

Application for Accreditation of CME Activity

Provider information

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

[Back to Provider Dashboard](#)

Step 1 of 7: Activity Type

Activity type

Live Activity

Which of the following best describes your activity?

A single activity offered only once, in one location, and not part of a series.

Advanced Life Support in Obstetrics

A [training program](#).

One activity delivered at multiple locations or on multiple dates over a year.

Number of times offered: (Estimate if unknown.)

Regularly Scheduled Series that occur at one location or institution over one year.

Number of courses in the series: (Estimate if unknown.)

Enduring Material

Medical Journal

Performance Improvement in Practice

Point of Care

Enter the number associated with times the series will occur over one year period:

- Weekly '52'
- Monthly '12'
- Daily '365'

Click "Live Activity" and "Regularly Scheduled Series"

Activity title

Max 250 characters.

Enter the title of overall activity

Anticipated activity dates

Begin date:



End date:



Enter the date range for entire calendar year

Total credits requested

Prescribed:

Elective:

Evidence-based:

Enter the total credits requested for entire activity for the calendar year. Example 52 sessions with 1 hour of credit for each session = 52 Prescribed credits.

Application fee

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 accreditation fee schedule](#) for more information.

click here

Application for Accreditation of CME Activity

Application Number: 46491

This data is used by the AAFP and does not impact eligibility or award.

[Back to Edit Step 1](#)

Step 2 of 7: Provider Contact Information

Click here, if your organization is Accredited by ACCME

CME provider accreditation

- 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.

This activity will be designated for:

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

Select the appropriate box if you are planning to offer AMA or AOA credit for your activity.

Activity director

The activity director attests that this activity complies with the ACCME Standards for Commercial Support, and that the activity meets every requirement of the Standards, including the new definition of "commercial interest", whether or not this activity is being supported with commercial funding.

Director's Name:

Director's Phone:

Director's Email:

AAFP member participation

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

The AAFP member attests that he or she has been directly involved in the planning of this activity and that it is appropriate CME for family physicians.

Member Contact Information

Name:

Required.

ID Number:

If known.

City:

Required.

State:

Required.

Providers are no longer required to provide an AAFP member's signature. Pressing the Submit button will act as your digital signature for this form

Commercial supporters

If none, enter "None."

Enter name of supporters or "none"

CME Center contact information

AAFP-accredited activities are listed on the AAFP CME Center Web site. Please provide contact information to be included with the online listing, or indicate that this activity should not be advertised online.

URL:

Contact Name:

Contact Phone:

Contact Email:

Contact Fax:

This information will be displayed on the AAFP Web Site

Save and Exit Application

Cancel Application

click here →

Continue

Application for Accreditation of CME Activity

Application Number: 46491

[Back to Edit Step 2](#)

Step 3 of 7: Activity Details

Methods used to determine the need for this CME activity

Check all that apply.

- 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

Other: Max 200 characters.

Needs assessments are conducted by providers using different methods. Please indicate which methods were used to identify the need for the CME activity.

Overview

Provide a short description of the activity.

Please choose one:

- Upload an electronic file:
- Enter text:

Briefly describe overall activity

The Leawood Hospital Grand Round Series is a multidisciplinary conference series normally held once a week. The series is designed to present the latest, most up-to-date information on clinical topics that are of interest to family physicians.

Learning objectives

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

Enter specific learning objectives for the overall "global" CME activity

1. Physicians will be able to identify a specific concept that will increase compliance and improve patient outcomes.
2. Physicians will be able to broaden and enhance their clinical knowledge of the latest topics affecting their patients.

Faculty/Author(s)

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

Please choose one:

- Upload an electronic file:
- Enter text:

Enter the names of the identified or proposed faculty or presenters

Paula Nicholson, MD
Sheryl Druen, MD
Carly Harrington, MD
Additional faculty according to the specific clinical or non-clinical topics

Principal audience

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

The principle audience for this activity consists of primary care physicians

Method of activity evaluation and use of evaluation results

Please choose one:


- Upload an electronic file:
- Enter text:

Description of activity evaluation methods

Evaluation forms are distributed before the start of each presentation. The results of these evaluations are used to determine the effectiveness of each presentation and to improve the overall quality of the Grand Rounds series.

