



*DSHS Continuing Education Service
Office of Academic Linkages*



2013
*Continuing Education Event
Documentation Packet
(CE Doc Pac)*

Event Title: _____

CE Event #: _____

Primary Contacts for CE Information

CE Administrator (512) 834-6715

Records Coordinator (512) 834-6719

CE.Service@dshs.state.tx.us

P.O. Box 149347 (MC:1865)

Austin, Texas 78714-9347

Table of Contents

Event Information (section one)

- Required documentation and deadlines (pre-event, post-event, and repeated educational events)
- Attestation of the event planner
- Organization and event planner information
- Budget
- CE statement on marketing materials

Committee Members (section two)

- List of planning committee members, advisory panel members; subject matter experts, content developers, speakers, and authors

Assessing Learner Needs (section three)

- Needs assessment findings
- Competencies to be impacted

Program Structure and Content (section four)

- Event description
- Ethics content
- Applications for Licensed Professional Counselor (LPC); Licensed Marriage and Family Therapists (LMFT); Licensed Chemical Dependency Counselors (LCDC) continuing education contact hours
- Educational design
 - Live event
 - Enduring material
- Evaluation of the educational program by participants
- Post-test for change in knowledge, competence or performance (enduring materials only)
- Logistical considerations (enduring materials only)
- Beta test for enduring materials
- Resolution of beta test recommendations (enduring materials only)

Disclosure (section five)

- Resumes/biographies
- Disclosure of relevant financial interest
- Determination and resolution of potential conflict of interest
- Correspondence to speaker(s)
- Commercial interests
- Disclosure to learners

Exhibitors (section six)

- Exhibitor policy
- Correspondence to exhibitors

Participant Data Reported to the CE Service (section seven)

- Live event
- Enduring material

Appendix 1: A Word about Continuing Professional Education at DSHS

SECTION ONE: EVENT INFORMATION

Required Documentation and Deadlines

A Word about the DSHS Professional Development

The purpose of Department of State Health Services (DSHS) continuing education is to promote continuous improvement in patient care and population health by providing education activities for medical/health professionals. Educational activities are based on identified professional practice gaps, and serve to enhance competence and performance in patient care, medical/health knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, systems-based practice, informatics, quality improvement, evidence-based practice and interdisciplinary teams.

Target Audience

The role of DSHS in improving professional practice has two foci:

First, like all health practice organizations, DSHS seeks to improve the practice of the health professionals within the organization.

Second, as the state's governmental agency concerned with public health and behavioral health, DSHS has a leadership role in providing information and education as a strategy to keep health professionals across the state updated on the practice of subject matter under the agency's purview, especially those external health professional who serve the people of Texas through contractual relationships with DSHS programs.

CE Doc Pac and the CE Service

The purpose of the CE Doc Pac is to provide a seamless process for event planners to meet requirements for the awarding of continuing education contact hours for up to eight medical/health professions. The DSHS CE Service is accredited/approved as a provider of continuing education contact hours by the Texas Medical Association, American Nurse Credentialing Center, National Commission for Health Education Credentialing and Texas Department of State Health Services regulatory programs.

Pre-event

Acknowledgement Letter

Upon contacting the CE Service, with an interest in offering continuing education contact hours, the event planner will receive an acknowledgement letter. This correspondence assigns a CE event number to the educational offering. This number is used by the CE Service to track the status of the event.

All pre-event documents must be submitted to the Continuing Education Service **60 days prior** to the event.

First Review Meeting Before the CE Administrator will schedule the first review meeting, the following sections of the CE Doc Pac must be completed:

- Event Information
- Committee Members
- Assessing Learner Needs
- Program Structure and Content
- Disclosure

Second Review Meeting

- Revisions from first meeting, if applicable
- Completed Speaker Letters confirming presentation purpose and content
- Correspondence to Exhibitors, if applicable

- Completed Disclosure to Learners (including plans on how this information will be disclosed and printed material)
- Copies of all promotional materials used for the event prior (purpose of the educational event, learning objectives, and CE statements should be identified on the promotional materials)
- Finalized Registration Form
- Finalized Participant Sign-in Sheet

Approval Letter

After meeting all standards for the planning of a continuing education event, the event planner will receive an approval letter. This correspondence will list the event expiration date and professions designated for continuing education contact hours.

