

Live Series Application Instructions

Step 1 of 9: Activity Type

Activity type 

1 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
- Basic Life Support in Obstetrics
- A mini-residency, fellowship or faculty development program.
- One activity delivered at multiple locations or on multiple dates over a year.

Number of times offered:

5

(Estimate if unknown.)

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

Number of courses in the series:

3

5

(Estimate if unknown.)

- Live Activity: Knowledge Self-Assessment (KSA) Study Group
- Enduring Material
- Medical Journal
- Performance Improvement in Practice
- Point of Care

Step 4: Enter the title of the overall activity.

Activity title 

Max 250 characters.

4 Leawood Hospital Grand Rounds

Spell Check

REM \$ Activity

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

Anticipated activity dates 

Begin date:

11/9/2016



End date:

11/8/2017



5

Total credits requested 

Prescribed:

52.00



Elective:

0.00



6

AAFP Website

7 Please display this activity on AAFP.org

Do not display this activity on AAFP.org 

Step 5: Select the appropriate date range for your activity. Series applications can have a maximum term of one year.

Step 6: Enter the estimated number of credits requested for the entire activity (e.g. 52 sessions with 1 hour of credit for each session = 52 Prescribed credits).

8 Translation to Practice (t2p)

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.

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 certification fee schedule for more information.

Calculate Fee

Cancel Application

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

Step 8: Check the box if you'd like to add t2p™.

Step 9: Continue to Step 2 of 9.

9 Continue

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

Step 10: 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

10



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.

11

This activity will be designated for:

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

Activity director

12

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 8.081.

Director's Name:

Jolene Sammons

Director's Phone:

XXX-XXX-XXXX

Director's Email:

email@email.com

Step 12: Fill out all the information under "Activity Director."

13 [AAFP member participation](#)

Step 13: Fill out all the information under "AAFP member participation" if applying for Prescribed credit.

Step 14: Select the option that is applicable to your activity. If selecting "yes," be sure to list the name of the supporters.

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:

XXXXXXX

City: Required.

Kansas City

State: Required.

Kansas

Email: Required.

johndoe@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

14 [Commercial supporters](#)

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

Yes No

[Save and Exit Application](#)

[Cancel Application](#)

15 [Continue](#)

Step 15: Continue to Step 3 of 9.

[Back to Edit Step 2](#)

Step 3 of 9: Activity Details

Methods used to determine the need for this CME activity
Check all that apply:

Step 16: Check all the boxes that apply for both questions listed.

16

What is your activity designed to change?
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.

- 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)

17 Marketing Description 
Max. 600 characters.

Step 17: This section will only appear if you designated on Step 1 that you want your CME activity to appear on AAFP.org.

Search Preview 
As it will appear in search results

18 Statement of Purpose

Step 18: Briefly describe the overall activity. (The statement of purpose is also referred to as the overview).

Provide a short description of the activity for our application reviewers.

Please choose one:

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

Enter text:

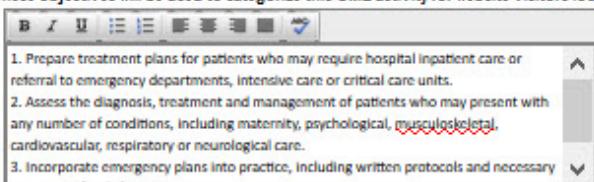


The overall goal of this program is to maximize patient care through the delivery of evidence-based guidelines, recommendations, and resources with regard to the evaluation, and management of patients who present to the emergency department or urgent care facility.

19 Learning objectives

Step 19: 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.



1. Prepare treatment plans for patients who may require hospital inpatient care or referral to emergency departments, intensive care or critical care units.
2. Assess the diagnosis, treatment and management of patients who may present with any number of conditions, including maternity, psychological, musculoskeletal, cardiovascular, respiratory or neurological care.
3. Incorporate emergency plans into practice, including written protocols and necessary

20 Activity Content (optional):

Step 20: The “Activity Content” section is *optional*. This is an area to attach additional documentation for the reviewer to access during the review process.

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, ppbx)

[Browse...](#) No files selected.

[Delete](#)

ER - November Sample Schedule for courses.docx

21 Faculty/Author(s)

Step 21: Enter 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, ppbx)

Enter text:



Dr. John Doe, MD

22 Principal audience

Step 22: List the audience group(s) that this activity is targeting.

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



Family physicians and other health professionals

23 Method of activity evaluation and use of evaluation results

Step 23: 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, ppbx)

Enter text:



Learners will fill out a survey after the overall activity has occurred. Results from these surveys will be used during the planning process for future CME activities.

[Save and Exit Application](#)

[Cancel Application](#)

 - These fields will be visible on aafp.org.

