

Children's Hospital of Philadelphia
Department of Child and Adolescent Psychiatry and Behavioral Sciences
Continuing Education Office
3440 Market St. 4th floor
Philadelphia, PA 19104

APPLICATION FOR APA CONTINUING EDUCATION CREDIT

Title of Activity: _____
Sponsoring Department/Division/Institution: _____
Course Director: _____ Phone: _____
Address: _____
Person Responsible for Documentation/Scheduling: _____ Phone: _____

Program Schedule:

SINGLE EVENT

Date: _____
Start time: _____ End time: _____
Meeting location: _____
City: _____ State: _____

SERIES

Start Date: _____ End Date: _____
Weekly (Day of Week): _____ Monthly: _____
Start time: _____ End time: _____
Number of sessions anticipated: _____
Meeting location: _____
City: _____ State: _____

Target Audience:

| | |
|------------------------------|----------------------------------|
| _____ Academic Faculty | _____ Residents/Fellows |
| _____ Hospital Medical Staff | _____ Medical Students |
| _____ Community Physicians | _____ Other Health Professionals |

Educational Needs Assessment: Please select the methods used to assess the needs of the targeted audience. Attach documentation of the needs assessment method (one example is acceptable).

| | |
|---------------------------------|--------------------------------------|
| _____ Survey of Target Audience | _____ Morbidity/Mortality Statistics |
| _____ Consensus of Experts | _____ Grant Requirements |
| _____ Peer Review | _____ Other (Please describe) |
| _____ Past Program Evaluations | |
| _____ Patient Care Audits | |

Purpose: Please describe the instructional intent and/or expected learning outcome.

Behavioral/Educational Objectives: General objectives, stated in terms of what the participant is expected to learn (not what you will teach) should be written. If you would like assistance with writing the objectives, please call the Office of CE. Ideally, a specific objective for each topic should be prepared and related in some way to the identified needs of the target audience and the purpose for the series. These objectives should be distributed to the audience in advance. If this application is for a series, please list below educational objectives that are global in nature to cover the series. The series objectives should be incorporated onto the evaluation forms.

Upon completion of this series, participants should be able to:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Educational Design: Please select the educational methods to be utilized in the series.

_____ Lecture Only
_____ Lecture with question & answer period
_____ Case presentations/discussion

Who will present? _____ Faculty _____ Residents/Fellows _____ Other
Who will oversee? _____ Faculty _____ Residents/Fellows _____ Other

Schedule: Attach the schedule for the seminar, or if a series, for as much of the academic year as possible. If the schedule is planned for only a portion of the series, please submit at least three months of activities and forward the remaining schedule when complete.

_____ Complete Schedule Attached _____ Partial Schedule Attached
Updated schedules must be submitted as they are finalized.

Program Faculty: The schedule should include a list of faculty and presenters including their academic titles and institutional affiliations.

_____ Faculty Listing Attached

Policy on Commercial Support of Continuing Medical Education

As an accredited provider of continuing medical education, The Children’s Hospital of Philadelphia is required to have a policy on conflict of interest applicable to CE activities. All accredited activities (short courses, grand rounds, etc.) must conform to this policy.

All faculty of continuing medical education activities sponsored by the Children’s Hospital of Philadelphia (through any of its Departments or Divisions) shall complete the form “Conflict of Interest Declaration” before their participation in the program is finalized. When a CE faculty member indicates that he/she may have a conflict of interest, the “Disclosure Statement” must be completed and distributed to CE participants.

Any commercial company wishing to provide educational grant support to CE activities must complete and sign the “Agreement” form.

It is the joint responsibility of the sponsoring academic department and the Office of Continuing Medical Education to assure that all continuing medical education activities are implemented in accord with this policy. All forms must be completed and returned to the CE office to maintain in their records for six years.

The intent of this policy is that participants in continuing medical education activities have access to information that will allow them to form their own judgments about the presentation they hear. It is not the intent of this policy to discourage participation from those who have financial relationships with outside entities.

As course director, I agree to have the following forms appropriately completed and returned to the CE office after each session:

- _____ CE letter of Agreement
- _____ Conflict of Interest Declaration Forms
- _____ Evaluation Forms
- _____ Sign-In Sheets which include typed names of attendees

I further agree to disclose to the audience from the podium and on the sign-in sheets any potential conflict of interest the speakers may have.

_____ YES _____ NO

“I am aware of the educational criteria and the administrative requirements for Category 1 designation and accept responsibility for compliance with them.”

A. Course Director: _____
Signature Date

FOR OFFICE USE

- APPROVAL GRANTED** _____ **Number of Approved Credits**
- APPROVAL DENIED – (see attached documentation for denial)**

CE Director Date