Post-event

Post-event documentation must be submitted to the Continuing Education Service no later than **30 days** after the event is completed. This includes live events provided multiple times within one year.

Department of State Health Services
Office of Academic Linkages
Continuing Education Service (Records Coordinator)
P. O. Box 149347 (MC: 1865)
Austin, TX 78714-9347

Or by email CE.Service@dshs.state.tx.us

Post-event documentation includes:

- Copies of all promotional materials used for the event prior (purpose of the educational event, learning objectives, and CE statements should be identified on the promotional materials)
- Correspondence to speaker(s) confirming presentation content
- Copy of the handouts
- Sign In Sheet
- Completed CE Request Form
- Completed Summary of CE Evaluations
- Completed evaluations from speakers (optional)

Certificates will be mailed within 7-14 days/maximum 30 working days after CE Service receives post event documentation.

Questions about CE Doc Pac: 512/834-6715;

Questions about post event paperwork and certificates: 512/834-6719

Repeated Educational Events

Educational events that are repeated require the submission of an Event Request Form (section four of this packet) each time the event is to be repeated, the completed form is submitted to the CE Service mailbox at: CE.SERVICE@DSHS.STATE.TX.US **30 days** before the repeated event. Items on the form include:

- Title of the event
- Event date and time
- Location, including address of the event
- Contact information for event planner
- Contact information on the CE planning committee designee who will be managing registration

Once request has been submitted and approved, the CE Service will send the event planner an approval letter.

SECTION ONE: EVENT INFORMATION

1a. Attestation of the Event Planner

As the event planner, I attest to the following statements:

All information contained in this CE packet is current and accurate. All plans for the continuing education event, as set forth in this packet, will be carried out as stated.

- Agree
 Disagree

I will ensure proper use of CE accreditation statements in all publicity items.

- Agree
 Disagree

I will ensure that a written plan to verify learner attendance is developed and carried out.

- Agree
 Disagree

I will ensure that the disclosure of any financial interests is shared with participants at the time of the event.

- Agree
 Disagree

I will ensure if there is a source of support from a commercial interest, either direct or in-kind, it will be reported to the CE Service and disclosed to participants at the time of the event.

- Agree
 Disagree

I will ensure that required post event documentation (Event Request Form, Participant Sign in Sheet, and Summary of Participant Evaluations) will be submitted to the CE Service within 30 days following the event.

- Agree
 Disagree

Signature of Event Planner

Date

SECTION ONE: EVENT INFORMATION

1b. Organizational and Event Planner Information

Organization Name: (including division/program/ health service region/state hospital)	
Address/City/State/Zip:	
Phone:	
Primary Contact (event planner):	
Title/Position:	
Address/City/State/Zip:	
Email Address:	
Phone:	

SECTION ONE: EVENT INFORMATION

1c. Budget

Note: Per accreditation bodies, please show how funds will be utilized for the continuing education event. Estimations are acceptable.

- A. Will you be offering honorarium or reimbursement for out-of-pocket expenditures for planners, speakers, or authors?
 Yes No

If so, please describe your honorarium and/or reimbursement procedures (note- honorarium procedures must be free of commercial interests):

- B. Please complete the following table:

EVENT INCOME	
Registration Fees	\$
Total Commercial Support & Company Name	\$
Total Non-Commercial Support & Company Name	\$
Total Governmental Support & Agency Name	\$
Total Income	\$
EVENT EXPENSE ITEMS	
Developmental costs of Internet Based Modules	\$
Printing and Postage of Promotional Materials/Handouts/Programs	\$
Meeting Facilities (Hotel/Meeting Rooms/Etc.)	\$
Food (Banquet, Breaks, Etc.)	\$
Other Expenses	\$
Total Expenses:	\$
Speaker Travel Expenses (Include Speaker Name)	\$
Speaker Honorarium (Include Speaker Name)	\$
Total Speaker Fees:	\$

