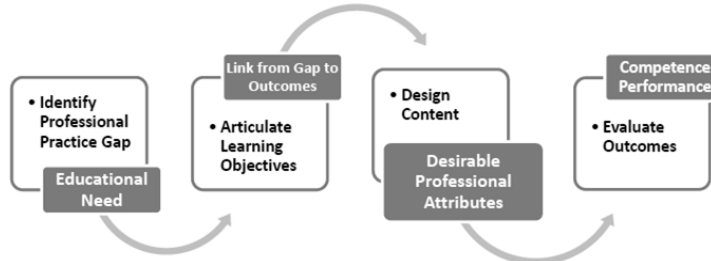
Please fill out the following:

Planning Team (Continued):				
Shawn Morehead, MD, Christ Health Center & Lead Ascension CE Committee Co-Chair	<input type="checkbox"/> Speaker <input checked="" type="checkbox"/> Planner	<input checked="" type="checkbox"/> Reviewer <input type="checkbox"/> Staff	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
David DeAtkine, Jr., MD, Endocrinology & Internal Medicine & Lead Ascension CE Committee Co-Chair	<input type="checkbox"/> Speaker <input checked="" type="checkbox"/> Planner	<input checked="" type="checkbox"/> Reviewer <input type="checkbox"/> Staff	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Timothy Bode, MD, CCO-Ministry Mkt. Ascension CE Committee	<input type="checkbox"/> Speaker <input type="checkbox"/> Planner	<input checked="" type="checkbox"/> Reviewer <input type="checkbox"/> Staff	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Ijaz Iqbal, MD, CMO, Providence Ascension CE Committee	<input type="checkbox"/> Speaker <input checked="" type="checkbox"/> Planner	<input checked="" type="checkbox"/> Reviewer <input type="checkbox"/> Staff	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Rebecca Satterwhite, Pharmacist, Providence Ascension CE Committee	<input type="checkbox"/> Speaker <input checked="" type="checkbox"/> Planner	<input type="checkbox"/> Reviewer <input type="checkbox"/> Staff	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Debra Goswick, RN, Administrative Director Nursing Ascension CE Committee	<input type="checkbox"/> Speaker <input checked="" type="checkbox"/> Planner	<input checked="" type="checkbox"/> Reviewer <input type="checkbox"/> Staff	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Debbie Whisenhunt, RN, Director Quality/Clinical Services Lead Planner Ascension CE Committee	<input type="checkbox"/> Speaker <input checked="" type="checkbox"/> Planner	<input checked="" type="checkbox"/> Reviewer <input type="checkbox"/> Staff	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Linda Adams, PharmD, Director of Pharmacy Lead Pharmacy Planner Ascension CE Committee	<input type="checkbox"/> Speaker <input checked="" type="checkbox"/> Planner	<input checked="" type="checkbox"/> Reviewer <input type="checkbox"/> Staff	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Jennifer Duke, RN, CHPN, Palliative Care Coordinator Ascension CE Committee	<input type="checkbox"/> Speaker <input checked="" type="checkbox"/> Planner	<input type="checkbox"/> Reviewer <input type="checkbox"/> Staff	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Stephanie Trowbridge, Pharmacy Technician Ascension CE Committee	<input type="checkbox"/> Speaker <input checked="" type="checkbox"/> Planner	<input type="checkbox"/> Reviewer <input type="checkbox"/> Staff	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Elizabeth Hofmann, Social Worker Ascension CE Committee	<input type="checkbox"/> Speaker <input type="checkbox"/> Planner	<input checked="" type="checkbox"/> Reviewer <input type="checkbox"/> Staff	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Dan Gillis, Pharm.D., National Pharmacy Team The Resource Group	<input type="checkbox"/> Speaker <input checked="" type="checkbox"/> Planner	<input checked="" type="checkbox"/> Reviewer <input type="checkbox"/> Staff	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
April Tinsley, RN, MBA, NE-BC, CPXP Director, Care Excellence— Person & Family Engagement	<input type="checkbox"/> Speaker <input checked="" type="checkbox"/> Planner	<input checked="" type="checkbox"/> Reviewer <input type="checkbox"/> Staff	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Marcus Bond, Program Mgr. National Care Excellence St. Louis, Ascension	<input type="checkbox"/> Speaker <input checked="" type="checkbox"/> Planner	<input checked="" type="checkbox"/> Reviewer <input type="checkbox"/> Staff	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mary Ann Whicker, RN, Region 4 National CPD Consultant - Clinical	<input type="checkbox"/> Speaker <input checked="" type="checkbox"/> Planner	<input checked="" type="checkbox"/> Reviewer <input type="checkbox"/> Staff	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Suzanne Buchanan, RN, Region 2 National CPD Consultant - Clinical	<input type="checkbox"/> Speaker <input checked="" type="checkbox"/> Planner	<input checked="" type="checkbox"/> Reviewer <input type="checkbox"/> Staff	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



