DHA
Defense Health Agency

Defense Health Agency J7 Continuing Education Program Office
Continuing Education Application

Activity Title	

Activity Type	
☐ Webinar	☐ Live Conference
☐ Virtual	☐ Home Study
☐ Hybrid Conference	☐ Other:

Activity Description	
Organization	
Location of Event	
Start Date & Time	
End Date & Time	

Disclosures
☐ Nothing to disclose. The educational activity is independent of commercial interests.
☐ Promotional commercial interests and/or endorsements to disclose. Explain below:

Indicate the Justification for this Proposed CE Activity

☐ Content is based on evidence that constitutes best practices
☐ Gap exists between current and best practices
☐ Closing the gap will result in improvement in the health and/or outcomes of patients
☐ The proposed educational intervention will result in changes in current practice

As an accredited continuing education (CE) provider, our activities must be designed to address the professional practice gaps of our learners in order to improve the care that our healthcare professionals deliver. An activity must be designed to change a health care professional's competence (i.e. knowing how to do something, "knowledge in action"), performance (i.e. what actions are taken), and/or patient outcomes (i.e. improvements in patient care and individual health status).

A.	Is the activity designed to improve competence?	☐ Yes	☐ No
B.	Is the activity designed to change performance?	☐ Yes	☐ No
C.	Is the activity designed to change patient outcomes?	☐ Yes	☐ No

Gap Analysis
The key to planning the continuing health care professional activity is that you have clearly identified the practice gap. In short, the gap is based on the difference between what the cohort of learners you have identified for this educational activity does not know versus what you want them to know (also known as 'best practice').
Please complete the sections below. Only one "best practice/current practice/gap" goes in each box.

Best Practice What goals are you trying to achieve or what do you want learners to achieve as a result of this activity?	
Current Practice What are learners doing now or what do you want to change?	
Resulting Gap What is the (Clinical Practice) problem you want to solve?	
Underlying Need Incorporate the educational need (knowledge, competence, performance) that underlie the professional practice gap of your learners.	

What evidence validates professional practice gaps? Check all that apply.

☐ Data from stakeholders, target audience members, subject matter experts
☐ Evidence from quality studies and/or performance improvement activities to identify opportunities for
     improvement
☐ Evaluation data from previous education activities
☐ Direct observation
☐ Other, please describe:

State what this CE activity was designed to change in terms of learners' skills/strategy or performance of the health care team or patient outcomes. Check all that apply.

☐ Change in practice behavior
☐ Improvement in patient care
☐ Reduction in health care costs
☐ Other, please describe:

Explain how this activity matches the health care team's current or potential scope of professional activities.

Target Audience/Scope of Practice/Area of Impact. Check all that apply.			
☐ Counselors	☐ Nurses	☐ Pharmacists	☐ Physicians
☐ Healthcare Executives	☐ Occupational Therapists	☐ Pharmacy Technicians	☐ Physician Assistants
☐ Kinesiotherapists	☐ Optometrists	☐ Physical Therapists	☐ Psychologists
☐ Other Professional:			

Identify the Applicable Standards for this CE Activity. Check all that apply.

☐ American College of Healthcare Executives (ACHE)
☐ American Occupational Therapy Association (AOTA) (See Appendix A)
☐ American Psychological Association (APA) (See Appendix B)
☐ Council on Professional Standards for Kinesiotherapy (COPSKT)
☐ Federation of State Boards of Physical Therapy (FSBPT) (See Appendix C)
☐ Joint Accreditation (JA) (See Appendix D)
☐ National Board for Certified Counselors (NBCC) (See Appendix E)
☐ Other Competency(ies) (specify below):

System/Educational Barriers and Opportunities

System/Educational Barriers and Opportunities— Planners are encouraged to give consideration to the system of care in which the learner will incorporate new or validate existing learned behaviors. Planners must be sure to address anticipated barriers that could block implementation (e.g., formulary restrictions, time not allotted for implementation of new skills, behaviors, insurance doesn't reimburse for treatments, organization doesn't support educational efforts, lack of resources, policy issues within organization, etc.). Explain any system/educational barriers and opportunities for this activity. Identify the barrier and content you plan to discuss with the learners.

Identified System/Educational Barriers and Opportunities	Planned Discussion in Activity Content

	Preparing Learning Objectives

Learning objectives should be written from the perspective of what the learner will apply in the practice setting with the information gained through this educational activity and directly relate to the method of instruction. Learning objectives should be written in terms of measurement; e.g., "the learner will be able to differentiate, formulate, determine," etc. Verbs that are open to many interpretations should be avoided. The content must align with the learning objectives.