24 Continue

Step 24: Continue to Step 4 of 9.

Step 4 of 9: Session Details

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

- Live , Regularly Scheduled Conference (Series)
- Number of sessions: 5
- Number of credits (P/E): 5.00/0.00/0.00

Note: The sessions will pre-populate with the overall activity details that were included in Step 3. Please update all information on the form as it pertains to each session. For example, the title, learning objectives, and faculty will need to be updated to reflect the specific session topic for each session.

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 certification period of the series.

Sessions entered: 1

TITLE	CREDITS (P/E)	SESSION DATE	EDIT	DELETE
Eye Injuries in the ER	1.00/ 0.00/ 0.00	11/9/2016 8:00 AM - 9:00 AM	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".

25

Session title  Max 250 characters.

Eye Injuries in the ER

Spell Check

Marketing Description 

Max. 500 characters

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.

Spell Check

477 of 500 characters used

In an emergency, there are two hours to assess, test, and stabilize a patient. Learn the latest treatment options, best practices, and evidence-based information on clinical topics that include wound care, FNT emergencies, and violence in the ER as well as



Search Preview 

As it will appear in search results

In an emergency, there are two hours to assess, test, and stabilize a patient. Learn the latest treatment options, best practices, and evidence-based information...



Session date 

11/9/2016 

Session time 

Start time: 8:00 AM 

End time: 9:00 AM 

Total credits requested 

Prescribed: 1.00

Elective: 0.00

26

Step 26: Update the date, time, and the amount of credit for each session.

27 Location

Step 26: Update the location information for each session.

Note: This information will pre-populate on any future sessions that are added.

Facility name: Max 100 characters.	Leawood Hospital
Street:	1234 Main Street
City:	Leawood
State:	Kansas
Zip code:	66211
Country:	United States of America

28 Session contact

If different from activity contact.

Step 26: Update the session contact information.

Name: Max 50 characters.	Jolene Sammons
Email:	janedoe@email.com
Phone:	XXX-XXX-XXXX
Fax:	XXX-XXX-XXXX
Session's web site: Max 200 characters.	www.website.com

29 Session learning objectives

Step 29: Be sure to update the learning objectives so that they reflect the specific session.

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



1. Review different eye exams available due to eye injury.
2. Outline steps and procedures to follow when someone presents with an eye injury.

30 Agenda

Step 30: Upload an agenda or list the start/end time for the session and the faculty/presenter.

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, wpd, wps, pdf, xls, xlsx, ppt, pptx)

Enter text:



8:00-9:00 a.m.
Dr. John Doe, MD

31 Patient Safety

Step 31 & 32: Check all the boxes that apply for both questions listed.

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.

32

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**

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

33

Save This Session

Step 33: Be sure to click this button before clicking “Save and Exit Application” or “Finished Adding Sessions: Continue.” Your changes will not save if this button isn’t clicked first.

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

34

Finished Adding Sessions: Continue

— These fields will be visible on aafp.org.

Step 34: Click this
button after clicking
“Save this Session.”

Application for Certification of CME Activity

Application Number: 72452

[Back to Edit Step 3](#)

Step 4 of 9: Session Details

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

- Live , Regularly Scheduled Conference (Series)
- Number of sessions: 5
- Number of credits (P/E): 1.00/0.00/0.00

Next Steps—Finished Adding Sessions: Click the “Finished Adding Sessions: Continue” button to go to Step 5.

Next Steps—Add More Sessions: Click the “+Add New Session” button to add a new session.

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 certification period of the series.

Sessions entered: 1

TITLE	CREDITS (P/E)	SESSION DATE	EDIT	DELETE
Eye Injuries in the ER	1.00/ 0.00/ 0.00	11/9/2016 8:00 AM - 9:00 AM	Edit	Delete
+ Add 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](#)

 These fields will be visible on [aafp.org](#).

Example of adding an additional session

Session title
Max 250 characters.

Opioid Prescribing for Pain Management

Spell Check

Marketing Description
Max. 500 characters

The box below contains the activity description added to your application purposes of marketing each lecture or location of your activity. The first 160 characters of the marketing description will appear in the search results.

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

477 of 500 characters used

Spell Check

In an emergency, there are two hours to assess, test, and stabilize a patient. Learn the latest treatment options, best practices, and evidence-based information on clinical topics that include wound care, pain management, and more.

Search Preview

As it will appear in search results

In an emergency, there are two hours to assess, test, and stabilize a patient. Learn the latest treatment options, best practices, and evidence-based information...

