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## Bethesda, Maryland 20814-1621

## 301-581-9200

## 

## PETITION FOR CONTINUED APPROVAL

The completed *Petition* and all attachments must be in PDF format, as a bookmarked, continuous document and uploaded to the CPME portal **(see attached instructions).** All narrative responses should be entered in the form. Each narrative response must offer sufficient detail (and examples where appropriate) to demonstrate compliance with the stated requirement or, if necessary, to outline plans to attain compliance. If an attachment is preferred in response to a narrative question, the attachment must be identified by the appropriate requirement number indicated in the Petition. **A**ll items must be answered; if the item is not applicable, indicate “N/A” in response to that item. Hand-written responses and hard copy documentation will not be accepted.

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| **Provider Information (include professional degrees when applicable)** | |
| **Provider** |  |
| **Director** |  |
| **Chief Administrator** |  |

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| **STANDARD 1.0 - *The provider publishes a clear and appropriate written statement of its continuing education mission and operates in accordance with this statement, has a well-defined administrative structure, and is sufficiently managed and administered.*** | | |
| **Requirement** | | **Requested Information** |
| 1.1 | The continuing education mission statement shall set forth the broad, long-range goals of the provider in offering educational activities. | Provide the continuing education mission statement. (This is not the organization’s mission statement.) |
| Provide CE mission statement: | | |
| 1.3 | The director of continuing education shall be the primary individual responsible for coordinating and administering all continuing education activities, devoting sufficient time in order to fulfill the responsibilities required of the position, communicating with the Council on all matters related to the application approval process, and ensuring the provider achieves and maintains compliance with the Council’s standards and requirements. | Complete table 1.3. |
| 1.4 | The provider shall ensure continuity in the overall program of continuing education by appointing an advisory/education committee responsible for coordinating and administering all continuing education activities. The committee shall include at least one podiatric physician. | Complete table 1.4. |
| Describe how the committee functions and how often it meets. | | |
| 1.6 | When the provider delivers a continuing education activity in collaboration with another organization, the provider shall ensure the activity meets the Council’s standards and requirements. A signed joint provider agreement shall be established to delineate the specific responsibilities of the provider and the organization. | Attach all joint provider agreements. Indicate N/A if there are no joint provider agreements. |
| 1.7 | The provider shall establish and implement a nondiscrimination policy. | Provide the nondiscrimination policy related to continuing education. Describe your method for ensuring that continuing education activities are accessible to participants with disabilities (e.g., physical, visual, and/or hearing impairments). |
| Provide the nondiscrimination policy: | | |

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| **STANDARD 2.0 - *The provider bases its overall program of continuing education and individual activities upon assessment of the documented professional needs and interests of prospective learners.*** | | |
| **Requirement** | | **Requested Information** |
| 2.1 | The provider shall conduct and document use of a needs assessment. | Describe the process used to conduct the most recent needs assessment. Include the date and the individuals involved in the process and identify all sources of information utilized. |
| Describe the process: | | |
| 2.2 | The provider shall state the overall needs identified by the process and use these in planning continuing education activities. | Provide a written statement of the overall needs identified by the most recent need assessment(s). Include a specific example(s) to support that activities were planned in response to identified needs and interests of prospective applicants. |
| Provide written statement: | | |

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| **STANDARD 3.0 - *The provider establishes measurable learning objectives and utilizes effective educational methods for each continuing education activity that are based on the needs assessment.*** | | |
| **Requirement** | | **Requested Information** |
| 3.1 | The provider shall develop and communicate the measurable learning objectives for each continuing education activity prior to implementation of the activity. The objectives shall specify expected learning outcomes in terms of knowledge, skills, attitudes, and/or patient care. | Attach learning objectives. |
| 3.2 | The provider shall select and utilize educational methods for each continuing education activity that are effective for the format, educational content, learning objectives, and intended audience of each activity. | Complete table 3.2. |

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| **STANDARD 4.0 - *The provider conducts appropriate evaluation processes related to individual continuing education activities and its overall program of continuing education, and reports this information to the Council on Podiatric Medical Education.*** | | |
| **Requirement** | | **Requested Information** |
| 4.1 | At the conclusion of the continuing education activity, the provider shall assess the effectiveness of the continuing education activity in meeting the learning objectives in terms of improved strategies, skills, and/or patient care. This assessment may be achieved through a variety of methods including pre- and post-tests, pre- and post-audience response polling, post-activity evaluation, learner interview, etc. | Attach a copy of the final assessment and the final assessment compilation of responses in addition to any polling notes, pre and post-test final results, and/or learner interview notes. |
| Describe how the evaluation and/or assessment summaries are reported to appropriate administrative and planning staffs and instructors: | | |
| 4.2 | The provider shall conduct a formal self-assessment of its overall program of continuing education. | Describe the most recent annual review of the overall program of continuing education. |
| Describe the most recent annual review: | | |