SECTION ONE: EVENT INFORMATION

1d. Guidelines For Publicity Items

Publicity items must clearly state:

1. Event title
2. Purpose of the educational event
3. Learning objectives
4. Continuing education credit statement

Before CE Service Approval

Please note that publicity items (flyers, brochures, web sites, e-mails, etc) cannot make specific references to the types of CE provided (CME, CNE, etc) or make a statement about the number of continuing education contact hours **until** receipt of a final approval letter from the CE Service. Please use the statement listed below on any save the date marketing materials once you have received a CE acknowledgement letter from the CE Administrator.

Should you need a statement for a "Save the Date" flyer, please use the following language

***“Continuing education credit for multiple disciplines
will be provided for this event”***

After CE Service Approval

Upon receipt of a final approval letter from CE Service, the following required, exact language must be included on all publicity/marketing materials. Please select statements applicable to which CE credits are requested and add in number of awarded hours. Exact wording and format of statements is required.

Continuing education contact hours for this event are provided by the Texas Department of State Health Services (DSHS) CE Service and include the following:

Continuing Medical Education:

The Texas Department of State Health Services is accredited by the Texas Medical Association) to provide continuing medical education for physicians. The Texas Department of State Health Services (DSHS) Continuing Education Service (TMA provider #4006803) designates this live activity for a maximum of [redacted] AMA PRA Category 1 CreditsTM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Continuing Nursing Education:

The Texas Department of State Health Services (DSHS), Continuing Education Service is an accredited provider (P0180) of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. Texas Department of State Health Services Continuing Education Service has awarded [redacted] contact hours of Continuing Nursing Education.

Social Workers:

The Texas Department of State Health Services (DSHS), (DSHS), Continuing Education Service under sponsor number (CS3065) Expiration date December 31, 2013, has been approved by the Texas State Board of Social Work Examiners (1-888-963-7111) to offer continuing education contact hours to social workers. Texas Department of State Health Services Continuing Education Service has awarded [redacted] contact hours of Continuing Social Work Education.

Registered Sanitarians:

The Texas Department of State Health Services (DSHS), Continuing Education Service is considered a sponsor of continuing education for Registered Sanitarians according to the Texas Administrative Code, Title 25, Part 1, Chapter 140, Subchapter C, Rule §140.113 Texas Department of State Health Services Continuing Education Service has awarded [redacted] contact hours of Continuing Education.

Certified Health Education Specialists:

Texas Department of State Health Service (DSHS), Continuing Education Services is a designated provider (TX0038) of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is designated for Certified Health Education Specialist (CHES) and or Master Certified Health Education Specialists (MCHES) to receive [redacted] total Category 1 continuing contact hours. Maximum advanced-level continuing education contact hours are [redacted] hours.

Licensed Marriage and Family Therapists:

The Texas Department of State Health Services (DSHS), Continuing Education Service is an approved provider (#466) by the Texas State Board of Examiners of Marriage and Family Therapists to offer continuing education contact hours to Licensed Marriage and Family Therapists. Texas Department of State Health Services Continuing Education Service has awarded [redacted] contact hours for Licensed Marriage and Family Therapists.

Licensed Professional Counselors:

The Texas Department of State Health Services (DSHS), Continuing Education Service is an approved provider (#12600) by the Texas State Board of Examiners of Professional Counselors to offer continuing education contact hours to Licensed Professional Counselors. Texas Department of State Health Services Continuing Education Service has awarded [redacted] contact hours for Licensed Professional Counselors.

Licensed Chemical Dependency Counselors:

The Texas Department of State Health Services (DSHS), Continuing Education Service is an approved provider (TCBAP# 0090-87E) with the Texas Certification Board for Addiction Professionals to offer continuing education contact hours to Licensed Chemical Dependency Counselors. The Texas Department of State Health Services Education Continuing Service, per approval of Division for Mental Health and Substance Abuse, has awarded [redacted] contact hours for Licensed Chemical Dependency Counselors.

