



Instructions for Completing the Activity Planning Application

General Instructions

This planning application is designed to help your planning team develop a well-planned, robust and inclusive accredited continuing education activity that meets the needs of your target audience. The application is considered a working document, to be revised as needed. ICEP staff will provide guidance throughout the process ensuring alignment of the practice gaps, learning needs, and learning objectives with the desired outcomes. ICEP staff encourage employing active and effective education strategies that support learning from, with, and about each other and evaluation methods that measure achievement of the intended outcomes. Whenever appropriate, we encourage you to plan and deliver an inclusive, interprofessional activity that addresses the learning needs of the healthcare team and/or individuals as members of the healthcare team. You may want to print the instructions prior to starting the application.

Any question designated with * requires a response.

You can save your work at any time and return to complete the application.

INSTRUCTIONS TAB

1. Review the Instructions and linked documents.
2. Type your Name and Date.
3. Click Begin.

DESCRIPTION TAB

1. Select the ACTIVITY TYPE that best describes the educational activity you are planning.
2. Enter your ACTIVITY TITLE*.
 - a. For Regularly Scheduled Series, enter the name of your series, not individual sessions.
 - b. For all other activities, enter the name as you would like it to appear on your course webpage.
3. Enter a **brief description*** of your activity. In 3-5 sentences, tell potential learners about the key features of your activity.
4. Enter START and EXPIRATION dates.
 - a. The START date is the date you would like to open enrollment for your activity. The EXPIRATION date is the date you would like to close access to available course materials, evaluations, assessments, etc. for your activity. If this is a live activity, the EXPIRATION date may NOT be more than 45 days past the end of the live event, per accreditation regulations.
5. Enter the dates of your LIVE event, including start time and end time. This field is not required for enduring or RSS activities.
6. List the LOCATION where the live, in-person activity will be held.

7. Select the credits you would like to offer to learners. In all cases, your activity needs to meet all accreditation criteria in order to offer the credits selected.
 - a. *AMA PRA Category 1 Credits™*: MD/DO*
 - b. ACPE Contact Hours: Pharmacy/Pharmacy Technician*
 - c. ANCC Contact Hours: Nursing*
 - d. ANCC with Pharmacotherapy Contact Hours: Advanced Practice Nursing*
 - e. ACE Credits: Social Work*
 - f. AAPA Category 1 CME: Physician Assistants*
 - g. APA CE Credits: Psychologists*
 - h. MOC Credits (Not available for all ABMS Boards) MD/DO
 - i. University of Wisconsin-Madison Continuing Education Hours

**NOTE: You MUST include a member of each profession, for which the selected credit type applies, on the planning committee for your activity.*

8. Select any ADDITIONAL CREDIT TYPES you would like to offer learners. Credits listed in this section require additional applications and review. Additional fees apply. In all cases, your activity must meet all accreditation criteria in order to offer the credits selected.

AAFP Credits: **Family Physicians**

AAMA CEUs: **Medical Assistants**

AANA Class A Credits: **Nurse Anesthetists**

AAP Credits: **Pediatricians**

ABTC Category 1 CEPTC hour(s): **Transplant Professionals**

ASHA CEU Credit Hours: **Speech/Language/Hearing Professionals**

BOC Category A CEUs: **Athletic Trainers**

CCM® PACE™ CE Contact Hours: **Certified Case Managers**

CDR CPEUs: **Dieticians**

Other (List)

CECH Approved Credits: **Health Education Professionals**

Chiropractic CE Hours: **Chiropractors**

COPE CE Credits: **Optometry Credits**

CPHQ CE Credits: **Healthcare Quality Professionals**

CRCE® Contact Hours: **Respiratory Therapists**

NSCA CEU Contact Hours: **Strength and Conditioning Professionals**

NSGC Category 1 CEUs: **Genetic Counselors**

Physical Therapy Contact Hours: **Physical Therapists**

9. Credit Hours

Indicate the number of hours of content you plan to offer. Credits are calculated in quarter hour increments. UW-Madison ICEP will determine final credits awarded.