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| **STANDARD 5.0 - *The provider selects qualified instructors for each continuing education activity.*** | | |
| **Requirement** | | **Requested Information** |
| 5.1 | The instructors selected to teach the continuing education activity shall be qualified by education and experience to provide instruction in the subject matter of the activity. | Describe the process the provider utilizes to select qualified instructors. |
| Describe the process: | | |
| 5.2 | The provider must obtain a signed financial disclosure agreement, for each educational activity from all individuals responsible for, or who have influence over, the content of the activity (e.g., planning committee, instructors, members, content authors). | Complete table 5.2.  Provide a signed financial disclosure for each individual listed. |
| 5.3 | The provider shall disseminate to learners, prior to the educational activity, a disclosure statement that identifies relevant financial relationships between the instructors and planning committee members with the commercial interest. Disclosure of relevant (or none) conflict of interest was made at activity. | Complete table 5.3. |

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| 5.4 | The provider shall have a mechanism in place to inform and ensure instructors present a balanced, unbiased view of all therapeutic options. | State the mechanism used to inform and ensure instructors present a balanced, unbiased view of all therapeutic options. |
| State the mechanism: | | |

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| **STANDARD 6.0 - *The provider demonstrates its independence, absence of commercial bias, appropriate management of funds from commercial interests and other sources, and appropriate management of advertising and exhibits.*** | | |
| **Requirement** | | **Requested Information** |
| 6.1 | The provider shall ensure independence of its continuing education activities from commercial conflict of interest, bias, or influence by means of a signed written agreement between the provider and any organization providing support for continuing education activities. | Complete table 6.1 and provide the complete, signed agreement for each company listed. |

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| 6.2 | The provider shall exercise full control in managing funds provided by commercial interests and other sources. | | YES | NO | N/A |
| Were all sources of funds given as unrestricted educational grants and/or in-kind support?  If **NO** please explain: | | |  |  |  |
| Did any the commercial interests designate the instructor to be used?  If **YES** please explain: | | |  |  |  |
| Did the commercial interest designate the amount of the instructor’s honorarium or  travel?  If **YES** please explain: | | |  |  |  |
| 6.3 | The provider shall ensure that commercial interest exhibits or activities are separate from the continuing education activity. | How does the provider ensure the separation of exhibits from the continuing education activity? | | | |
| Explain how the provider ensures the separation of exhibits: | | | | | |
| 6.4 | The provider shall have policies and processes to ensure independence of its continuing education activities from commercial conflict of interest, bias, or influence. | Attach the policies and processes that ensure independence of the continuing education activities from commercial conflict of interest, bias, or influence. | | | |

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| **STANDARD 7.0 - *The provider shall ensure appropriate administrative processes related to development of publicity, admission, verification of attendance, calculation of continuing education contact hours, and maintenance of attendance records.*** | | |
| **Requirement** | | **Requested Information** |
| 7.1 | The provider shall ensure that publicity for continuing education activities and descriptive materials utilized during the activity provide complete and accurate information. | Attach the final activity publication for each activity. |
| 7.3 | The provider shall perform a minimum of two attendance verifications during each day of a continuing education activity. An activity of four hours or less requires single attendance verification. | Describe the method(s) utilized to verify participant’s attendance at and/or completion of activities. Specify the frequency with which attendance is verified. |
| Describe the method(s) utilized: | | |
| 7.4 | The provider shall determine the number of continuing education contact hours in accordance with the Council’s requirements. | Complete table 7.4. |

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| 7.5 | The provider shall maintain a roster of individuals participating in each continuing education activity. | Attach a roster for each continuing education activity. The roster must include the name of provider, title of activity, maximum continuing education contact hours available, date(s) of the activity, names of individual learners, and number of continuing education contact hours awarded each learner. |
| 7.6 | The provider shall provide a documented record of attendance to each learner upon satisfactory completion of the continuing education activity. | Attach the documented record (e.g., certificate, letter, or transcript) for each continuing education activity. |

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| **STANDARD 8.0 - *The provider ensures the protection and confidentiality of patients involved in all aspects of its continuing education activities.*** | | |
| **Requirement** | | **Requested Information** |
| 8.1 | The provider shall ensure patient protection. In continuing education activities involving patient treatment by either faculty or learners, indicate which of the following method(s) the provider utilizes to ensure patient protection. | Complete table 8.1 |
| 8.2 | The material(s) presented and/or distributed shall be in accordance with the Health Insurance Portability and Accountability Act (HIPAA), as amended. | How does the provider ensure all identifying patient information or visual has been removed from all presentations and handouts? |
| Describe: | | |

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| **STANDARD 9.0 - *The provider appropriately manages administration related to instructional media.*** | |
| **Requirement** | **Requested Information** |

