



Interprofessional Continuing Education (IPCE) Program CE Activity Reporting Form

Document required for review and approval of continuing education credit.

Activity Reporting Forms are due:

- within 90 days following *Conferences* or *Courses* offered one time in a calendar year
- annually for *Regularly Scheduled Series* and *Courses* repeated multiple times within a calendar year.

Instructions: Complete this report for each educational activity of which continuing education credit was approved. Complete all sections applicable for the activity and attach activity evaluation summary

Sponsoring Dept./ Service Line:		Application Date: (mm/dd/yyyy)	
Activity Title:			
Activity Date(s): Recurring or enter activity date (mm/dd/yyyy)		Activity Location: (Venue, City, State)	
Activity Type:	<input type="checkbox"/> Conference <input type="checkbox"/> Course <input type="checkbox"/> Enduring Material <input type="checkbox"/> RSS <input type="checkbox"/> Blended Activity (provide detail in #5)		Providership: <input type="checkbox"/> Direct <input type="checkbox"/> Joint
CE types / # of credit hours awarded for this activity:	<input type="checkbox"/> ACCME / ____ <input type="checkbox"/> ANCC / ____ <input type="checkbox"/> APCE / ____ <input type="checkbox"/> ASWB ACE / ____ <input type="checkbox"/> AAPA / ____ <input type="checkbox"/> ADA / ____ <input type="checkbox"/> APA / ____ <input type="checkbox"/> COPE / ____ <input type="checkbox"/> OTHER: indicate credit type ____ / indicate # of credit hours: ____		
Activity Coordinator / Planner Name and Credentials:			
Activity Coordinator / Planner Phone:		Activity Coordinator / Planner Email	
Does this activity fulfil any special Ohio CE requirements?		<input type="checkbox"/> No <input type="checkbox"/> Yes, indicate number of hours & detail*	
*State of Ohio Required Course Designation		<input type="checkbox"/> Ethics <input type="checkbox"/> Supervision <input type="checkbox"/> Law <input type="checkbox"/> Pharmacology <input type="checkbox"/> ADA <input type="checkbox"/> Cultural Competency <input type="checkbox"/> Medication Safety <input type="checkbox"/> Other (be specific):	

1. Activity Summary - Describe how this activity met or influenced the professional practice gap(s) identified. Include: A. How did the activity / program impact the proposed changes in learners' competence, performance and/or patient outcomes and how was it measured [JA4]? B. Describe how the measurable objectives / proposed outcomes were met. C. Describe how validity of content was verified. [JA6, JA10].	
2. Provide detail for relevant data, QI, trends, etc. directly correlated or impacted by this activity.	
3. What strategies were used to remove, overcome or address these barriers to change. [JA10]	
4. If used, indicate non-educational support strategies were used to sustain changes (i.e. reminders, badge buddies, etc.) [JA9]	
5. Total Attendance Updated	
6. Recommendations for future planning:	

List Planning Committee for the activity ...

Complete the table below.

Name of Individual	Credentials
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**INTERPROFESSIONAL CONTINUING EDUCATION (IPCE)
REGULARY SCHEDULED SERIES APPLICATION ADDENDUM**

Activity/Service Line: _____

Series Title: _____

Series Coordinator: _____

Department CE Coordinator: _____

Occurrence (weekly, monthly, quarterly): _____

Number of CE Credits per session: _____

File Audit Data Summary

(To be completed by CE)

Criteria	% Compliance *
Planning	100
Objectives	100
Publicity/CME Poster	100
Disclosure	100
Accreditation Statement	100
Attendance Lists	100

**indicate series noncompliance detail if not 100%*

Educational Planning:

(Overview of series):

How does this series address the activity's professional practice gap? (JAC4)

Competence –

Performance –

Patient Outcomes –

What are the measurable objectives/proposed outcomes for this series in terms of changes in competence, performance, and/or patient outcomes?

- 1.
- 2.
- 3.

Who is the target audience for this series?

- | | |
|--|---|
| <input type="checkbox"/> Physicians | <input type="checkbox"/> Nurses |
| <input type="checkbox"/> Pharmacists/Pharmacy Tech | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Physician Assistants |
| <input type="checkbox"/> Physician Assistants | <input type="checkbox"/> Students/Residents/Fellows |
| <input type="checkbox"/> Dental Professionals | <input type="checkbox"/> Other |

What educational format(s) will be used?

- Lecture
- Small group discussion
- Case review
- Simulation

Evaluation:

**Indicate how the activity will be evaluated and outcomes will be tracked and reported.
(JAC11)**

- Evaluation feedback
 - QI data comparison
 - Participant sampling
 - Other – Describe:
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