Session date

11/10/2016

Session time

Start time: 8:00 AM

End time: 9:00 AM

Total credits requested

Prescribed: 1.00

Elective: 0.00

Location

Facility name: Leawood Hospital

Street: 1234 Main Street

City: Leawood

State: Kansas

Zip code: 66211

Country: United States of America

Session contact

If different from activity contact

Name: Jolene Sammons

Email: email@email.com

Phone: XXX-XXX-XXXX

Fax: XXX-XXX-XXXX

Session's web site: www.website.com

Session learning objectives

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

1. Review current guidelines for opioid prescribing.
2. Acquire a better understanding of the current opioid epidemic in America.

Agenda

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, wpd, wps, pdf, xls, xlsx, ppt, pptx)

Enter text:

3:00-9:00 a.m.
Dr. John Doe, MD

Note: All sessions do not have to be added at the time the application is submitted. The reviewers just need one session entered in order to process the review. Additional sessions can be added at a later time.

Instructions on how to do this are located at www.aafp.org/cmea/addsessions.

Follow the previously listed **steps for 25-33** when adding a new session. The areas that are outlined in red will need to be updated.

The location information should pre-populate with the previously listed session information.

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.

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

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

Save As A New Session

Be sure to click the "Save As a New Session" button before clicking "Save and Exit Application" or "Finished Adding Sessions: Continue." Your changes will not save if this button isn't clicked first.

Application for Certification of CME Activity

Application Number: 72452

[Back to Edit Step 3](#)

Step 4 of 9: Session Details

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

- Live , Regularly Scheduled Conference (Series)
- Number of sessions: 5
- Number of credits (P/E): 2.00/0.00/0.00

Next Steps—Finished Adding Sessions: Click the "Finished Adding Sessions: Continue" button to go to Step 5.

Next Steps—Add More Sessions: Click the "+Add New Session" button and repeat steps 25-33.

Add/Edit Sessions

Instructions:

- Click the "Add new session" link to create a new session of your series.
- Complete the form for each individual session of your series.
- Click the "Save as a New Session" button to save the session.
- 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 certification period of the series.

Sessions entered: 2

TITLE	CREDITS (P/E)	SESSION DATE	EDIT	DELETE
Eye Injuries in the ER	1.00/ 0.00/ 0.00	11/9/2016 8:00 AM - 9:00 AM	Edit	Delete
Opioid Prescribing for Pain Management	1.00/ 0.00/ 0.00	11/10/2016 8:00 AM - 9:00 AM	Edit	Delete
+ Add 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 Certification of CME Activity

Application Number: 72452

[Back to Edit Step 4](#)

Step 5 of 9: Live Activities - Teaching Methods

Primary teaching methods
(Check all that apply.)

35

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

Other: Max 200 characters.

[Save and Exit Application](#)

[Cancel Application](#)

36

[Continue](#)

Step 36: Continue 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.

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

Application for Certification of CME Activity

Application Number: 72452

[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.

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:

Contact Phone:

Contact Email:

Contact Fax:

[Save and Exit Application](#)

[Cancel Application](#)

37

[Continue](#)

 – These fields will be visible on aafp.org.

Step 37: Continue to Step 7 of 9.

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

Application Number: 72452

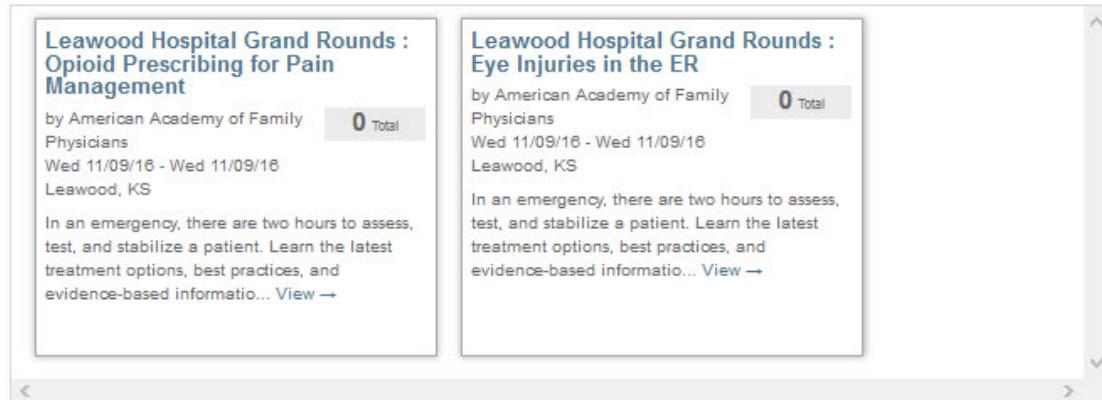
[Back To Edit Step 6](#)

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.