Certificate of Attendance:

The Texas Department of State Health Services (DSHS), Continuing Education Service certifies that this attendee participated in the educational activity listed above. Texas Department of State Health Services Continuing Education Service has awarded [redacted] hours for attendance.

SECTION TWO: COMMITTEE MEMBERS

2a. List of Event Planning Committee Members, Advisory Panel Members, Subject Matter Experts, Content Developers, Speakers, and Authors

Please list all planning committee members, advisory panel members, subject matter experts, content developers, speakers and authors involved in the planning and delivery of this continuing education event. Add additional pages as needed. Submission of a resume and financial disclosure (Section 5a & 5b) by each individual is required.

Planning Committee/Advisory Panel Members

Event Planner: _____

Title/Position: _____

Organization: _____

Discipline: MD\DO RN SW CHES LPC LCDC LMFT Other _____

Event Planning Committee Member: _____

Title/Position: _____

Organization: _____

Discipline: MD\DO RN SW CHES LPC LCDC LMFT Other _____

Event Planning Committee Member: _____

Title/Position: _____

Organization: _____

Discipline: MD\DO RN SW CHES LPC LCDC LMFT Other _____

Event Planning Committee Member: _____

Title/Position: _____

Organization: _____

Discipline: MD\DO RN SW CHES LPC LCDC LMFT Other _____

Nurse Planner (this individual must be a DSHS trained RN Planner trained in the ANCC standards for CNE. This individual will be assigned by the CE Service.

Nurse Planner: _____

Title/Position: Designated Nurse Planner

Organization: Texas Department of State Health Services

Discipline: RN

CHES Planner (this individual must be a DSHS trained planner trained in the National Commission for Health Education Credentialing.

CHES Planner: Barry Sharp, MCHES

Title/Position: Designated CHES Planner

Organization: Texas Department of State Health Services

Discipline: CHES

Content Development/Authors (if applicable)

Content Development/Author: _____

Title/Position: _____

Organization: _____

Discipline: MD\DO DO RN SW CHES LPC LCDC LMFT Other _____

Speakers (if applicable)

Speaker: _____

Title/Position: _____

Organization: _____

Discipline: MD\DO RN SW CHES LPC LCDC LMFT Other _____

Speaker: _____

Title/Position: _____

Organization: _____

Discipline: MD\DO RN SW CHES LPC LCDC LMFT Other _____

Speaker: _____

Title/Position: _____

Organization: _____

Discipline: MD\DO RN SW CHES LPC LCDC LMFT Other _____

SECTION THREE: ASSESSING LEARNER NEEDS

3a. Needs Assessment Findings

1. What is the gap/professional practice gap to be addressed?

Please provide a two-part statement. First, describe the current situation/problem (example: 50% of public health staff cannot list the five major causes of mortality in Texas; 30% of physicians and nurses cannot accurately perform XXXX screening or diagnostic test). Second, describe the desired outcome or ideal situation. The required gap statement should reveal the discrepancy between what is and what should be) (TMA C2)

A. Current situation/problem:

B. Desired outcome:

2. What is the purpose or goal of this educational activity? (TMA C2)

3. Based on the professional practice gap, specify the target audience for this continuing education event (Check all that apply) (TMA C1, ANNC C1)

- Physicians
- Nurses
- Social Workers
- Certified Health Education Specialist
- Registered Sanitarians
- Licensed Professional Counselor
- Licensed Chemical Dependency Counselor
- Licensed Marriage & Family Therapist
- Other _____

4. What knowledge gap relative to clinical content or medical business practice or professional responsibility is this activity designed to fulfill? (Check all that apply) (TMA C2.1, ANNC C2)

- Update** existing knowledge
- Acquire new** knowledge
- Acquire knowledge** of new technique or skill
- Learn to **perform a skill**
- Other

5. Is it a gap in: (TMA C2, ANNC C2.3)

- Knowledge
- Competence
- Performance

Glossary of Terms

Knowledge – General awareness or possession of information, fact, ideas or principles

Competence – Knowing how to do something

Performance – The skills, abilities, and strategies one implements in practice

6a. Describe the type(s) of needs assessment(s) conducted to determine event objectives and content. (Check all that apply)

