

Blended Learning Application Instructions

Application for Certification of CME Activity

Provider information

American Academy of Family Physicians
11400 Tomahawk Creek Pkwy
Leawood, KS 66211-2680

[Back to Provider Dashboard](#)

Step 1: Select "Blended Learning" as the activity type.

Step 2: Check the different formats that will be included in the blended learning activity.

Step 1 of 9: Activity Type

Activity type

- ☐ Live Activity
- ☐ Live Activity: Knowledge Self-Assessment (KSA) Study Group
- ☐ Enduring Material
- ☐ Medical Journal
- ☐ Performance Improvement in Practice
- ☐ Point of Care
- 1** ☒ Blended Learning - a single activity designed for the same learner(s) that is delivered via multiple formats

Select the different formats that will be utilized during this activity.

(Choose two or more.)

- 2** ☒ Live Activity
- ☐ Live KSA
- ☒ Enduring Material
- ☐ Medical Journal
- ☐ Performance Improvement in Practice
- ☐ Point of Care

Step 3: Enter the title of the overall activity.

Activity title

Max 250 characters.

3

[Spell Check](#)

REMS Activity

- ☐ Was this activity developed in alignment with the FDA Blueprint on ER/LA Opioid REMS?
(For more information on the FDA Blueprint, please visit: <http://www.fda.gov/downloads/forindustry/userfees/prescriptiondruguserfee/ucm361069.pdf>.)

Anticipated activity dates

Begin date:

End date:

4

Total credits requested

Prescribed: **5**

Elective:

Step 4: Select the appropriate date range for your activity. The date range should cover the learner's involvement in all of the formats that were selected above.

Step 5: Enter the estimated number of credits requested for the entire activity.

AAFP Website

- 6** ☒ Please display this activity on AAFP.org
- ☐ Do not display this activity on AAFP.org

Translation to Practice (t2p)

- 7** ☐ This activity will include a t2p component.
Translation to Practice exists as an activity add-on for CME activities. There is no fee associated with adding t2p to an AAFP-produced activity.

Step 6: Select your preference (Steps 6-7 of the application will vary depending on your selection).

Click "Calculate Fee" to determine the application fee based on the information provided above. Payment is handled at the end of the application. Review the [CME certification fee schedule](#) for more information.
Please note that these fees are an estimate and that there might be an additional fee if a KSA component is selected.

[Calculate Fee](#)

Step 7: Check the box if you'd like to add t2p™.

Step 8: Continue to Step 2 of 9.

[Cancel Application](#)

These fields will be visible on aafp.org.

8 [Continue](#)

Note: This data is used by the AAFP and does not impact eligibility or the type of credit that's awarded.

Step 9: Select the option that is applicable to your organization (your answer does not affect eligibility).

[Back to Edit Step 1](#)

Step 2 of 9: Provider Contact Information

CME provider accreditation

9

- ☒ The provider is accredited by ACCME or an authorized state medical society.
- ☐ The provider is not accredited by ACCME or an authorized state medical society.

Other CME designation
Optional

10

This activity will be designated for:

- ☐ American Osteopathic Association (AOA) Category 1-A credit
- ☒ American Medical Association (AMA) Category 1 credit

Activity director

11

- ☒ The activity director attests that this CME activity fully complies with the [ACCME Standards for Commercial Support](#) and the American Medical Association (AMA) Council on Ethical and Judicial Affairs (CEJA) Gifts to Physicians from Industry Opinion 8.061.

Director's Name:

Jolene Sammons

Director's Phone:

XXX-XXX-XXXX

Director's Email:

email@email.com

Step 11: Fill out all the information under "Activity Director."

AAFP member participation

12

- ☒ This activity was developed by or in cooperation with an AAFP Active or Life member. (Required for AAFP Prescribed credit.)

The physician identified below may be contacted to verify their role with this CME activity and to attest that it is appropriate CME for family physicians.

Member Contact Information

Name: Required

Dr. John Doe

ID Number:

XXXXXXXX

City: Required

Kansas City

State: Required

Kansas

Email: Required

john.doe@email.com

Please check one or more of the following to describe the doctor's involvement in the activity planning:

- ☒ Served on the planning committee
- ☒ Director of CME
- ☒ Reviewed activity for content relevant to family practice and, if necessary, had an opportunity to change content

Step 12: Fill out all the information under "AAFP member participation" if applying for Prescribed credit.

