

As of April 10, 2009, it is a mandatory requirement that all ALSO courses be accredited by the AAFP through the new Online Application Process.

The sponsor MUST submit an online application. If this application is not submitted, the course will not be accredited, participants will not be entered into the ALSO database, and certificates and wallet cards will not be provided to participants.

This document is designed to walk you through how to complete the new CME Online Application Form for ALSO courses.

Applying for AAFP Prescribed Credit for ALSO Courses

Visit: www.aafp.org/cmea to complete the new AAFP Online Accreditation Application.

Applying for Continuing Nursing Education

If course is open to nurses, in addition to completing the Online Application, the following documentation is required to be **sent to an ALSO Course Coordinator** to obtain CME and Nursing Contact hours:

- 1) **a brochure of the proposed schedule.** This brochure **must** include this nurses accreditation statement: *This activity has been approved for _____ contact hours. This continuing nursing education activity was approved by the Missouri Nurses' Association, an accredited approver by the American Nurses' Credentialing Center's Commission on Accreditation.*
- 2) **a Nurses' Attendance Verification Form** (included with the **ALSO® course materials**) must be submitted for each nurse in attendance indicating their presence for the entire session.

3-Step Summary to Ensure Proper Accreditation

- 1) E-mail Course Request Authorization Form and brochure (if course is open to nurses) to ALSO Coordinator
- 2) Include Nursing Statement on brochure if course is open to nurses (mandatory)
- 3) After receiving approval from ALSO coordinator, complete Online Application for accreditation of the course

Questions?

If you have **questions regarding accreditation and the online form** or have changes after it has been submitted, please contact the Accreditation Department at **1-866-274-7850**.

If you have **specific questions regarding ALSO courses**, please contact an ALSO Course Coordinator at **1-800-274-2237 ext. 6556 or 6554**.

Applying for Credit for ALSO Courses

Visit: www.aafp.org/cmea and use this document to assist in filling out the new Online Application to accredit your course.

1. Log onto the CMEA website
2. Click "submit online application"
3. Scroll down to "Create an account" login
4. "Organization Name" should be spelled out, no abbreviations
5. "Organization ID" - skip
6. "Zip Code" - enter zip code

Once this is complete, you will only need your id# and password for future approvals.

Continue to complete until you get to the "Application for Accreditation of CME Activity" page. Use this document to complete the form for ALSO courses.

Application for Accreditation of CME Activity

Provider information

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

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

Provider course

Instructor course

Refresher course

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

Activity title

Max 250 characters.

Choose course type

Automatically populates

ALSO Provider Course

SpellCheck

Anticipated activity dates

Begin date:



End date:



Select beginning and end date of course

Total credits requested

Prescribed:

16

Elective:

Evidence-based:

8.5

These fields are place-holders until CMEA figures the actual CME/EB. Put the minimum in each field, as shown.

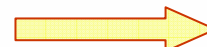
Faculty Documentation Form must be completed and submitted for EB credit.

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.

Calculate Fee

No fee associated with ALSO courses as long as provider is completing the online application.
No need to 'Calculate Fee'



Continue

Application for Accreditation of CME Activity

Application Number: 41979

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Step 2 of 7: Provider Contact Information

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.

Select one

Other CME designation This activity will be designated for:
Optional. American Osteopathic Association (AOA) Category 1-A credit
 American Medical Association (AMA) Category 1 credit

Select if Applicable

Activity director On behalf of the activity director, I attest that this activity complies with ACCME Standards for Commercial Support. (Checking this box takes the place of the activity director's signature.)

Director's Name:

Director's Phone:

Director's Email:

Complete director info

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.

Commercial supporters

If none, enter "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:

Complete with Coordinator info if web site listing of course is desired.

Do not list this activity on the AAFP CME Center Web site.

Save and Exit Application

Cancel Application



Continue

Application for Accreditation of CME Activity

Application Number: 41979

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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 100 characters.

Overview

Provide a short description of the activity.

Please choose one:

- Upload an electronic file.
- Enter text.

Learning objectives

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

Please choose one:

- Upload an electronic file.
- Enter text.

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.

Principal audience

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

Method of activity evaluation and use of evaluation results

Please choose one:

- Upload an electronic file.
- Enter text.

Save and Exit Application

Cancel Application



Continue

Application for Accreditation of CME Activity

Application Number: 41979

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Step 4 of 7: Details of Live Activity

In Step 1: Activity Type, you indicated that your Live activity is a single course offered only once, in a single location.

Location

Facility name:
Max 100 characters.

Street:

City:

State:

Zip code:

Country:

Complete all info

Agenda

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

Upload an electronic file:

Enter text:

Upload your course schedule/brochure.
Be sure that Maternal Resuscitation and PPH are shown as one combined workstation.

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.

Save And Exit Application

Cancel Application

Continue

Application for Accreditation of CME Activity

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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

Continue

Application for Accreditation of CME Activity

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Step 6 of 7: Attestation and Comments

Attestation: 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.



ADDITIONAL REQUIRED DOCUMENTS

According to your responses to this application, AAFP requires the following documents:

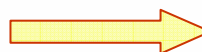
Evidence-Based Credit Application: [Download the EB Faculty Recommendation Form \(Word document\)](#), **required** for EB-CME designation. Instructions for submitting the form are included in the Word document.

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

Application for Accreditation of CME Activity

Application Number:

This is your confirmation page for application _____. The review of your application will be completed within 30 business days, and you will be notified of the outcome by e-mail. No changes may be made to the activity online until it is approved. Please call 1-866-274-7850 if you have any questions, or to make any changes.

Thank you for applying for AAFP CME Accreditation.

[Return to CME Provider Home](#).

[View the printable Activity Summary for this application.](#)