(Attach a copy of the documentation) (TMA C2, ANCC C2)

- Formal Needs Assessment Survey
- Health and medical statistics
- Patient outcome data
- Community health data/population data
- Performance improvement data/findings

- Regulatory requirements
- Environmental scan
- Learner/management requested
- Trends in evidence-based practice, healthcare, literature, or law
- Consensus of experts (specify)
- ACGME, IOM, ANA or other competencies related to this topic
- Feedback from past participant evaluation forms
- Other Specify _____

6b. Provide a brief summary of needs assessments and attach supporting evidence:

- 7.** Based on the need/gap the activity is addressing, what are the desired results of the activity? *(TMA C11-15, ANCC C4)*
- 8.** Based on the training need/training gap, how does the design of the activity promote changes to meet that need (i.e. to change knowledge, competence or performance)? *(TMA C11-15, ANCC C4)*
- 9.** What are the potential or real barriers facing the need or gap to be addressed? *(TMA C18, C19)*
- 10.** Are there other initiatives within the DSHS working on this issue? *(TMA C19, C20)*
- Yes
 - No
- 11a.** What other organization are you partnering with to work on this issue?
- 11b.** In what ways could/have these organizations help address or remove barriers? *(TMA C19, C20)*
- 12.** How will the evaluation results be used? *(Check all that apply) (ANCC 4, TMA C11-C15)*
- Evaluate event for future programming efforts
 - Evaluate workforce satisfaction regarding training
 - Plan workforce training efforts for future unmet needs
 - Evaluate intent to change
 - Evaluate the need in knowledge, competence or performance
 - Other (specify)

SECTION THREE: ASSESSING LEARNER NEEDS

3b. Competencies Impacted

Is there an IOM/ACGME or other competency related to the topic? (TMA Criterion 6)

Yes

No

Institute of Medicine (IOM) Core Competencies

- Provide patient-centered care** – identify, respect, and care about patients' difference, values, preferences, and expressed needs; relieve pain and suffering; coordinate continuous care; listen to, clearly inform, communicate with, and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health.
- Work in interdisciplinary teams** – cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable.

- Employ evidence-based practice** – integrate best research with clinical expertise and patient values for optimum care, and participate in learning and research activities to the extent feasible.
- Apply quality improvement** – identify errors and hazards in care; understand and implement basic safety design principles, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs; and design and test interventions to change processes and systems of care, with the objective of improving quality.
- Utilize informatics** – communicate, manage knowledge, mitigate error, and support decision making using information technology.

Accreditation Council for Graduate Medical Education (ACGME) Competencies

- Patient care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
- Medical knowledge** about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social behavioral) sciences and the application of this knowledge to patient care.
- Practice-based learning and improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
- Interpersonal and communication skills** that result in effective information exchange and teaming with patients, their families, and other health professionals.
- Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
- Systems-based practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value.

Nursing Competencies Adapted from the Texas Board of Nursing Differentiated Entry level Nursing Competencies

- Member of the Profession**- Function within the nurse's legal scope of practice and in accordance with the policies and procedures of the employing health care institution or practice setting.
- Provider of Patient-Centered Care**-Provide safe, compassionate, comprehensive nursing care to patients, families, populations, and communities, through a broad array of health care services
- Patient Safety Advocate**- Formulate goals and outcomes using an evidence-based and theoretical analysis of available data to reduce patient and community risks.
- Member of the Health Care Team**-Coordinate, collaborate, and communicate with patients, families, populations, communities, and the interdisciplinary health care team to plan, deliver, and evaluate care.