Step 13: Select the option that is applicable to your activity. If selecting "yes," be sure to list the name of the supporters.

Commercial supporters

13

Have you received an educational grant (financial or in-kind support) from a pharmaceutical or medical device company for this activity?

- ☐ Yes ☒ No

Step 14: Continue to Step 3 of 9.

[Save and Exit Application](#)

[Cancel Application](#)

14

[Continue](#)

Step 3 of 9: Activity Details

Step 15: Check all the boxes that apply for both questions listed.

- ☒ Survey results of potential learners
- ☒ Evaluations from previous CME activities
- ☐ Needed health outcomes
- ☐ Identified new skills
- ☐ Literature review
- ☐ Quality improvement (QI) data
- ☐ Federal or state government mandate

Max 200 characters

Check all that apply:

- ☒ **Knowledge:** Participants should be able to recall information learned in the CME activity
- ☒ **Competence:** Participants should be able to show in an educational setting how to do what the CME activity intended them to be able to do (example: Procedures courses)
- ☐ **Performance:** Participants should integrate what the CME activity intended them to be able to do into their practices (Provider must have mechanism of capturing this data from learners following the CME activity)
- ☐ **Patient outcomes:** The health status of patients should improve due to changes in the practice behavior of participants (Provider must have mechanism of capturing patient-level data from learners following the CME activity)

Max. 500 characters.

Step 16: This section will only appear if you designated on Step 1 that you want your CME activity to appear on AAFP.org.

Note: This description can be edited after your application is approved.

74 of 600 characters used

This blended learning activity will go over many facets of women's health.

As it will appear in search results

(This blended learning activity will go over many facets of women's health.)

Statement of Purpose

Step 17: Briefly describe the overall activity. (The statement of purpose is also referred to as the overview).

Provide a short description of the activity along with a description on how the learner will engage in different educational formats (i.e. live, enduring material, medical journal, performance improvement, and/or Point-of-Care).

Please choose one:

- Upload an electronic file: (doc, docx, odt, rtf, txt, wpd, wps, pdf, xls, xlsx, ppt, pptx)

Enter text:

Learners will participate in online modules that go over updates in women's health prior to attending the live course. Learners will then participate in didactic lectures and hands on workshops during the live course that will build upon the education that was provided in the online modules.

18 Learning objectives

Step 18: Enter overall learning objectives that briefly describe, in bulleted format, the expected measurable outcomes of the activity as a whole.

These objectives will be used to categorize this CME activity for website visitors looking for CME by topic.

A learner who participates in this activity will:

- 1) Learn about women's health.
- 2) Learn about how nutrition effects a woman's health.
- 3) Birth control options along with LARC options.

These objectives should reflect the entire activity or series. You will have an opportunity to enter learning objectives for each session later.

19 Activity Content (optional):

Step 19: The "Activity Content" section is *optional*. This is an area to attach additional documentation for the reviewer to access during the review.

Upload supplemental information to support the content of the activity. In the event the CME activity includes integrative medicine topics or content that may not be customary or generally accepted, supplemental information is strongly encouraged. The information will assist the reviewers and may help avoid delays or difficulty in receiving an AAFP CME credit determination. Recommended documents/files to include:

- A list of the references and resources used to develop the content
- Copies of the slides (if available)

☐ Upload electronic files: (doc, docx, odt, rtf, txt, wpd, wps, pdf, xls, xlsx, ppt, pptx)

20 Faculty/Author(s)

Step 20: Enter or attach the names of the identified or proposed faculty or presenters. CV's and resumes are not necessary.

List the faculty or authors of the activity including titles and degrees. Do not provide a CV.

Please choose one:

☐ Upload an electronic file: (doc, docx, odt, rtf, txt, wpd, wps, pdf, xls, xlsx, ppt, pptx)

Enter text:

Dr. Jane Doe
Dr. Who
Dr. Phillip Chandler
Dr. Leonard Bones McCoy

21 Principal audience

Step 21: List the audience group(s) that this activity is targeting.

