

Accredited Continuing Education Activity Intake Form

Name of Requesting Individual:				
Proposed Title of Activity:				
Proposed Date and Location:				
Type of Activity: (If you are requesting m	nultiple activities (ex. RSS a	nd Annual Course) separate form	s must be submitted for each activity as they are	
considered separate activities by the ACCME)				
<u> </u>	☐ Regularly Sche	eduled Series (RSS)	Frequency of RSS	
☐ Live Annual Course/Conference	☐ Lecture S		□ Weekly	
☐ Live Virtual Course/Conference	☐ Journal C	lub	☐ Monthly	
☐ Internet Enduring Material ☐ Other:	☐ Case Con	ference	□ 2x per Month □ Quarterly	
□ Other:	☐ Other:		□ Other:	
Target Audience and Specialty: (please select all that apply)				
	☐ Cardiology		☐ Maternal-Fetal Medicine	
☐ Physicians	☐ Dermatology		☐ Primary Care/Family Medicine	
☐ Advanced Practice Providers (NP, PA)	☐ Endocrinology	,	□ Radiology	
□ Nurses	☐ Gastroenterol		☐ Transplant Medicine	
☐ Pharmacists	☐ Hematology/0		☐ Trauma/Emergency Medicine	
☐ Other:	☐ Integrative M	edicine	☐ Other:	
Desirable Physician Attributes/Core Competencies: (please select all that apply)				
ABMS/ACGME		Institute of Medicine		
☐ Patient Care		Dravida Patient Contared Core		
☐ Medical Knowledge		☐ Provide Patient-Centered Care ☐ Work in Interdisciplinary Teams		
☐ Interpersonal and Communication Ski	ills	☐ Employ Evidence-Based Pra		
☐ Professionalism		☐ Apply Quality Improvement		
☐ Systems-based Practice		☐ Utilize Informatics		
☐ Practice-based Learning and Improve	ment			
Diagram regulds a heigh description for the adjustion				
Please provide a brief description for the education.				
Examples: Emergency Department team				
Examples: Emergency Department team time of crisis; Well-being check-in				
time of crisis; Well-being check-in	huddle; Leadership in a			
time of crisis; Well-being check-in What practice-based problem (gap) will	huddle; Leadership in a			
time of crisis; Well-being check-in	huddle; Leadership in a			
time of crisis; Well-being check-in What practice-based problem (gap) will address?	huddle; Leadership in a			
time of crisis; Well-being check-in What practice-based problem (gap) will	huddle; Leadership in a this education etter communication with			
time of crisis; Well-being check-in What practice-based problem (gap) will address? Examples: Improve care coordination; Be	huddle; Leadership in a this education etter communication with			
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Discuss with learners the changes they intend to make to their strategies, performance, or patient care that will result from this activity and list that information to the right.	
Example: I will use the evidence-based checklist we discussed to improve screening my patients for past military service.	
Describe how this activity will include content to educate providers on meeting patients' social, cultural, and linguistic needs as it relates to patient health and strategies to reduce implicit bias.	
This is now required by the state of California. See definitions of Cultural and Linguistic Competency and Implicit Bias below	
 Educational Format Length of activity Format (live, didactic, online, workshop, hands-on, etc.) Number of proposed faculty 	
Will this activity be seeking commercial support from industry to offset costs?	
☐ Yes ☐ No	
If yes, please list potential supporting companies.	

Definitions and Resources

- ACCME Standards for Integrity and Independence in Accredited Continuing Education: <u>www.accme.org/standards</u>
- Cultural and Linguistic Competency (CLC): Ability and readiness of health care providers and health organizations to humbly and respectfully demonstrate, effectively communicate, and tailor delivery of care to patients with diverse values, beliefs, identities, and behaviors, in order to meet patients' social, cultural, and linguistic needs as it relates to patient health.
- Implicit Bias (IB): The attitudes, stereotypes, and feelings, either positive or negative, that affect our understanding, actions, and decisions without conscious knowledge or control. Implicit bias is a universal phenomenon. When negative, implicit bias often contributes to unequal treatment and disparities in diagnosis, treatment decisions, levels of care, and health care outcomes of people based on race, ethnicity, gender identity, sexual orientation, age, disability, and other characteristics.

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