Certified Health Education Competencies

Responsibility I: Assess Needs, Assets and Capacity for Health Education	
<input type="checkbox"/>	Competency 1.1: Plan Assessment Process
<input type="checkbox"/>	Competency 1.2: Access Existing Information and Data Related to Health
<input type="checkbox"/>	Competency 1.3: Collect Quantitative and/or Qualitative Data Related to Health
<input type="checkbox"/>	Competency 1.4: Examine Relationships Among Behavioral, Environmental and Genetic Factors That Enhance or Compromise Health
<input type="checkbox"/>	Competency 1.5: Examine Factors That Influence the Learning Process
<input type="checkbox"/>	Competency 1.6: Examine Factors That Enhance or Compromise the Process of Health Education
<input type="checkbox"/>	Competency 1.7: Infer Needs for Health Education Based on Assessment Findings
Responsibility II: Plan Health Education	
<input type="checkbox"/>	Competency 2.1: Involve Priority Populations and Other Stakeholders in the Planning Process
<input type="checkbox"/>	Competency 2.2: Develop Goals and Objectives
<input type="checkbox"/>	Competency 2.3: Select or Design Strategies and Interventions
<input type="checkbox"/>	Competency 2.4: Develop a Scope and Sequence for the Delivery of Health Education
<input type="checkbox"/>	Competency 2.5: Address Factors That Affect Implementation
Responsibility III: Implement Health Education	
<input type="checkbox"/>	Competency 3.1: Implement a Plan of Action
<input type="checkbox"/>	Competency 3.2: Monitor Implementation of Health Education
<input type="checkbox"/>	Competency 3.3: Train Individuals Involved in Implementation of Health Education
Responsibility IV: Conduct Evaluation and Research Related to Health Education	
<input type="checkbox"/>	Competency 4.1: Develop Evaluation/Research Plan
<input type="checkbox"/>	Competency 4.2: Design Instruments to Collect Data
<input type="checkbox"/>	Competency 4.3: Collect and Analyze Evaluation/Research Data
<input type="checkbox"/>	Competency 4.4: Interpret Results of the Evaluation/Research
<input type="checkbox"/>	Competency 4.5: Apply Findings From Evaluation/Research
Responsibility V: Administer and Manage Health Education	
<input type="checkbox"/>	Competency 5.1: Manage Fiscal Resources
<input type="checkbox"/>	Competency 5.2: Obtain Acceptance and Support for Programs
<input type="checkbox"/>	Competency 5.3 Demonstrate Leadership
<input type="checkbox"/>	Competency 5.4: Manage Human Resources
<input type="checkbox"/>	Competency 5.5: Facilitate Partnerships in Support of Health Education
Responsibility VI: Serve as a Health Education Resource Person	
<input type="checkbox"/>	Competency 6.1: Obtain and Disseminate Health-Related Information
<input type="checkbox"/>	Competency 6.2: Provide Training
<input type="checkbox"/>	Competency 6.3: Serve as a Health Education Consultant
Responsibility VII: Communicate and Advocate for Health and Health Education	
<input type="checkbox"/>	Competency 7.1: Assess and Prioritize Health Information and Advocacy Needs
<input type="checkbox"/>	Competency 7.2: Identify and Develop a Variety of Communication Strategies, Methods, and Techniques
<input type="checkbox"/>	Competency 7.3: Deliver Messages Using a Variety of Strategies, Methods and Techniques
<input type="checkbox"/>	Competency 7.4: Engage in Health Education Advocacy
<input type="checkbox"/>	Competency 7.5: Influence Policy to Promote Health
<input type="checkbox"/>	Competency 7.6: Promote the Health Education Profession

SECTION FOUR: PROGRAM STRUCTURE AND CONTENT

4a. Event Request Form

Title:								
Event # (to be issued by the CE Service):								
Type of Event:	<input type="checkbox"/> Live <input type="checkbox"/> Enduring Material (non-live activity that endures over time,(i.e., computer based module) <input type="checkbox"/> Both							
If this a Live Event, is there the potential to repeat the Activity:	<input type="checkbox"/> Yes <input type="checkbox"/> No		Possible Date(s):					
Target Audience (include each audience required for CE)	<input type="checkbox"/> Physicians	<input type="checkbox"/> Nurses	<input type="checkbox"/> Social Workers	<input type="checkbox"/> Certified Health Education Specialist (CHES)	<input type="checkbox"/> Registered Sanitarian	<input type="checkbox"/> Licensed Professional Counselor (LPC)	<input type="checkbox"/> Licensed Chemical Dependency Counselor (LCDC)	<input type="checkbox"/> Marriage & Family Therapist (LMFT)
Location of event: (include facility name and address)								
Facility name, Street Address:								
City/State/Zip:								
Onsite Phone Number:								
Event Information:								
Date of Event:								
Time of Event:								
Registration Information:								
Registration Contact Information (Contact information on CE Planning Committee designee who will be managing registration)								
Name:								
Address/ City/State/Zip:								
Phone:								
Email:								
Description of process to verify learner attendance and participation								