-  [Edit Step 1: Activity dates, credits, and title.](#)
-  [Edit Step 3: Marketing description.](#)
-  [Edit Step 4: Session/Issue/Location details.](#)
-  [Edit Step 6: Contact information.](#)

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



The screenshot shows a search results page with two activity cards. Each card has a title, a brief description, and a 'View →' link. The first card is for 'Leawood Hospital Grand Rounds : Opioid Prescribing for Pain Management' and the second is for 'Leawood Hospital Grand Rounds : Eye Injuries in the ER'. Both cards are listed as '0 Total'.

Activity Title	Description	Status
Leawood Hospital Grand Rounds : Opioid Prescribing for Pain Management	by American Academy of Family Physicians Wed 11/09/16 - Wed 11/09/16 Leawood, KS In an emergency, there are two hours to assess, test, and stabilize a patient. Learn the latest treatment options, best practices, and evidence-based informatio... View →	0 Total
Leawood Hospital Grand Rounds : Eye Injuries in the ER	by American Academy of Family Physicians Wed 11/09/16 - Wed 11/09/16 Leawood, KS In an emergency, there are two hours to assess, test, and stabilize a patient. Learn the latest treatment options, best practices, and evidence-based informatio... View →	0 Total

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).

[Leawood Hospital Grand Rounds: Opioid Prescribing for Pain Management](#)
[Leawood Hospital Grand Rounds: Eye Injuries in the ER](#)

Leawood Hospital Grand Rounds: Opioid Prescribing for Pain Management

1.00
1 Prescribed

by American Academy of Family Physicians

Wed 11/09/16

Leawood Hospital, Leawood, KS
for up to 1.00 Prescribed credits



In an emergency, there are two hours to assess, test, and stabilize a patient. Learn the latest treatment options, best practices, and evidence-based information on clinical topics that include wound care, ENT emergencies, and violence in the ER, as well as post-traumatic stress disorder, medical malpractice, traumatic brain injury, and more. Further develop your skills to prepare effective treatment plans for patients who may require in-patient care or referral, and more.

[Learn more](#)

Contact Info

Name: Jolene Simmons
Phone: 3000-3000-3000
Fax: 3000-3000-3000
Email: email@email.com
Visit website

Leawood Hospital Grand Rounds: Eye Injuries in the ER

1.00
1 Prescribed

by American Academy of Family Physicians

Wed 11/09/16

Leawood Hospital, Leawood, KS
for up to 1.00 Prescribed credits



In an emergency, there are two hours to assess, test, and stabilize a patient. Learn the latest treatment options, best practices, and evidence-based information on clinical topics that include wound care, ENT emergencies, and violence in the ER, as well as post-traumatic stress disorder, medical malpractice, traumatic brain injury, and more. Further develop your skills to prepare effective treatment plans for patients who may require in-patient care or referral, and more.

[Learn more](#)

Contact Info

Name: Jolene Simmons
Phone: 3000-3000-3000
Fax: 3000-3000-3000
Email: email@email.com
Visit website

38

[Continue](#)

Step 38: Continue to
Step 8.

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.

Application for Certification of CME Activity

Application Number: 72452

[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](#)

37

[Continue](#)

Step 37: Continue to Step 7 of 9.

Application for Certification of CME Activity

Application Number: 72452

[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.

38

[Continue](#)

Step 38: Continue to Step 8 of 9.

Application for Certification of CME Activity

Application Number: 72452

[Back to Edit Step 7](#)

Step 8 of 9: Attestation and Comments

Attestation:

39

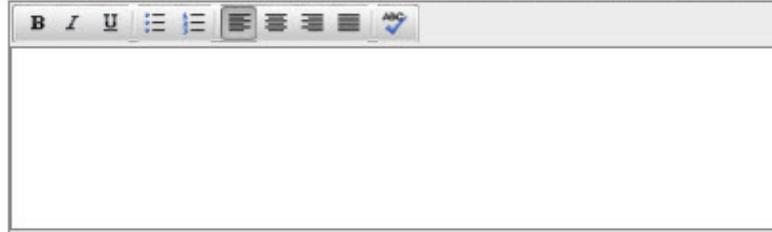
- I attest that all of the information provided in this application is accurate to the best of my knowledge.
- Please check this box to indicate you have read and agree to the AAFP CME Credit System terms and conditions in the event this application is selected for an audit.

Comments:

40

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

Step 40: Enter any additional comments in the text box for the CME application

A text editor interface with a toolbar at the top containing buttons for bold, italic, underline, and alignment. Below the toolbar is a large text area for input.

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](#)

41 [Continue to Payment](#)

Step 41: 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: \$595.00

Payment Options:

42

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 43: Click the continue button. This will take you to a confirmation page.