List the professional groups for whom the activity has been designed.

Family physicians, OB/GYNs, nutritionists, nurses, and physician assistants

22 Method of activity evaluation and use of evaluation results

Step 22: Upload a copy of the evaluation form or explain the method in which learners evaluate the overall activity.

Please choose one:

☐ Upload an electronic file: (doc, docx, odt, rtf, txt, wpd, wps, pdf, xls, xlsx, ppt, pptx)

Enter text:

Learner's will fill out our survey and provide feedback on the lectures, faculty, etc.

Save and Exit Application

Cancel Application

— These fields will be visible on aafp.org.

23 Continue

Step 23: Continue to Step 4 of 9.

Application for Certification of CME Activity

Application Number: 77993

[Back to Edit Step 3](#)

Step 4 of 9: Component Details Summary

In Step 1: Activity Type, you indicated the following Blended Learning details:

- Individual activity types in program:
 - Live Activity
 - Enduring Materials
- Total number of credits: 30.00/0.00

Components Entered: 0


24 [+ Add New Live Activity Component](#)

[+ Add New Enduring Materials Component](#)

Be sure that all of your components above are saved with the correct component information before continuing or exiting.

[Save And Exit Application](#)

[Cancel Application](#)

 These fields will be visible on aafp.org.

Step 24: Click on “+Add New Live Component,” or whichever component you selected for your blended learning activity. The questions will be different for each component type.

The component options that are listed will vary depending on which components you selected on Step 1 of the application. You’ll have to add all of the components you selected before the application will allow you to continue to Step 5 of 9.

[Back to Component Details Summary](#)**Step 4 of 9: Component Details**

In Step 1: Activity Type, you indicated the following Blended Learning details:

- Individual activity types in program:
 - Live Activity
 - Enduring Materials
- Total number of credits: 30.00/0.00

Components Entered: 2

CREDITS (P/E)	ACTIVITY TYPE	TITLE	START DATE	EDIT	DELETE
10.00 / 0.00	Enduring Materials	Blended Learning Activity on Women's Health	9/4/2017	Edit	Delete
20.00 / 0.00	Live Activity	Blended Learning Activity on Women's Health	10/6/2017	Edit	Delete

Fill in the following information for each Live Activity Component separately. Click the "Save Component" button to save the component's information. At least one component must be saved before clicking "Finished Adding Components: Continue."

25

Anticipated start date

10/6/2017

Anticipated end date

10/6/2017

Total credits requested

Prescribed:

20.00

Elective:

0.00

Step 25: Update the date and the amount of credit for this specific component.

26

Component title

Max 250 characters.

Blended Learning Activity on Women's Health

[Spell Check](#)

Step 26: Update the session title to reflect the specific component, if necessary.

27

Location

Step 27: Update the location information for this live component.

Facility name:

Grand Hotel

Max 100 characters.

Street:

1234 Main St.

City:

New Orleans

State:

Louisiana

Zip code:

12345

Country:

United States of America

28

Agenda

Step 28: Upload an agenda that includes session titles, start/end times, faculty, etc.

Each agenda item must include start time, end time, title and speakers' name(s).

Please choose one:

☒ Upload an electronic file: (doc, docx, odt, rtf, txt, wps, pdf, xls, xlsx, ppt, pptx)[View Current File](#)[Browse...](#)

No file selected.

Upload a new file (this will replace the current file):

☐ Enter text:**29**

Patient Safety

Please indicate if the following are included within the educational content of your activity/session:

☐ Patient Safety – Defined as efforts to reduce risk, to address and reduce incidents and accidents that may negatively impact healthcare consumers.☐ Safety – Broader than "Patient Safety", this is defined as freedom from exposure to danger and protection from the occurrence or risk of injury or loss. It suggests optimal precautions in the workplace, on the street, in the home, etc., and includes personal safety as well as the safety of property.**30**Core competencies
What this CME activity is
designed to address
(Check all that apply.)☐ Interpersonal and communication skills☒ Medical knowledge☒ Patient care☐ Practice-based learning and improvement☐ Professionalism☐ Systems-based practice

Step 29 & 30: Check all the boxes that apply for both questions listed.