SECTION FOUR: PROGRAM STRUCTURE AND CONTENT

4b. Ethics Content

In the state of Texas continuing education that specifically addresses ethics is required of physicians, social workers, licensed chemical dependency counselors, licensed professional counselors and licensed marriage and family therapists.

Ethics requirements for physicians: Physicians need a minimum of 24 hours of continuing medical education during a 12 month period. At least half of these hours must be in category 1 courses. One hour of CME must be in ethics and/or professional responsibility.

Ethics requirements for social workers: Social workers need a minimum of 30 clock-hours of continuing education during a biennium. Six of these hours must be approved for professional ethics and social work values during the biennial renewal period.

Ethics requirements for licensed professional counselors: A licensee must complete at least four hours of continuing education directly related to counselor ethics issues each renewal period (two years).

Ethics requirements for licensed chemical dependency counselors: All licensees are required to complete three hours of ethics each renewal period (two years)

Ethics requirements for licensed marriage and family therapists: All licensees are required to complete six hours of ethics each renewal period (two years)

Ethics content must include the following:

- (1) an established need and demonstrated gap in knowledge, competence or performance related to medical/public health ethics;
- (2) a specific learning objective related to narrowing that gap;
- (3) a program containing a minimum 1 hour of education for that learning objective delivered by a subject matter expert with a graduate level academic background and experience in the field;
- (4) a measurement of the degree to which the specific learning objective was met.

Is this event applying for ethics credits for physicians?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this event applying for ethics credits for social workers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this event applying for ethics credit for Licensed Professional Counselors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this event applying for ethics credit for Licensed Chemical Dependency Counselors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this event applying for ethics credit for Licensed Marriage and Family Therapists?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION FOUR: PROGRAM STRUCTURE AND CONTENT

4c. Applications for the Behavioral Health Professions: LPC, LCDC or LMFT.

If not applicable please proceed to 4d.

Licensed Professional Counselors (LPC) Application for Continuing Education Contact Hours

Definition: Licensed Professional Counselors (LPCs) who have a graduate degree in counseling or related field on at least the master's level; and a planned graduate program in counseling or related field of at least 48 semester hours. These individuals provide direct client services to assist individuals or groups in professional counseling relationship using combination of mental health and human development principles, methods, and techniques to achieve the mental, emotional, physical, social, moral, educational, spiritual or career-related development and adjustment of the client throughout the client's life.

Texas Administrative Code for Licensed Professional Counselors requires continuing education to address at least one of following content areas. Please mark all content areas addressed by your learning objective:

- | | |
|--|--|
| <input type="checkbox"/> Normal human growth | <input type="checkbox"/> Abnormal human behavior |
| <input type="checkbox"/> Appraisal or assessment techniques | <input type="checkbox"/> Counseling theories |
| <input type="checkbox"/> Research | <input type="checkbox"/> Counseling methods or techniques (counseling individuals or groups) |
| <input type="checkbox"/> Life style and career development | <input type="checkbox"/> Social, cultural, and family issues |
| <input type="checkbox"/> Professional orientation and counselor ethics | <input type="checkbox"/> Other areas directly supporting continued development in profession counseling skills |

1. Why would this training be appropriate to Licensed Professional Counselors?

2. Please list the specific learner objectives or topical content that address the competencies required by administrative rules of Licensed Professional Counselors, as indicated in the content boxes in the above section of this form.