Please fill out the following:

**Quality/Professional Practice Gap(s):** In order to demonstrate the need for this activity, you must identify at least one professional practice gap that exists for your target audience. A professional practice gap is the difference between existing practice and the optimal or current best practice/standard of care. Each practice gap should have an associated underlying educational need dependent on the target audience's profession. Each of these needs are expressed in terms of knowledge, skills/strategies and/or performance.



Brief Description of Activity & Underlying Educational Need

Why does this need exist?  
What is the problem that needs to be addressed through education?

Click all categories of participant learning needs that apply below.

- ☐ Knowledge
- ☐ Skills/Strategies
- ☐ Performance

**ACTIVITY DESCRIPTION (100 words):** Click or tap here to enter text.

*Provide an explanation for each category of underlying learning need (50 words per each selected category):* Click or tap here to enter text.

Provide an intended result that relates to the gaps identified above.

- ☐ Skills/Strategy outcome
- ☐ Performance outcome
- ☐ Patient outcome

Provide an outcome for each category identified (50 words per each selected category).  
Click or tap here to enter text.

☐ **ATTACH DOCUMENTS:** Using the checklist below, indicate which methods were used to identify the existence of gaps between current and best practice (**minimum of two are required**). In addition, please provide a **written narrative** that describes and summarizes the needs assessment used and **include relevant supporting documentation**.

Methods Used to Identify Professional Gaps in Practice and Education Needs

- |   |   |
|---|---|
| <input type="checkbox"/> Survey of targeted learners and healthcare teams | <input type="checkbox"/> Focus groups or surveys of target audience |
| <input type="checkbox"/> Clinical practice data                           | <input type="checkbox"/> Clinical Practice Guidelines (CPGs)        |
| <input type="checkbox"/> Expert surveys, interviews or statements         | <input type="checkbox"/> Summary of previous activity outcomes      |



Please fill out the following:

<input type="checkbox"/> Review of peer-reviewed literature	<input type="checkbox"/> Planning committee/expert panel minutes/reports
<input type="checkbox"/> Public health/epidemiology data	<input type="checkbox"/> Patients/Families/Caregivers survey or interviews
<input type="checkbox"/> Review of national/state/institutional quality data	<input type="checkbox"/> National Patient Safety Goals
<input type="checkbox"/> Specialty Society Guidelines	<input type="checkbox"/> Hospital Quality Improvement Information
<input type="checkbox"/> Research Findings	<input type="checkbox"/> Gold Standards for Treatment
<input type="checkbox"/> Other (specify):	

**Learning Objectives by Discipline:**

After reviewing the professional practice gaps and articulating educational needs, what should the learner(s) be able to accomplish after participating in the activity? Insert one or more learning objective for each category that you designated above noting that each discipline requires learning objectives specific to that professional; when inserting multiple objectives in each text box, separate them with a semicolon or number item.

**LIST AT LEAST THREE LEARNING OBJECTIVES:**

- ☐ Interdisciplinary Audience  
☐ Physician  
☐ Nursing  
☐ Pharmacy  
☐ Other

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.