When all of the component information is entered, click the Save button below.

31[Save This Component](#)

Step 31: Be sure to click this button in order to save this component. The application will not let you move on to the next step until you save the component.

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[Back to Edit Step 3](#)

Step 4 of 9: Component Details Summary

In Step 1: Activity Type, you indicated the following Blended Learning details:

- Individual activity types in program:
 - Live Activity
 - Enduring Materials
- Total number of credits: 30.00/0.00

Components Entered: 1

CREDITS (P/E)	ACTIVITY TYPE	TITLE	START DATE	EDIT	DELETE
20.00 / 0.00	Live Activity	Blended Learning Activity on Women's Health	10/6/2017	Edit	Delete

[+ Add New Live Activity Component](#)

32 [+ Add New Enduring Materials Component](#)

Be sure that all of your components above are saved with the correct component information before continuing or exiting.

[Save And Exit Application](#)

[Cancel Application](#)

Step 32: Click on “+Add New Enduring Materials Component,” or whichever second component you selected for your blended learning activity.

You will have to add at least one of each component in order for the application to allow you to continue to Step 5 of 9.

Step 4 of 9: Component Details

In Step 1: Activity Type, you indicated the following Blended Learning details:

- Individual activity types in program:
 - Live Activity
 - Enduring Materials
- Total number of credits: 30.00/0.00

Components Entered: 2

CREDITS (P/E)	ACTIVITY TYPE	TITLE	START DATE	EDIT	DELETE
10.00 / 0.00	Enduring Materials	Blended Learning Activity on Women's Health	9/4/2017	Edit	Delete
20.00 / 0.00	Live Activity	Blended Learning Activity on Women's Health	10/6/2017	Edit	Delete

Fill in the following information for each Enduring Material Component separately. Click the "Save Component" button to save the component's information. At least one component must be saved before clicking "Finished Adding Components: Continue."

33 Total credits requested

Prescribed: 10.00
Elective: 0.00

Step 33: Update the amount of credit for this specific component.

34 Component title

Blended Learning Activity on Women's Health

Step 34: Update the session title to reflect the specific component, if necessary.

35 Marketing Description

The box below contains the activity description added to your application in Step 3. You may edit the description for purposes of marketing each lecture or location of your activity. The first 160 characters of the marketing description will appear in the search listing (see preview below). Note: This description can be edited after your application is approved.

0 of 500 characters used

Step 35: Update the marketing description for this component, if you'd like the component to be featured on our website. What you type will appear in the Search Preview box below.

Step 36: Update the publication date for this component.

36 Search Preview
As it will appear in search results:
Anticipated publication date:

9/4/2017

37 Learning objectives
If different from overall activity objectives.

Be specific and use medical terminology to describe what the learner can expect to know or do after the activity.

- The learner will learn about medical updates regarding women's health.
- The learner will learn about new contraceptive options that are available along with the risks and benefits for each option.
- The learner will learn about nutritional updates that affect

Step 37: Update the learning objectives for this component.

38 Patient Safety

Please indicate if the following are included within the educational content of your activity/session:

- ☐ Patient Safety – Defined as efforts to reduce risk, to address and reduce incidents and accidents that may negatively impact healthcare consumers.
- ☐ Safety – Broader than "Patient Safety", this is defined as freedom from exposure to danger and protection from the occurrence or risk of injury or loss. It suggests optimal precautions in the workplace, on the street, in the home, etc., and includes personal safety as well as the safety of property.

39 Core competencies
What this CME activity is designed to address
(Check all that apply.)

- ☐ Interpersonal and communication skills
- ☒ Medical knowledge
- ☒ Patient care
- ☐ Practice-based learning and improvement
- ☐ Professionalism
- ☐ Systems-based practice

Step 38 & 39: Check all the boxes that apply for both questions listed.

40 Save This Component

When all of the component information

Step 40: Be sure to click this button in order to save this component. The application will not let you move on to the next step until you save the component.