☐　Learning objectives indicate what the participant will be able to do at the conclusion of the activity
☐　Objectives are derived from the overall purpose of the activity
☐　Provide three learning objectives for the first hour of the activity; one additional for each additional hour
☐　Objectives are written with actionable verbs in operational or behavioral terms
☐　Vague or easily misinterpreted verbs are avoided
　　(i.e. know, understand, learn, appreciate, believe, define etc.)

	List Learning Objectives Below: **(Please note: You must provide three learning objectives for the first activity hour; then one additional learning objective per additional activity hour. If applying for a multi-session activity, please submit each session's learning objectives in a separate document and notate, "See attached" below.)**
Objective 1	
Objective 2	
Objective 3	

Interactive Education Methods	

Live, web-based format using lecture and Q&A creates an interactive learning forum. The ability to access sessions on-demand allows flexible scheduling, remote learning opportunities, and further review of content. Indicate which method(s) you will incorporate in your event.

☐　Lecture with Q & A	☐　Case Studies
☐　Panel	☐　Video Teleconference
☐　Simulated patient	☐　Online
☐　Small group	☐　Interactive or participatory (Chat Pod)
☐　Hybrid (blended in person/online)	☐　Polling questions
☐　Other:	

Activity Evaluation	

Evaluations are tools used to measure competence and determine if the result you intended for learners has actually been achieved. **(Each learning objective and presenter will be evaluated by the participants.)**

☐　The Knowledge Check Posttest contains ten questions per hour with only one True/False question.

Content Reviewers		
Identify 3-4 content reviewers including name, credentials, and contact information. Content reviewers cannot be the same as the presenters.		
Content Reviewer Name	**Credentials/Profession**	**Contact Phone & Email**
Acknowledgement		
Government POC:		
Print:	**Date:**	

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5. **Disclosure:** The Provider discloses in advance of the activity the Provider's and any instructor's financial and non-financial interest in any product, instrument, device, service, or material discussed during the activity and the source of any compensation related to the presentation (if indicated).

7. **Needs Identification:** Program development and learning activities are planned in response to identified needs relevant to the practice of occupational therapy. The Provider defines the potential learners/target audience, educational level, and any prerequisites for each continuing education activity and includes this information in promotional efforts.

9. **Evidence & Relevance to OT:** Content is relevant to the profession of occupational therapy, falls within the scope of practice of occupational therapy, is consistent with AOTA official documents, reflects best practices, is supported by best available evidence, and can be reflected in the AOTA Classification Codes for Continuing Education Activities.

   A continuing education activity is relevant to OT when it falls into one or more of the following types of courses (note that course examples are not inclusive of all possibilities):

   a. **Professional issues courses** must be reflective of current, relevant occupational therapy practice—including management, education, or research—and support the learner's role. *These courses fall under Category 3 (Professional Issues) in the AOTA Classification Codes.*

      Acceptable topic examples: Interprofessional practice, primary care, documentation, leadership development, ethics, reimbursement, cultural sensitivity/awareness

      Unacceptable topic examples: CPR, Microsoft Office training, project management certification, successful negotiating

   b. **General practice/health/medical related courses** that target multidisciplinary audiences must be supported by best available evidence and relevant to the roles of OT learners. General health or medical topics are acceptable for AOTA CEUs when they pertain to diagnoses or conditions encountered by OT practitioners and provide medical information, background, or context relevant to occupational therapy. *These courses generally fall under Category 1 of the AOTA Classification Codes (Domain of OT), but may include other Codes.*

      Acceptable topic examples: Diagnosis-specific conferences or courses, anatomy and physiology, low vision, home modification/universal design

      Unacceptable topic examples: Courses clearly and primarily focused on a target audience other than OT (e.g. dentistry, applied behavior analysis, nursing, dietetics)

c. **Service delivery–focused courses** must be supported by best available evidence and consistent with evidence-based practice[3] (EBP) and occupation-based practice[4]. Courses focused solely on exercise, manual therapies, or complementary and alternative medicine (CAM) interventions must be supported by scientific studies and demonstrate an explicit connection to occupation-based practice, which includes client ability to participate in desired activities of daily living in context. *These courses fall under Categories 1 (Domain of OT) and 2 (Occupational Therapy Process) of the AOTA Classification Codes.*