10. Select* YES, if this activity was accredited by one of the following offices in the past: UW-Madison ICEP, OCPD, School of Nursing Continuing Education, or Division of Pharmacy Professional Development in the School of Pharmacy.
11. Select YES, if this activity was accredited by an accredited provider other than those listed in question 10.

AUDIENCE TAB

1. PRIMARY TARGET AUDIENCE*:
 - a. Select all members of the PRIMARY AUDIENCE this activity is designed to reach.
2. ADDITIONAL PROFESSIONALS*
 - a. Select any ADDITIONAL PROFESSIONALS who would benefit from participating in this activity.
3. Please list the total estimated AUDIENCE*
 - a. For LIVE (in-person or virtual) activities enter a reasonable estimate of the number of learners who may attend your activity.
 - b. For ONLINE activities enter a reasonable estimate of the number of learners who will participate in your activity over a 6-month period.
 - c. For RSS activities enter a reasonable estimate of the number of learners who will attend an individual session.
4. Select all appropriate SPECIALTY areas represented in your content and relevant to your target audience.

PLANNERS-FACULTY TAB

UW–Madison ICEP promotes learning by, for and with the healthcare team. As such, we encourage you to select planners and faculty who represent the professionals, students, patients and community members identified in your primary target audience.

NOTE: Everyone listed in this section will be required to complete a conflict of interest disclosure report. Failure to complete the report will result in their removal from participating in the activity. Employees and owners of ACCME-defined **ineligible companies** are not eligible to participate on planning committees and may not be eligible to participate as faculty, authors or reviewers in this activity. Consult with your ICEP Accreditation Specialist for clarification. If you need additional space, list planners and faculty on a separate document and attach to the email when you submit your application. (JAC12)

1. List ALL persons involved in the planning of your activity.
 - a. Enter name, degree, profession and email and contact information beginning with the clinical director/planning committee chair(s), followed by all others who will participate in planning this activity.
2. List ALL faculty for your activity.
 - a. Enter name, degree, profession and email and contact information for all presenters, authors, reviewers or others who will participate in content development and delivery.

COMPETENCIES TAB

1. In addition to knowledge, what is this activity DESIGNED TO CHANGE? Please note that your responses should align with the professional and/or team-based practice gaps you identify later in this application. (JAC4)
 - a. If you select designed to change SKILLS/STRATEGIES (competence) (knows how), you must evaluate changes in SKILLS/STRATEGIES (competence).
 - b. If you select designed to change Performance (shows/does), you must evaluate changes in performance.
 - c. If you select designed to change Patient Outcomes, you must evaluate changes in patient outcomes.

Questions? Email info@icep.wisc.edu or your accreditation specialist.

2. Select the COMPETENCIES that your activity is designed to change. Your activity and learning objectives should address all of the competencies you select. It is unlikely that a single activity can address all of the competencies listed in this section. (JAC8)
 - a. Activities should address at least one ABMS/ACGME or NAM competency.
 - b. Interprofessional activities should address at least one of the Interprofessional Education Collaborative Competencies.
 - c. UW-Madison ICEP has drafted diversity, equity and inclusion (DEI) competencies. We feel it is important that planners, faculty and authors consider diversity, equity, and inclusion when developing an accredited continuing education activity. Select the specific diversity, equity and inclusion competencies that are relevant to the content of this activity and will be included within educational needs and learning objectives.
 - d. If you selected ACPE credit on the Description tab, you will see the CAPE and PTCB Competencies to the left of the clinical and interprofessional competencies on the application worksheet. Select the appropriate competencies.