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[Back to Edit Step 3](#)

Step 4 of 9: Component Details Summary

In Step 1: Activity Type, you indicated the following Blended Learning details:

- Individual activity types in program:
 - Live Activity
 - Enduring Materials
- Total number of credits: 30.00/0.00

Components Entered: 2

CREDITS (P/E)	ACTIVITY TYPE	TITLE	START DATE	EDIT	DELETE
10.00 / 0.00	Enduring Materials	Blended Learning Activity on Women's Health	9/4/2017	Edit	Delete
20.00 / 0.00	Live Activity	Blended Learning Activity on Women's Health	10/6/2017	Edit	Delete

[+ Add New Live Activity Component](#)

[+ Add New Enduring Materials Component](#)


Be sure that all of your components above are saved with the correct component information before continuing or exiting.

[Save And Exit Application](#)

[Cancel Application](#)

41

[Finished Adding Components: Continue](#)

 These fields will be visible on aafp.org.

Step 41: The orange button titled “Finished Adding Components: Continue” will appear once at least one of each component is added to the application. Click this button to continue to Step 5 of 9 once all the components for this activity have been added.

Application for Certification of CME Activity

Application Number: 78011

[Back to Edit Step 4](#)

Step 5 of 9: Methods and Means

Select each of the following below to choose the relevant teaching methods and means of communication for your courses.

42

☒ Choose Live Activity Methods and Means

☒ Choose Enduring Materials Methods and Means

[Save and Exit Application](#)

[Cancel Application](#)

Step 42: Step 5 will list any component that was selected on Step 1 of the application. The questions will vary depending on which component was selected.

You'll have to complete all of the component's methods and means before the application will allow you to continue to Step 6 of 9. Once a component's information is complete then the circle next to the component will turn from gray to green.

Click on the component that you want to complete first.

Application for Certification of CME Activity

Application Number: 77993

[Back to Methods and Means Summary](#)

Step 5 of 9: Methods and Means

Select each of the following below to choose the relevant teaching methods and means of communication for your courses.

43 Primary teaching methods (Check all that apply.)

Step 43: Check all the boxes that apply for the live component.

- ☒ Lecture
- ☐ Panel discussion
- ☒ Question and answer
- ☒ Hands-on workshop
- ☐ Round table discussion
- ☐ Case presentation

Other: *Max 200 characters.*

When all of the information is entered, click the Save button below.

44 [Save Methods & Means](#)

Step 44: Click the “Save Methods & Means” button to add the next component.

Application for Certification of CME Activity

Application Number: 78011

[Back to Edit Step 4](#)

Step 5 of 9: Methods and Means

Select each of the following below to choose the relevant teaching methods and means of communication for your courses.

- ☒ Choose Live Activity Methods and Means
- ☐ Choose Enduring Materials Methods and Means

[Save and Exit Application](#)

[Cancel Application](#)

Step 45: The gray circle next to the live component has changed to green, because the live methods and means information has been completed.

Click on the next component to add its methods and means information.

Step 5 of 9: Methods and Means

Select each of the following below to choose the relevant teaching methods and means of communication for your courses.

46

Method of learner participation

Step-by-step description of the educational experience, identifying individual activity elements and credits requested for each element.

Please choose one:

☒ Upload an electronic file: (doc, docx, odt, rtf, txt, wpd, wps, pdf, xls, xlsx, ppt, pptx)
View Current File

Upload a new file (this will replace the current file):

No file selected.

☐ Enter text:

Step 46: Type in a description for the method of learner participation or attach a document that contains that information.

47

Method used to determine the number of credits requested

We determined the credit amount by having several individuals complete the online module. We then took the average amount of time it took to complete the modules in order to come up with our credit amount.

Step 47: Enter information describing how the credit amount was determined for the enduring material component.

48

Means of verifying learner participation

The learner will have to take a quiz at the end of each module.

Step 48: Enter information describing how learner participation will be verified.

49


Advertising

☒ Advertising will not be included with this CME product.

☐ Advertising will be included with this CME product.

Step 49: Select the advertising answer that applies to this enduring material component.