Save and Exit Application

Cancel Application

[click here](#) 

Continue

Application for Accreditation of CME Activity

Application Number: 46491

[Back to Edit Step 3](#)

Step 4 of 7: Session Details

In Step 1: Activity Type, you indicated the following Live activity details:

- Live, Regularly Scheduled Conference (Series)
- Number of sessions: 52
- Number of credits (P/E/EB): 52.00/0.00/0.00

Note: The form pre-populates with the overall activity details. Please change all information on the form as it pertains to each session of the series

ADD/EDIT SESSIONS

Instructions:

1. Click the "Add new session" link to create a new session of your series.
2. Complete the form for each individual session of your series.
3. Click the "Save as a New Session" button to save the session.
4. Repeat steps 1-3 for every occurrence of your series. (Example: Tuesday Grand Rounds series requires one session for every Tuesday of the year, or 52 sessions.)

Adding at least one session is **required**.

New sessions may be added throughout the accreditation period of the series.

Sessions entered: 0

[+ Add New Session](#) Click this link to add the first session

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

Save And Exit Application

Cancel Application

Finished Adding Sessions: Continue

ADD/EDIT SESSIONS

Instructions:

1. Click the "Add new session" link to create a new session of your series.
2. Complete the form for each individual session of your series.
3. Click the "Save as a New Session" button to save the session.
4. Repeat steps 1-3 for every occurrence of your series. (Example: Tuesday Grand Rounds series requires one session for every Tuesday of the year, or 52 sessions.)

Adding at least one session is **required**.

New sessions may be added throughout the accreditation period of the series.

Sessions entered: 0

Fill in the following information for each session separately, then click the "Save Session" button to save the session's information. At least one session must be saved before clicking "Continue".

Session title

Max 250 characters.

Leawood Hospital 210 Grand Rounds

Replace activity title with the first session

SpellCheck

Session date

1/6/2010

Enter the date of the first session

Session time

Start time:

End time:

Enter start and end times for the first session

Total credits requested

Prescribed:

52.00

Elective:

0.00

Evidence-based:

0.00

Enter the credit total for the first session

Location

Facility name:
 Max 100 characters.

Street:

City:

State:

Zip code:

Country:

Session contact

If different from activity contact.

Name:
 Max 50 characters.

Email:

Phone:

Fax:

Session's web site:
 Max 200 characters.

Session learning objectives

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

Agenda

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

Please choose one:

- Upload an electronic file:
- Enter text:

Core competencies 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

CME Center

Do not show this session on the AAFP CME Center Web site.
Check this box to keep all activity and session information from appearing on the CME Center.

When all of the session information is entered, click the orange Save button below. Be sure to save at least one session using this button.

[click here](#)

Entire form populates with activity level details. Replace information as it pertains to this session of the series

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

Application for Accreditation of CME Activity

Example of adding a session to a regularly scheduled series application

Application Number: 46491

[Back to Edit Step 3](#)

Step 4 of 7: Session Details

In Step 1: Activity Type, you indicated the following Live activity details:

- Live, Regularly Scheduled Conference (Series)
- Number of sessions: 52
- Number of credits (P/E/EB): 52.00/0.00/0.00

ADD/EDIT SESSIONS

Instructions:

1. Click the "Add new session" link to create a new session of your series.
2. Complete the form for each individual session of your series.
3. Click the "Save as a New Session" button to save the session.
4. Repeat steps 1-3 for every occurrence of your series. (Example: Tuesday Grand Rounds series requires one session for every Tuesday of the year, or 52 sessions.)

Adding at least one session is **required**.

New sessions may be added throughout the accreditation period of the series.

Sessions entered: 0

Fill in the following information for each session separately, then click the "Save Session" button to save the session's information. At least one session must be saved before clicking "Continue".