Acceptable topic examples: Interventions such as yoga or select physical agent modalities (PAMs) that are explicitly identified as preparatory techniques for occupation-based practice; constraint induced movement treatment; wheelchair assessment; incontinence management; Canadian Occupational Performance Measure (COPM); pain management

Unacceptable topic examples: Primary course content that is clearly associated with another profession and does not have applicability to occupation-based practice (e.g. reflexology, dry needling, invasive pelvic floor assessment/intervention), PAMs courses that are not explicitly identified as preparatory techniques for occupation-based practice, interventions with evidence of harm or that contradict effectiveness, interventions that have been refuted by a profession in white papers or official documents

10. **Learning Outcomes:** The Provider has clear, specific, and measurable written statements of intended learning outcomes for each continuing education activity that are based on identified needs and communicated to learners prior to registration and during the activity.
12. **Instructional Methods:** Instructional methods are congruent with the identified learning outcomes of each activity and are appropriate for the selected delivery format.
13. **Learning Environment & Support Systems:** Learning facilities, resource or reference materials, and instructional aids and equipment are consistent with the purpose, design, and intended learning outcomes of the learning activity. The learning environment will accommodate teaching strategies for and the environmental comfort of the learner in a supportive and non-threatening atmosphere, as well as the accessibility needs of learners with disabilities.
14. **Post Evaluation:** Each learning activity is evaluated.

Standards and Criteria for Approval of Sponsors of Continuing Education for Psychologists

Standard A - Goals

Principle/Criterion

Continuing Education (CE) programs for psychologists are built upon a completed doctoral program in psychology. The focus is on forming learning activities that are relevant, current and increase/improve psychological practice, assessment, intervention, prevention as well as offer contributions to public service and the profession.

The CE program may be offered to professionals across a range of disciplines. For this purpose the goal of a CE program must specifically address the learning needs of psychologists.

Standard B - Program Management

Principle/Criterion

Effective program management is essential for maintaining the highest quality in CE programs for psychologists and must include direct input from psychologists in all phases of the decision making and program planning process and have a clearly designated program administrator responsible for making sure the organization is meeting the standards outlined in the manual.

Standard C - Educational Planning and Instructional Methods

Principle/Criterion

Successful CE in psychology requires clear educational objectives, methods that will achieve those objectives and program content that applies to the learner's professional context and presented by instructors with a demonstrated expertise in the program content. Instructional methods should actively engage the learner to enhance knowledge and facilitate that knowledge into practice. Select instructors with expertise in the program content and competent to teach on a completed doctoral level program in psychology.

Standard D - Curriculum Content

Principle/Criterion

The content of the CE program is intended to maintain, develop and increase conceptual and applied competencies relevant to psychological practice, education and science, and be grounded in evidenced-based information. CE content must be focused on the application of psychological assessment /intervention methods and must include content that is credibly supported by the most current scientific evidence and provide information related to ethical, legal, statutory or regulatory policies, guidelines and standards that impact psychology.

Sponsors must have a process to disclose any conflict of interest/commercial support, and clearly describe any commercial support for the CE program when the program begins. Any other relationship

that could be clearly construed as a conflict of interest must also be disclosed. Individuals must disclose and explain the presence/absence of a conflict of interest or commercial support when the program begins.

Standard E - Program Evaluation

Principle/Criterion

Evaluation of CE programs for the purpose of improving future programs is accomplished by obtaining participant evaluations to see how well the objectives were achieved, assessing the participants satisfaction with the overall program, ensuring there is a method to asses participant learning (knowledge check questions), ensuring a method is in place to assess the perception of the utility of the CE information to practice and other professional development and using all of this information to improve and plan future programs.

Standard F - Standards for Awarding Credit

Principle/Criterion

Awarding CE credit is based on participating in learning activities offered in accordance with the standards in this document and be 1 credit per hour. Sponsors must document that the APA approval statement, name and date of the activity, number of CE's earned and signature of sponsoring organization is on the certificate and be able to provide verification that this has been done for each attendee and provide this information to each attendee for the next 3 years. Sponsors must also be able to verify attendance and keep a record of individuals that have attended the activities.

Standard G - Promotion and Advertising of Programs

Principle/Criterion

CE promotional material must contain accurate and complete information for potential program participants and clearly indicate how to obtain the following prior to the activity:

a. Objectives
b. Target audience description
c. Schedule
d. Cost
e. Instructor credentials
f. CE Credits offered
g. A clear indication of any education not offered for CE credit

Sponsors must clearly indicate any known commercial support or conflict of interest, prior to the CE event and use the correct APA approved statement on all materials.

