

<b>Activity Director name and email (Must be a physician):</b>	Name: Email:
<b>Non-Physician Contact name, email, and phone number:</b>	Name: Email: Phone Number:
<b>When will the education take place and how often?</b>	Date: Frequency:
<b>Please list the title or brief description for the education?</b>  Examples: Emergency Department team huddle; Leadership in a time of crisis; Well-being check-in	Title/Brief Description:
<b>Please select the audience for whom the activity is being planned. Physicians must be the primary target audience.</b>	<input type="checkbox"/> Physicians List specialty(specialties) being targeted:  <input type="checkbox"/> Mid Level Providers (Nurse Practitioners, Physician Assistant, etc) <input type="checkbox"/> Other Please list:
<b>What practice-based problem (gap) will this education address?</b>  Examples: Improve care coordination; Better communication with patients and families; Want to give better feedback to students	Practice-based problem (gap):
<b>What is/are the reason(s) for the gap? How are your learners involved?</b>  Examples: We need strategies to discuss difficult topics with family members; Don't know best ways to improve team collaboration	Reason(s) for the gap:
<b>Review the three statements to the right.</b>  If you can check <u>any</u> of these boxes, you do not need to identify, mitigate, and disclose relevant financial relationships.  If you are unable to check any boxes, please contact your CE program administrator to implement processes for ensuring the integrity and independence of this education.	The education will... (check all that apply)  <input type="checkbox"/> only address a non-clinical topic (e.g., leadership or communication skills training).  <input type="checkbox"/> be for a learner group that is in control of the content (e.g., spontaneous case conversation among peers).  <input type="checkbox"/> be a self-directed educational activity where the learner will control their educational goals and report on changes that resulted (e.g., learning from teaching, remediation, or a personal development plan).
<b>What change(s) in strategy, performance, or patient care would you like this education to help learners accomplish?</b>  Examples: Eliminate stigmatizing language from communications with patients; Improve my management skills	Desired change(s) in strategy, performance, or patient care:
<b>Discuss with learners the changes they intend to make to their strategies, performance, or patient care that will result from this activity and list that information to the right.</b>  Example: I will use the evidence-based checklist we discussed to improve screening my patients for past military service.	Changes learners intend to make to strategies, performance, or patient care:
<b>Please list or attach copy of agenda or annual calendar, including proposed speakers and topics</b>	

Send completed application and signed disclosure form for activity director to [cme@ochsner.org](mailto:cme@ochsner.org). All other disclosures will be collected in advance of the activity.

After the activity, please collect attendance and learner change information for the activity (evaluation, pre/post test, etc.) and send it to the continuing education department for credit to be awarded.