Session title Max 250 characters.	<input type="text" value="Pain Management"/> <input type="button" value="SpellCheck"/>	Enter title of first session
Session date	<input type="text" value="1/6/2010"/>	Enter first session date
Session time	Start time: <input type="text" value="12:00 PM"/> End time: <input type="text" value="1:00 PM"/>	Enter start and end times of first session
Total credits requested	Prescribed: <input type="text" value="1.00"/> Elective: <input type="text" value="0.00"/> Evidence-based: <input type="text" value="1.00"/>	Enter amount of CME credit offered for first session
Location	Facility name: <input type="text" value="Leawood Hospital"/> Max 100 characters. Street: <input type="text" value="1234 Main Street"/> City: <input type="text" value="Leawood"/> State: <input type="text" value="Kansas"/> Zip code: <input type="text" value="66211"/> Country: <input type="text" value="United States of America"/>	Enter location information for first session
Session contact If different from activity contact.	Name: <input type="text" value="Chris Hodges"/> Max 50 characters. Email: <input type="text" value="chodges@leawoodhospital"/> Phone: <input type="text" value="913-555-1212"/> Fax: <input type="text" value="913-555-1213"/> Session's web site: <input type="text" value="www.leawoodhospital.org"/> Max 200 characters.	

continued →

Application for Accreditation of CME Activity

Application Number: 46491

Example of adding a session to a regularly scheduled series application

CONTINUED

Session learning objectives

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

Enter or upload the first session's learning objectives

- 1. Review principles of pain management.
- 2. Evaluate and treat common pain syndromes.
- 3. Pharmacological versus non-pharmacological treatments of pain.

Agenda

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

Please choose one:

- Upload an electronic file:
- Enter text:

Enter or upload the first session's agenda. If entering text, only include the faculty's name and title.







Sheryl Duren, MD, University of KS - Faculty

The AAFP gives CME providers an opportunity to list their CME activities on the AAFP website. The CME Center provides an online search tool to assist website visitors in finding AAFP approved CME activities by date, location or topic.

Core competencies this CME activity is designed to address

(Check all that apply.)

Select the competencies based on assisting the learner.

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

CME Center

- Do not show this session on the AAFP CME Center Web site.

Check this box to keep all activity and session information from appearing on the CME Center.

When all of the session information is entered, click the orange Save button below. Be sure to save at least one session using this button.

Select the box if your organization does not want to market your activity on the AAFP CME Center

Save as a New Session

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

Save And Exit Application

Cancel Application

Finished Adding Sessions: Continue

Application for Accreditation of CME Activity

Example of adding another session

Application Number: 46445

[Back to Edit Step 3](#)

Step 4 of 7: Session Details

In Step 1: Activity Type, you indicated the following Live activity details:

- Live, Regularly Scheduled Conference (Series)
- Number of sessions: 52
- Number of credits (P/E/EB): 52.00/0.00/0.00

ADD/EDIT SESSIONS

Instructions:

1. Click the "Add new session" link to create a new session of your series.
2. Complete the form for each individual session of your series.
3. Click the "Save as a New Session" button to save the session.
4. Repeat steps 1-3 for every occurrence of your series. (Example: Tuesday Grand Rounds series requires one session for every Tuesday of the year, or 52 sessions.)

Adding at least one session is **required**.

New sessions may be added throughout the accreditation period of the series.

Sessions entered: 1

Title	Credits (P/E/EB)	Session Date	Edit	Delete
Pain Management	1.00/ 0.00/ 0.00	1/6/2010 12:00 PM - 1:00 PM	Edit	Delete

Fill in the following information for each **session** separately, then click the "Save Session" button to save the session's information. At least one session must be saved before clicking "Continue".

Session title Max 250 characters	<input type="text" value="Diabetes and Cardiovascular Disease"/> <input type="button" value="SpellCheck"/>
Session date	<input type="text" value="1/13/2010"/>
Session time	Start time: <input type="text" value="12:00 PM"/> End time: <input type="text" value="1:00 PM"/>
Total credits requested	Prescribed: <input type="text" value="1.00"/> Elective: <input type="text" value="0.00"/> Evidence-based: <input type="text" value="0.00"/>
Location	Facility name: <input type="text" value="Leawood Hospital"/> Max 100 characters Street: <input type="text" value="1234 Main Street"/> City: <input type="text" value="Leawood"/> State: <input type="text" value="Kansas"/> Zip code: <input type="text" value="66211"/> Country: <input type="text" value="United States of America"/>

Session contact

If different from activity contact.

Name:
 Max 50 characters.

Email:
 Phone:
 Fax:
 Session's web site:
 Max 200 characters.