Appendix C
Federation of State Boards of Physical Therapy Standards/Criteria for Continuing Competence Activities

Standard 1 - Administration: The continuing competence provider has established processes for developing, administering and documenting the activity.

Standard 2 - Appropriate Language: The continuing competence provider uses language that does not show bias or cultural insensitivity.

Standard 3 - Non-Discrimination: The continuing competence activity is available to all appropriate participants without unlawful discrimination.

Standard 4 - Copyright and Disclosure: Each continuing competence activity provides copyright and disclosure information. Copyright permissions of materials developed by others are identified on all audio-visual and activity materials. Copyrights of materials that are authored by the developers or instructors are identified on all audiovisual and course materials. Disclosure information regarding potential conflicts of interest and financial gain is identified and supplied to potential participants.

Standard 5 - Content: Content within the continuing competence activity is relevant to the physical therapy profession and the designated audience(s).

Standard 6 - Content Analysis: Content is scored based on the topics covered by the activity, the level of coverage, the emphasis given to each of the categories of learning demand (reflective of the depth of the material), and the total time involved in the activity.

Standard 7 - Instructor/Developer/Staff Qualifications: The developers and deliverers of the activity have documented experience, education and training to allow attendees to meet the activity objectives.

Standard 8 - Information and Materials: The Continuing Competence Provider furnishes clear, complete information to potential participants about the activity format and content, biography of the activity deliverer/presenter, and participant requirements.

Standard 9 - Engagement: The continuing competence activity fosters the participant's learning and professional engagement through reflection, interaction, feedback, participation through structured interactive opportunities and/or contribution to the profession and its body of knowledge.

Federation of State Boards of Physical Therapy. (2015). Guidance Document for Vendors. Retrieved from http://www.fsbpt.org/Portals/0/documents/ProCertVendorGuidanceDocument2014March.pdf

Standard 10 - Evidence Based Practice: The continuing competence activity incorporates, reflects and promotes the use of evidence-based practice or incorporates current or proposed regulation of practice.

Standard 11 - Behavioral Objectives: The continuing competence activity includes behavioral objectives which reflect the full extent of the activity content.

Standard 12 - Activity Design: The activity enables the participant to achieve the stated objectives and documentation clearly describes how the activity is designed to support the achievement of the objectives.

Standard 13 - Assessment: Each continuing competence activity includes methods to assess the participant's attainment of the specified activity outcomes. The assessment methodology is appropriate for the stated objectives, and an achievement standard has been developed for the assessment to determine which participants have successfully attained the activity outcomes.

Standard 14 - Review and Evaluation: Mechanisms exist for review and evaluation of the quality and the effectiveness of the continuing competence activity. Subsequent offerings incorporate modifications based on information gained from the review and evaluation.

<p style="text-align:center">Appendix D
Joint Accreditation Criteria</p>

Mission & Overall Improvement

A provider:

- Articulates a continuing education (CE) mission statement that highlights education for the healthcare team. Expected results are specified in terms of changes in skills/strategy or performance of the healthcare team or in patient outcomes. (Criterion 1)
- Gathers data or information and conducts a program-based analysis of the degree to which its CE mission is met through the conduct of CE activities/educational interventions. (Criterion 2)
- The provider identifies, plans, and implements the needed or desired changes in the overall program (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) required to improve its ability to meet the CE mission. (Criterion 3)

Activity Planning & Evaluation

A provider:

- Incorporates into CE activities the educational needs (knowledge, skills/strategy, or performance) that underlie the practice gaps of the healthcare team and/or the individual members of the healthcare team. (Criterion 4)
- Generates activities/educational interventions designed to change the skills/strategy or performance of the healthcare team or patient outcomes as described in its mission statement. (Criterion 5)
- Generates activities/educational interventions around valid content that matches the healthcare team's current or potential scope of professional activities. (Criterion 6)
- Chooses educational formats for activities/interventions appropriate for the setting, objectives, and desired results of the activity. (Criterion 7)
- Develops activities/educational interventions in the context of desirable attributes of the healthcare team (e.g., Institute of Medicine competencies, professional competencies, healthcare team competencies: values/ethics, roles and responsibilities, interprofessional communication, teams, and teamwork[1]). (Criterion 8)
- Develops activities/educational interventions independent of commercial interests (<u>ACCME Standards for Commercial Support: Standards to Ensure Independence in CME Activities</u>SM), including (Criterion 9a-9d):
    a) Identification, resolution, and disclosure of relevant financial relationships of all individuals who control the content of the continuing education activity.
    b) Appropriate management of commercial support (if applicable).
    c) Maintenance of the separation of promotion from education (if applicable).
    d) Promotion of improvements in health care and NOT proprietary interests of a commercial interest.
- Utilizes support strategies to enhance change as an adjunct to its educational interventions (e.g., reminders, patient feedback). (Criterion 10)
- Identifies factors outside the provider's control that impact on patient outcomes. (Criterion 11)
- Implements educational strategies to remove, overcome, or address barriers to change for the healthcare team. (Criterion 12)
- Analyzes changes in the healthcare team (skills/strategy, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions. (Criterion 13)