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| 9.1 | The provider shall be responsible for ensuring quality educational content and production of the activity. | | YES | NO | N/A |
| Have you consulted with individuals with expertise in media and self- directed learning  techniques? If **NO** please explain: | | |  |  |  |
| Has the instructional media been reviewed at least bi-annually or more frequently?  If **NO** please explain: | | |  |  |  |
| Have any instructional media been certified for contact hours more than three years  without being review on the part of the provider ensuring current and accurate  educational content? If **YES** please explain: | | |  |  |  |
| Were all sources of funds given as unrestricted educational grants and /or in-kind support?  If **NO** please explain: | | |  |  |  |
| 9.2 | The provider shall establish conditions for effective participation in each activity. | Describe how the bulleted conditions (listed in the guidelines) are communicated to learners. | | | |
| Describe: | | | | | |
| 9.3 | The provider shall have and abide by a policy on privacy and confidentiality and must inform the learner about its policy. | Attach your policy on privacy and confidentiality and how it is communicated to learners. | | | |
| 9.4 | The provider shall document ownership of the copyright, permission, or otherwise permitted use of materials in a continuing education activity. | Describe how the ownership of the copyright, permission, or otherwise permitted use of materials in a continuing education activity is documented. | | | |
| Describe: | | | | | |
| 9.5 | Each activity shall include a content-oriented post-assessment. | Attach the post-assessment exam for each activity. | | | |
| 9.7 | The provider shall establish a justifiable, standard number of continuing education contact hours to be granted for completion of each activity. | Describe how continuing education contact hours are calculated for each activity along with the process used for ongoing validation. | | | |
| Describe: | | | | | |
| 9.8 | The provider shall provide opportunity for learners to complete an evaluation process at the completion of the activity. | Attach the final assessment compilation of responses in addition to any polling notes, pre-post-test final results, and/or learner interview notes. | | | |

**Table 1.3**

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| Indicate which of the following responsibilities are for the director of continuing education and/or for the advisory/education committee. (Check all that apply.) | Director | **Committee** | **Other** |
| Participates in development of the mission statement |  |  |  |
| Conducts the needs assessment |  |  |  |
| Develops measurable learning objectives |  |  |  |
| Develops the schedule |  |  |  |
| Selects educational methods |  |  |  |
| Evaluates individual activities |  |  |  |
| Conducts the annual review of the program of continuing education |  |  |  |
| Coordinates the process of post-assessment development, administration, and scoring |  |  |  |
| Selects, communicates, and consults with instructors |  |  |  |
| Selects facilities |  |  |  |
| Executes agreements |  |  |  |
| Tracks financial resources |  |  |  |
| Develops and distributes marketing materials |  |  |  |
| Registers learners |  |  |  |
| Verifies attendance |  |  |  |
| Maintains and issues documented records of attendance |  |  |  |
| Calculates and awards continuing education contact hours |  |  |  |
| Adheres to patient protection policies |  |  |  |
| Include an explanation for each “other” area checked: | | | |

**Table 1.4**

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| **Name** | **Degree** | **Role in Program Planning** | **# of Years on Committee** |
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**Table 3.2** Check all that apply.

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|  | Case presentation |  | Interactive response system |
|  | Skills demonstration |  | Simulated patient |
|  | Lecture |  | Laboratory session |
|  | Panel discussion |  | Mentoring/coaching |
|  | Small group discussion |  | Question and answer session |
|  | Seminar |  | Workshops |
|  | Round table |  | Other: |
| Why were the identified educational method(s) selected? | | | |

**Table 5.2**

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| **Name of Individual** | **Continuing Education Activity** | **Individuals roll in activity** |
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**Table 5.3** Check all that apply below. Include **documentation** for each option except verbal.

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|  | Verbal given by: |  | Presentation slides |
|  | Marketing materials |  | Website: |
|  | In writing |  | Other: |

**Table 6.1** List the following for each of the selected activities.

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| **Name of Commercial Interest** | **Continuing Education Activity** | **Type (form) of support** |
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**Table 7.4** List the following for each of the selected activities.

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| **Title Of Continuing Education Activity** | **Date Of Activity (MM/DD/YY)** | **# Of CECH’s Granted To Learners** | **# OF CECH’s On Brochure** | **Provide Explanation If CHCH’s Granted Are Different Than On The Brochure** |
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**Table 8.1** Check all that apply and include written documentation for each applicable item; *if not applicable, indicate N/A”*). Attach written documentation for each applicable item.

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|  | Ensure that learners possess the skills and knowledge to learn and perform the techniques. |  | Obtain prior written informed consent from the patient. |
|  | Utilize aseptic conditions and appropriate equipment and instruments. |  | Ensure that instructors provide sufficient clinical supervision. |
|  | Provide continuity of care. |  | Provide emergency services. |