Session learning objectives

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



1. Discriminate between the primary diagnostic tests for diabetes.
2. Correlate the key indicators that link cardiovascular diseases, diabetes and other related diseases.

Agenda

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

Please choose one:

- Upload an electronic file:
- Enter text:



Paula Nicholson, MD

Core competencies 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

CME Center

- Do not show this session on the AAFP CME Center Web site.
Check this box to keep all activity and session information from appearing on the CME Center.

When all of the session information is entered, click the orange Save button below. Be sure to save at least one session using this button.



Be sure that all of your sessions above are saved with the correct program information before continuing or exiting



Application for Accreditation of CME Activity

Application Number: 46445

[Back to Edit Step 3](#)

Step 4 of 7: Session Details

In Step 1: Activity Type, you indicated the following Live activity details:

- Live, Regularly Scheduled Conference (Series)
- Number of sessions: 52
- Number of credits (P/E/EB): 52.00/0.00/0.00

ADD/EDIT SESSIONS

Instructions:

1. Click the "Add new session" link to create a new session of your series.
2. Complete the form for each individual session of your series.
3. Click the "Save as a New Session" button to save the session.
4. Repeat steps 1-3 for every occurrence of your series. (Example: Tuesday Grand Rounds series requires one session for every Tuesday of the year, or 52 sessions.)

Adding at least one session is **required**.

New sessions may be added throughout the accreditation period of the series.

Sessions entered: 2

Title	Credits (P/E/EB)	Session Date	Edit	Delete
Diabetes and Cardiovascular Disease	1.00/ 0.00/ 0.00	1/13/2010 12:00 PM - 1:00 PM	Edit	Delete
Pain Management	1.00/ 0.00/ 0.00	1/6/2010 12:00 PM - 1:00 PM	Edit	Delete

[+ Add New Session](#)

Once you have finished adding session, click here to proceed.

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

[Save And Exit Application](#)

[Cancel Application](#)

[Finished Adding Sessions: Continue](#)

Please Note:

Editing Sessions – Please contact the AAFP CMEA Department to make changes or corrections to the application. (Phone: 866-274-7850 or Email: cmea@aafp.org)

Adding New Sessions -- Upon approval of the application all providers can add new sessions to the Regularly Scheduled Series application.

- Access the application online through your AAFP CME Accreditation Provider Dashboard
- Select the appropriate application and click the add/edit link
- Proceed to Step 4 of 7 to add new sessions

Application for Accreditation of CME Activity

Application Number: 46491

[Back to Edit Step 4](#)

Step 5 of 7: Live Activities - Teaching Methods

Primary teaching methods


(Check all that apply.)

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

Other: Max 200 characters.

Save and Exit Application

Cancel Application

click here 

Continue

Application for Accreditation of CME Activity

Application Number: 46491

[Back to Edit Step 5](#)

Step 6 of 7: Attestation and Comments

Attestation:

Required field

I attest that all of the information provided in this application is accurate to the best of my knowledge.

Comments:

Instructions or concerns regarding your CME Application and/or the CME Accreditation process.

ABC

Enter any additional comments in the text box for the CMEA application reviewer.

- Patient-centered Medical Home
- Quality Improvement
- Office Lab Proficiency Testing
- Hospital Privileging
- More

Optional: [review your application](#) before continuing.
This is your last chance to make changes to this application.

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

Continue to Payment

Click here to finalize application and proceed

Application for Accreditation of CME Activity

Application Number: 46491

[← Back to Edit Step 6 or to Review Your Application](#)

Step 7 of 7: Payment

Fees: \$175.00

PAYMENT OPTIONS:

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.

When paying by credit card, please click the **Continue** button only ONCE to avoid multiple charges to the account

Rush Fee

CME providers have the option to pay a rush fee to have their CME application reviewed faster than the standard 30 business days (6 weeks). **The rush fee is \$500 plus the review fee.** CME providers who wish to pay the rush fee must contact AAFP after submitting the application. At that time, the review coordinator will determine how long the review process will take. Typically, the rush review process will take 5-10 business days. Please note: EB CME documentation review cannot be rushed.

Contact the CME Accreditation department at 1-866-274-7850 to rush this application. Be sure to reference **Application Number: 46491** when you call.

Save And Exit Application

Cancel Application

Continue