



# American Society of Addiction Medicine

## Accredited Continuing Education (CME/CE) Application

Title of Activity:	
Type of Activity <input type="checkbox"/> Live In-Person Course <input type="checkbox"/> Journal-based <input type="checkbox"/> Live Online Course/Webinar <input type="checkbox"/> Learning from Teaching <input type="checkbox"/> Self-Paced Enduring Material <input type="checkbox"/> Committee Learning Course <input type="checkbox"/> Blended Course <input type="checkbox"/> Item Writing (credit for writing posttests) <input type="checkbox"/> Internet Searching & Learning Other: _____	
Start & End Date of Live Activity:	Location:
Start & End Date of Enduring Material: <i>(Write N/A if activity is live)</i>	Online Platform:
Estimated Number of Live Participants:	Number of Credit Hours
Estimated Number of Enduring Participants:	Requesting:
Target Audience (Check all that apply): <input type="checkbox"/> Physicians (MDs) <input type="checkbox"/> Physicians (DOs) <input type="checkbox"/> Social Worker <input type="checkbox"/> Psychologists <input type="checkbox"/> Physician Assistants <input type="checkbox"/> Counselors <input type="checkbox"/> Pharmacists and Pharmacy Technicians <input type="checkbox"/> Addiction Educators <input type="checkbox"/> Nurses (RN, LPN, etc.) <input type="checkbox"/> Students <input type="checkbox"/> Nurse Practitioners <input type="checkbox"/> Other	
Which Credit Types Are You Requesting? (Check all that apply): <input type="checkbox"/> AMA PRA Category 1 CME Credits (MDs/DOs) <input type="checkbox"/> AAPA Category 1 CME Credits (Physician Assistants) <input type="checkbox"/> APCE CPE Credits (Pharmacists/ Pharmacy Technicians) <input type="checkbox"/> ANCC CNE Credits (RN, LPN, etc.) <input type="checkbox"/> ASWB/ACE Credit (Social Workers) <input type="checkbox"/> APA Credit (Psychologists) <input type="checkbox"/> NAADAC/NBCC (Counselors) <input type="checkbox"/> Other:	
<b>I. Educational Content and Planning</b>	
1. What are the professional practice gaps of your learners and their healthcare team on which the activity was based?	

2. Describe the educational format:

3. List the overall learning objectives:

4. Do the educational objectives address the following for the healthcare team:

a. Knowledge

Yes

No

If yes, please explain:

b. Skills/Strategy

Yes

No

If yes, please explain:

c. Performance to Improve Patient Outcomes

Yes

No

If yes, please explain:

5. This activity was developed in the context of which competencies? (Check all that apply)

**ACGME / American Board of Medical Specialties (ABMS)**

- Patient Care and Procedural Skills
- Medical Knowledge
- Practice-based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems-based Practice

**Institute of Medicine (IOM)**

- Provide patient-centered care
- Work in interdisciplinary teams
- Employ evidence-based practice
- Apply quality improvement
- Professionalism
- Utilize informatics

**Interprofessional Education Collaborative (IPCE) / Joint Accreditation**

- Values / Ethics for Interprofessional Practice
- Roles / Responsibilities
- Interprofessional Communication
- Teams and Teamwork

6. How was the need determined for the creation of this activity?

- Needs Assessment / Needs Survey
- Peer Review / Focus Group
- Suggestions by participants / evaluations from past program
- Consensus of experts / faculty perception
- Current literature / research
- New technique, equipment, or medical issue (i.e.: COVID pandemic)
- Other:

7. If there was a formal Needs Assessment conducted, describe the method and results:

## II. Content Validity

1. Indicate whether the activity meets the following criteria:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. Represents best clinical practice, emerging technology, or new practice guideline  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Is appropriate for ASAM's target audience  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Represents a diversity of views  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Topic is timely  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. All recommendations involving clinical medicine are based on the evidence that is accepted within the profession of medicine as adequate justification for their indication and contraindications in the case of patients.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. All scientific research referred to conform to the generally accepted standards of experimental design, data collection and analysis.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. This activity does not promote recommendations, treatments or manners of practicing medicine that are not within the definition of accredited continuing education or know to have risks or dangers that outweigh the benefits or know to be ineffective in the treatment of patients. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Did the activity contain a balanced review of all therapeutic areas? (e.g., various pharmacotherapeutic and behavioral options and/or alternative explanations).   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Is the medical content accurate and up to date?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

j. Is the educational content evidence-based and scientifically sound?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
k. Is the educational content appropriate for the subject matter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
l. Is the educational content appropriate for the media in which it is presented?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Supporting Material 1: Attach the proposed activity agenda**  
*Each presentation should include goals & objectives and be broken out by topic, time, and presenter*

**III. Faculty and Disclosure Information**

1. Describe how the faculty was selected:

**Supporting Material 2: Attach a list of presenting faculty**  
*Include name, address, titles, departments, institutional affiliations. CV's are NOT required.*

2. Did the activity's planning committee review the disclosures for possible relevant financial relationships prior to the development of the activity?  Yes  No

3. Were any relevant financial relationships identified related to the topic area of the activity?  Yes  No

4. If yes, how was the relevant financial relationship mitigated?

- Attestation from the individual recusing themselves from controlling aspects of planning and delivering content related to their disclosure
- Utilizing a peer review of planning decisions by an individual with no relevant financial relationships related to the topic
- Utilizing a peer review of content by an individual with no relevant financial relationships related to the topic
- Replacing the planner or faculty member

**Supporting Material 3: Attach the faculty and planner disclosures**

**IV. Knowledge, Skills/Strategies, Performance and Patient Outcomes for the Healthcare Team**

1. Is this activity designed to change knowledge?  Yes  No

Please explain why or why not?

2. How will you measure knowledge change?

3. Is this activity designed to change skills/strategies?  Yes  No

Please explain why or why not?

4. How will you measure change in skills/strategies?

5. Is this activity designed to change performance?  Yes  No

Please explain why or why not?	
6. How will you measure change in performance?	
7. Is this activity designed to change patient outcomes? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
Please explain why or why not?	
7. How will you measure patient outcomes?	
<b>V. Evaluation</b>	
1. Which of the follow methods will you use to evaluate the activity? (Check all that apply)	
<input type="checkbox"/> Pre-Test Questions <input type="checkbox"/> Participant Survey / Evaluation <input type="checkbox"/> Follow-up Performance Survey <input type="checkbox"/> Post Test <input type="checkbox"/> Other:	
<b>Supporting Material 4: Attach a copy of all evaluations that will be used to evaluate the activity (evaluation, posttest, etc.)</b>	
<b>VI. Budget and Support from Ineligible Companies</b>	
1. What is the source of revenue to be used to fund this activity?	
2. How will you document attendance?	
3. List all support from any ineligible companies	
Visit <a href="#">Glossary of Terms</a>	
<b>Supporting Material 5: Attach a copy of the activity budget</b>	
<b>VI. Signatures</b>	
Program Chair:	
Signature:	Date:

Please email completed application to [cme@asam.org](mailto:cme@asam.org)