50

Primary delivery media 
(Check all that apply)

- ☐ Audio Media
 - ☐ MP3 or podcast
 - ☐ Compact Disc (CD)
- ☒ Online Media
 - ☒ Streaming

Audio or video files that can begin playing as they are being downloaded to a computer. Visitors to your website will be able to listen to or view media files AS they are downloaded in real time. Media typically consist of audio only, video with audio or any combination of audio, illustrated audio, video, synchronized graphics or animation.
 - ☐ Mobile

Content delivered to users for use on mobile devices, tablets, e-readers.
 - ☐ Learning Management System

Restricted access to a specific groups of learners.
 - ☐ Downloadable

Text, audio, or video content can be delivered to users in a downloadable manner. Text is accessed from a PDF or other electronic file. Audio or video file can be played "offline" from the user's computer.
- ☐ Print Media
 - ☐ Book
 - ☐ Journal
 - ☐ Newsletter
 - ☐ Monograph
- ☐ Video Media
 - ☐ DVD
 - ☐ CD-ROM

Step 50: Check all the boxes that apply for the enduring material component.

51

For online media, access to actual web site or test site is required for review. Provide a user ID and password for AAFP staff review.

Web URL:
 User ID:
 Password:

Step 51: Enter the URL information if it's applicable for the enduring material component. (This option will only appear if certain options were checked above.

Step 52: Click the "Save Methods & Means" button.

When all of the information is entered, click the Save button below.

52

[Save Methods & Means](#)

Application for Certification of CME Activity

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[Back to Edit Step 4](#)

Step 5 of 9: Methods and Means

Select each of the following below to choose the relevant teaching methods and means of communication for your courses.

✔ Choose Live Activity Methods and Means

✔ Choose Enduring Materials Methods and Means

[Save and Exit Application](#)

[Cancel Application](#)

53

[Continue](#)

Step 53: Once all of the component's methods and means are completed then each gray circle next to the component will turn green. The orange "Continue" button will appear at this point. Click on the button to proceed to Step 6 of 9.

Note: Step 6 and 7 will look different depending on whether you chose to have your CME activity featured on AAFP.org. Steps for both options are outlined.

This view will appear when you did select to have your activity appear on AAFP.org.

Application for Certification of CME Activity

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[Back to Edit Step 5](#)

Step 6 of 9: Contact Information for Use on www.aafp.org

AAFP-certified activities are displayed on www.aafp.org. By filling out this page, you agree that this activity – including the URL, contact information, and marketing description you entered on a previous step – will be viewable by AAFP members and other CME learners on www.aafp.org.

If you do not wish to display your activity on the AAFP website, please [click here](#) and check "Do not display this activity on www.aafp.org."

Required: Either a website URL or Contact Name plus Contact Phone/Contact Email.

Activity Website: ⓘ

Please enter a website where CME learners can find out more about your activity or access your enduring material/journal. This might not be your organization's home page. **Note: You will have an opportunity to return and update this after your application is approved.**

www.website.com

Contact information ⓘ

Learners will use this information to purchase or register for your activity. This contact information will be displayed to AAFP members and other CME learners on www.aafp.org.

Note: You will have an opportunity to return and update this information after your application is approved.

Contact Name: Jolene Sammons

Contact Phone: 888-888-8888

Contact Email: email@email.com

Contact Fax: 888-888-8888

[Save and Exit Application](#)

[Cancel Application](#)

ⓘ – These fields will be visible on aafp.org.

55

[Continue](#)

Step 55: Continue to Step 7 of 9.

54

Step 54: Fill out the information outlined in red.

Step 7 will feature a preview of what your CME activity listing will look like on the AAFP website.

[Back To Edit Step 6](#)

Step 7 of 9: Review and Update Information for Use on www.aafp.org.

Please see below for a preview of your activity's listing on www.aafp.org. In order to edit your listing, you must return to previous steps on this application.

This is how your CME Activity will appear in the search results:

Blended Learning Activity on Women's Health
by American Academy of Family Physicians
Credit available through 11/07/18
Self-Study
View —

20.00
Prescribed

Blended Learning Activity on Women's Health
by American Academy of Family Physicians
Credit available through 10/08/17
Self-Study
This blended learning activity will go over many facets of women's health. View —

20.00
Prescribed

This is how your activity will appear on the detail page:

Use the list below to jump to a specific preview (multi-session activities only).