Appendix E
NBCC Continuing Education Provider Policy and Content Requirements

D. QUALIFYING PROGRAM CONTENT REQUIREMENTS

In order to qualify for NBCC continuing education credit, the program, course, or presentation (program) must satisfy the following content requirements:

1. NBCC Content Area Requirement. The program content and information must directly relate to a qualifying NBCC Content Area identified in Section G of this Policy.
2. Program Learning Objectives Requirement. The program content and information must include a clear statement of the program learning objectives showing compliance with the qualifying program requirements of this Policy.
3. Professional Knowledge Requirement. The program content and information must be directly relevant to the professional knowledge and skills of graduate-level counselors.
4. Clinically Sound Content Requirement. The content of programs presenting information concerning the diagnosis, evaluation, and/or treatment of clients must be clinically sound. Such content must be consistent with well-established theories, principles, and techniques accepted by the professional mental health community, as well as the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM).
5. Program Materials Requirement. The program materials must be directly relevant to the program content, and must reflect current information, research, and professional knowledge.

E. QUALIFYING PROGRAM CONTENT RESTRICTIONS AND PROHIBITIONS

In order to qualify for NBCC continuing education credit, the qualifying program content must be consistent with the following restrictions and prohibitions:

1. Noncounseling Profession Content Restriction. The program content cannot be solely or primarily designed or intended for: professions other than professional counseling; the general public; paraprofessional counselors; or, any other individuals engaged in counseling or other mental health activities who are not graduate-level professional counselors.
2. Physical Health Content Restriction. The program content cannot be solely or primarily concerned with the medical or physical health of clients.
3. Political and Religious Content Restriction. The program content cannot state or imply in any manner that individuals who act inconsistent with, or who do not accept, a particular political or religious belief or principle are dysfunctional, or otherwise inappropriate, or that the belief itself is unacceptable or incorrect.
4. Sexual Orientation Change Content Restriction. The program content cannot present or include information promoting Sexual Orientation Change Efforts as a therapeutic method.

G. NBCC CONTENT AREAS AND TOPICS

In order for a Provider to offer and issue NBCC credit, the program subject matter must be directly and primarily related to one (1) or more of the NBCC Content Areas identified below, and as required by this Policy. The following categories identify the NBCC Content Areas. The relevant content area(s) must be identifiable in the program objectives.

The information was extracted from the NBCC Continuing Education Provider Policy or by visiting
http://www.nbcc.org/Assets/CEProvider/CE_ProviderPolicy.pdf

[NOTE: Regardless of the NBCC Content Area, a Category 1 Presenter is required to present/author the relevant portions of all programs that include content concerning counseling theory, counseling practice, counseling relationships, and the evaluation and/or treatment of clients, as well as all content specifically designated for a Category 1 Presenter.]

1. Counseling Theory/Practice and the Counseling Relationship-provides an advanced understanding of the counseling processes.
2. Human Growth and Development-provides an advanced understanding of the nature and needs of individuals at developmental levels, and are relevant to professional counselors and the counseling profession.
3. Social and Cultural Foundations-provides an understanding of the issues and trends in a multicultural and diverse society that impact professional counselors and the counseling profession.
4. Group Dynamics and Counseling-provides an advanced understanding of therapeutic group development, dynamics and counseling theories; and, group counseling methods and skills, including, but not limited to, the following topics.
5. Career Development and Counseling-provides an advanced understanding of career counseling, development and related life factors.
6. Assessment-provides an advanced understanding of approaches to assessment and evaluation in counseling practice.
7. Research and Program Evaluation-provides an advanced understanding of research methods, statistical analysis, needs assessment and evaluation, and ethical and legal considerations in research.
8. Counselor Professional Identity and Practice Issues-provides an understanding of various aspects of professional functioning as graduate-level counselors.
9. Wellness and Prevention-provides psycho-educational information for counselors to enhance their ability to promote optimal wellness related to client mental health.