**Selection of Methods to Engage Learners:** (Check all that apply.)

- |   |   |
|---|---|
| <input type="checkbox"/> PowerPoint slide audio lecture   | <input type="checkbox"/> Case Studies             |
| <input type="checkbox"/> Lecture                          | <input type="checkbox"/> Roundtable               |
| <input type="checkbox"/> Panel discussion with Q & A      | <input type="checkbox"/> Small group work         |
| <input type="checkbox"/> Procedural hands-on lab sessions | <input type="checkbox"/> Formative assessment     |
| <input type="checkbox"/> Skilled Demonstration            | <input type="checkbox"/> Audience response system |
| <input type="checkbox"/> Teleconference/Webinar           | <input type="checkbox"/> Other:                   |
| <input type="checkbox"/> Simulation                       |   |

**What is the rationale for the formats you have selected above?** Click or tap here to enter text.

**Non-Educational Tools/Strategies:** (Check all that apply.)

Are there any tools that could be provided to participants to assist with the changes in practice learned during this activity? (i.e. something they can take home and use in their practice)

- |  |  |   |   |
|--|--|---|---|
| <input checked="" type="checkbox"/> Handouts | <input type="checkbox"/> Pocket Guides | <input type="checkbox"/> Case Presentations | <input type="checkbox"/> Articles                 |
| <input type="checkbox"/> Web based tools     | <input type="checkbox"/> Tool Kits     | <input type="checkbox"/> Wall Charts        | <input type="checkbox"/> Other (Please Identify): |
- ☐ **Required Attachment – Provide the tools**

**Desirable Attributes:** Indicate the desirable attributes this activity addresses.

For an IPCE activity, please select at least one competency from Inter-Professional Education Collaborative Competencies.

Institute of Medicine (IOM) Competencies	Inter-professional Education Collaborative Competencies	ACGME/ABMS Competencies
<input type="checkbox"/> Provide Patient-centered Care <input type="checkbox"/> Work in Interdisciplinary Teams <input type="checkbox"/> Employ Evidence-based Practice <input type="checkbox"/> Apply Quality Improvement <input type="checkbox"/> Utilize Informatics	<input type="checkbox"/> Values/Ethics for Inter-Professional Practice <input type="checkbox"/> Roles/Responsibilities <input type="checkbox"/> Inter-professional Communication <input type="checkbox"/> Teams and Teamwork	<input type="checkbox"/> Patient Care and Procedural Skills <input type="checkbox"/> Medical Knowledge <input type="checkbox"/> Practice-based Learning & Improvement <input type="checkbox"/> Inter-personal & Communication Skills <input type="checkbox"/> Professionalism <input type="checkbox"/> Systems-based Practice



Please fill out the following:

**Strategies to Address or Overcome Barriers:** (Check all that apply)

Planners are encouraged to identify barriers that could prevent implementation of changes in for the healthcare team

<input type="checkbox"/> Lack of time to assess or counsel patients	<input type="checkbox"/> Lack of administrative support/resources
<input type="checkbox"/> Insurance/reimbursement issues	<input type="checkbox"/> Patient compliance issues
<input type="checkbox"/> Lack of consensus on professional guidelines	<input type="checkbox"/> Cost
<input type="checkbox"/> No Perceived barriers	<input type="checkbox"/> Other: Click or tap here to enter text.

**Collaboration with Other Stakeholders:** (Check all that apply)

If there will be another organization that is collaborating on the planning and delivery of this activity, please identify that organization and contribution it made to the activity.

<input type="checkbox"/> No, I do not intend to collaborate with other stakeholders	
<input type="checkbox"/> Yes, I intend to collaborate with the stakeholders listed below	
<b>Collaborator</b>	<b>How will collaboration enhance the activity results?</b>
Click or tap here to enter text.	Click or tap here to enter text.

**Institutional or Systems Framework for Quality/Patient Safety:** (Check all that apply)

Activities should focus on integrating and contributing to healthcare quality improvements. Indicate below any quality connections you intend to address within your activity that will improve patient safety or outcomes.