GAP ANALYSIS TAB

1. Professional Practice Gap*
 - a. State the professional PRACTICE GAP(S) that exists for the healthcare team and/or the individual members of the healthcare team identified in your primary target audience. Include a specific example from the data that support the gap statement. (JAC4, 5, 6)
2. Indicate RESOURCES you used to identify the gap(s). Data sources may include:
 - a. Annual employee surveys
 - b. Outcomes data
 - c. Quality data
 - d. Expert opinion
 - e. Literature review
 - f. Needs assessment survey data collected from stakeholders
 - g. Requests from potential learners
 - h. Previous activity evaluation results

Note:

- RSS activities or any activities designed specifically for clinicians working for UW Health and/or affiliated institution and/or working in the State of Wisconsin that are designed to improve performance or patient outcomes should include local data sources, such as local quality data.
- Provide 1-3 source documents (e.g., an article, a pdf file with the quality data). Include references, links or other resources. Upload documents as an attachment to the submission email.

3. Educational Need*

State the educational need(s) that you determined to be the cause of the practice gap. Explain what the learner needs to change/learn in order to reduce the gap identified. State this need in terms of change in knowledge, competence (skills/strategies) and/or performance. (JAC4, 5, 6)

4. Learning Format
 - a. Describe the specific ACTIVITY LEARNING STRATEGIES that you plan to incorporate into your activity in order to address the educational needs. (See the resource linked [here](#) for additional information.) (JAC7)
https://ce.icep.wisc.edu/sites/default/files/Interactivity_ActiveLearningStrategies_20200223.pdf
5. Learning Objectives*
 - a. List at least 3 or more global learning objectives this activity is designed to address. Objectives must be specific, measurable, achievable, and realistic. Your objectives must align with the professional practice gaps, learning needs, competencies and desired outcomes. (JAC4, 5, 6, 8)
 - b. For help writing learning objectives, review this document:
For help writing learning objectives:
https://ce.icep.wisc.edu/sites/default/files/GuidelinesForWritingLearningObjectives_200309_pdf_0_0.pdf
6. Desired Results*
 - a. Based on your practice gap, briefly describe the IMPROVEMENTS in clinical practice and/or patient outcomes that your activity will address.
7. Potential Barriers*
 - a. Describe, including specific examples, barriers you anticipate learners may have when incorporating these new skills/strategies/concepts into their practice. (JAC10)
8. Address Barriers*
 - a. Describe how you will attempt to address these barriers using specific learning formats. Use specific examples and educational strategies. (JAC10)
9. Sustaining Change*
 - a. Describe strategies/tools you will utilize to help learners SUSTAIN THE CHANGES achieved because of their participation in this activity. (JAC9)
10. Measuring Change*
 - a. Select your desired ASSESSMENT AND EVALUATION METHODS.
 - b. Simulation-based activities should indicate direct observation and formative feedback as an assessment method (JAC 21)

Upload a copy of your activity agenda as an attachment to the submission email.

HIGHER LEVEL PLANNING TAB

Answer questions I-V related to unique features of this activity that demonstrate engagement beyond the standard CE activity. Addressing one or more of these features is considered when calculating the accreditation fee for this activity.

Questions? Email info@icep.wisc.edu or your accreditation specialist.

FINANCIAL TAB

NOTE: ICEP will **not** accommodate requests to charge only those participants who claim credit at the end of an activity. The process of accrediting an activity provides a higher level of content for all learners whether or not they choose to claim credit.

1. Describe Fees
 - a. List the fees, if you have determined the registration fees you intend to charge.
2. Describe Discounts
 - a. List the discounts you plan to offer to participants.
3. Funding Sources*
 - a. Select the source(s) of income you anticipate for this activity.
 - b. For RSS, select internal funds.
4. Speaker Honorarium*
 - a. If your activity faculty will receive an honorarium select "Yes", otherwise select No.
5. Budget
 - a. If you have a preliminary budget for your activity, by attaching to the submission email.

After completing all of the required fields on all tabs, select **SUBMIT**.

You will be projected to email info@icep.wisc.edu. Attach any support documents to this email including list of additional faculty/planners, needs assessment data, proposed agenda, proposed budget, etc. Your application and supporting documentation will be forwarded to your accreditation specialist.