[Blended Learning Activity on Women's Health](#)
[Blended Learning Activity on Women's Health](#)

Blended Learning Activity on Women's Health 20.00
Prescribed

by American Academy of Family Physicians
Credit available Fri 10/06/17 - Wed 11/07/18
Self-Study:
for up to 20.00 Prescribed credits

Self-Study

Learn more

Contact info
Name: Jane Doe
Phone: 735564275
Email: jane.doe@gmail.com
Visit website

Blended Learning Activity on Women's Health 20.00
Prescribed

by American Academy of Family Physicians
Credit available Fri 10/06/17 - Sun 10/08/17
Self-Study:
for up to 20.00 Prescribed credits

Self-Study

This blended learning activity will go over many facets of women's health.

Learn more

Contact info
Name: Jane Doe
Phone: 735564275
Email: jane.doe@gmail.com
Visit website

56

[Continue](#)

Step 56: Continue to Step 8 of 9.

Note: Step 6 and 7 will look different depending on whether you chose to have your CME activity featured on AAFP.org.

This view will appear when you did not select to have your activity appear on AAFP.org.

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[Back to Edit Step 5](#)

Step 6 of 9: Contact Information for Use on www.aafp.org

Because you selected "Do not display on www.aafp.org" during step 1, this step is not required.

[Save and Exit Application](#)

[Cancel Application](#)

55

[Continue](#)

Step 55: Continue to Step 7 of 9.

Application for Certification of CME Activity

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[Back To Edit Step 6](#)

Step 7 of 9: Review and Update Information for Use on www.aafp.org.

Please see below for a preview of your activity's listing on www.aafp.org. In order to edit your listing, you must return to previous steps on this application.

Because you selected "Do not display on www.aafp.org" during step 1, this step is not required.

56

[Continue](#)

Step 56: Continue to Step 8 of 9.

Application for Certification of CME Activity

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[Back to Edit Step 7](#)

Step 57: Be sure to check both checkboxes and read the terms and conditions before agreeing.

Step 8 of 9: Attestation and Comments

Attestation:

- 57** ☒ I attest that all of the information provided in this application is accurate to the best of my knowledge.
- ☒ Please check this box to indicate you have read and agree to the AAFP CME Credit System [terms and conditions](#) in the event this application is selected for an audit.

58 Comments:

Instructions or concerns regarding your CME application and/or the CME certification process.

B *I* U

Step 58: Enter any additional comments in the text box for the CME application reviewer.

Optional:

[Review your application before continuing.](#)

Continuing to the next step will require **payment information**. If you are not ready to pay this application, please Save and Exit now.

[Save And Exit Application](#)

[Cancel Application](#)

59 [Continue to Payment](#)

Step 59: Continue to Step 9 of 9.

Application for Certification of CME Activity

Application Number: 84537

[Back to Review Your Application](#)

Step 9 of 9: Payment

Fees: \$2,295.00

Payment Options:

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Print and mail an invoice with payment.

Payment instructions are included on the invoice. Click the Continue button below to submit your application and print your invoice.

AAFP will not begin the review process until payment is received in full. If payment is not received in full within two months of the submission date, the application will be deleted.

☐

Pay now by credit card.

Need your review determination sooner than 20 business days? There are two options for rushing the review of your activity.

Same Day Rush Review Fee = \$1,995 in addition to the review fee

Activities qualifying for Same Day Rush Review will be completed within 1 business day (24 hours) of receipt of payment in full.

Standard Rush Review Fee = \$595 in addition to the review fee

Activities qualifying for the Standard Rush Review will be completed within 3-5 business days after receipt of payment in full.

Please contact AAFP CME Credit System staff at 1-800-274-2237 if you wish to have your application rushed. At that time, the review coordinator will verify that your application qualifies for this rush option based upon the complexity of the review and content of your activity.

For faster customer service, please reference **Application Number: 84537** when you call.

[Save And Exit Application](#)

[Cancel Application](#)

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[Continue](#)

Step 60: Select the payment option that best suites you.

Note: Once the "Print and mail an invoice with payment" option has been selected and the "Continue" button has been pushed, you cannot change the payment option to "Pay now by credit card." You would instead have to call the AAFP Credit System to apply a credit card payment at 800-274-2237.