<b>Data Sources</b>	<b>Please describe the contributions this activity will make to quality improvement and/or patient safety:</b>
<input type="checkbox"/> Hospital Goals/Initiatives <input type="checkbox"/> Hospital QI <input type="checkbox"/> Departmental Quality Goals <input type="checkbox"/> Maintenance of Certification (MOC) Requirements <input type="checkbox"/> National Quality Initiatives <input type="checkbox"/> Other (Specify): Click or tap here to enter text.	Click or tap here to enter text.
<b>Evaluation and Outcomes</b> (select all that apply – must select at least one from each of the gap/need categories identified in the Professional Practice Gaps, Educational Needs, Learning Objectives and Desired Results section)	
How will you measure if changes in knowledge and competence, performance or patient outcomes have occurred? Select at least one from each of the gap/needs that you previously indicated this activity was designed to address.	
<b>Knowledge / Skills/Strategies:</b> (Can learners apply what was learned?)	
<input type="checkbox"/> Immediate post-course evaluation form for participants (required)	<input type="checkbox"/> Physician and/or patient surveys
<input type="checkbox"/> Audience response system (ARS)	<input type="checkbox"/> Follow-up survey
<input type="checkbox"/> Customized pre- and post-test	<input type="checkbox"/> Other (please explain): Click or tap here to enter text.
<b>Performance/Application:</b> (Have learners implemented what was learned?) This may be obtained from actual data or from post activity self-assessment by the attendees.	
<input type="checkbox"/> Adherence to guidelines	<input type="checkbox"/> Chart audits
<input type="checkbox"/> Customized follow-up survey/interview/focus group about actual change in practice at specified intervals	<input type="checkbox"/> Direct observations
<input type="checkbox"/> Other (please explain): Click or tap here to enter text.	
<b>Patient Outcomes:</b> (Have patient outcomes improved based on what clinician-learners implemented?) This may be obtained from actual data or from post activity self-assessment by the attendees	
<input type="checkbox"/> Observe changes in health status measures	<input type="checkbox"/> Chart audits
<input type="checkbox"/> Observe changes in quality/cost of care	<input type="checkbox"/> Measure mortality and morbidity rates
<input type="checkbox"/> Other (please explain): Click or tap here to enter text.	



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Please fill out the following:

The Ascension CE Dept. will contact you for some refinements to the planning process as you progress with planning the activity.

### Additional Information

**Intellectual Property Policy and HIPAA:** *In accordance with Ascension/St. Vincent's Health policies: (i) copyrights arising from educational and related enduring materials developed in any media for CE/CME activities and presentations vest ownership in the author of such materials; (ii) such materials shall be made available on a continuing basis for education and teaching purposes by faculty and academic staff of Care Excellence/Ascension Health; and (iii) any use of the names of Ascension CE Department, or the names of any member of the faculty or staff of Ascension/St. Vincent's Health for commercial endorsements, advertising or similar publicity purposes is prohibited without the prior written permission of the Ascension CE Department. The Ascension CE Department is available to assist activity planners and sponsors in the appropriate usage of copyrightable materials in accordance with Ascension Health and the ACCME policies and procedures.*

**Also, in accordance with HIPAA and privacy law, images of patients should not be used in presentation materials unless a release by the subject or his or her bona fide representative is attached to this application.**

*I understand that Ascension/St. Vincent's Health is committed to ensuring balance, objectivity, scientific rigor, and freedom from commercial bias in all educational activities, and that the ACCME, ANCC, and/or ACPE policies outlined in this application work toward that goal. I attest that the information and documents provided through this application is complete & accurate to the best of my knowledge and agree to comply with all policies in this application.*

Printed Name:	
Signature:	Date:

(For CME/CE Office Only)

_____ ICPE Credit Interdisciplinary	_____ CME	_____ Physician Assistant
_____ Nursing Contact Hours	_____ Pharmacy Contact Hours	_____ Social Workers

Committee Approval

\_\_\_\_\_ Date

*Lisa B. Davis*

Signature

Lisa B. Davis, CCMEP  
CE/CME Manager  
Ascension/St. Vincent's