For CE Service use only

Approved

Denied

Reason for denial (if applicable):

CE Administrator Signature

Date

Licensed Marriage and Family Therapists (LMFT) Application for Continuing Education Contact Hours

Definition: License Marriage and Family Therapists are individuals who are licensed and have completed a specified curriculum consisting of classroom hours and internship, based on a family systems theory.

Texas Administrative Code for Licensed and Marriage and Family Therapist requires continuing education content to address marriage and family therapy.

1. Why would this training be appropriate to Licensed Marriage and Family Therapists?

2. Please indicate which core competencies as stated by the American Association of Marriage and Family Therapists will be addressed:
 - Admission to Treatment** – All interactions between clients and therapist up to the point when a therapeutic contract is established.
 - Clinical Assessment and Diagnosis** – Activities focused on the identification of the issues to be addressed in therapy.
 - Treatment Planning and Case Management** – All activities focused on directing the course of therapy and extra-therapeutic activities.
 - Therapeutic Interventions** – All activities designed to ameliorate the clinical issues identified.
 - Legal Issues, Ethics, and Standards** – All aspects of therapy that involve statutes, regulations, principles, values, and mores of MFTs.
 - Research and Program Evaluation** – All aspects of therapy that involve the systematic analysis of therapy and how it is conducted effectively.
3. Please list the specific learner objectives or content that addresses the competencies.

For CE Service use only

Approved

Denied

Reason for denial (if applicable):

CE Administrator Signature

Date

**Licensed Chemical Dependency Counselor (LCDC)
Application for Continuing Education Contact Hours**

Definition: Licensed Chemical Dependency Counselors are individuals who are licensed and engage in practice of chemical dependency.

Course name:

Objective:

Description:

Qualifications of Presenter:

Date and time of training:

City of Training:

Texas Administrative Code for Licensed Chemical Dependency Counselors requires continuing education to address at least one of following content areas:

- | | |
|---|---|
| <input type="checkbox"/> Chemical Dependency Specific/Related | <input type="checkbox"/> Co-Occurring Psychiatric and Substance Disorders |
| <input type="checkbox"/> Family Counseling | <input type="checkbox"/> Physical and Sexual Abuse |
| <input type="checkbox"/> Clinical Supervision | <input type="checkbox"/> Communicable Disease |
| <input type="checkbox"/> Ethics | <input type="checkbox"/> Prevention |

For CE Service use only

Approved

Denied

Reason for denial (if applicable):

CE Administrator Signature

Date

SECTION FOUR: PROGRAM STRUCTURE AND CONTENT

4d. Educational Design Table

The Educational Design Table is the “curriculum” or “lesson plan” for the educational event. Learning objectives should be developed from the perspective of the learner. Ideally, objectives should answer the question: What will be the outcome participants in terms of competence or performance? It is strongly recommended that the event planner refer to Bloom’s and/or Anderson’s Taxonomy of Learning Objectives (many internet resources are available) in crafting objectives so that they are behaviorally measurable.

As you finalize your application please review the educational design to verify that the presenters’ content supports the achievement of the stated objectives and the objectives are compatible with one or more of targeted competencies.

The objectives and the content cannot be identical; the content can be listed as bullets or done in an outline style.

EDUCATIONAL DESIGN (Live Events)

Session Title: _____

Learning Objective # (no more than one learning objective per row)

The participant will be able to:

Content (provide an outline of the educational content that will address the learning objective)

Timeframe (include date, hours and minutes)

Presenter(s) (list presenter(s) names(s) and credentials)

Teaching Methods and Materials (check all that apply)

Methods: didactic lecture case study analysis role play panel discussion observation skill demonstration small group exercise Q&A session Other: _____

Materials: slides video handouts Other: _____

EDUCATIONAL DESIGN (Enduring Materials)

Learning Objective # (no more than one learning objective per row)

The participant will be able to:

Content (provide an outline of the educational content that will address the learning objective)

Timeframe (include date, hours and minutes)

Teaching Methods (check all that apply)

Text case study analysis video voice narrative links for additional research and reading skill demonstration survey pre-test post-test Other: _____

SECTION FOUR: PROGRAM STRUCTURE AND CONTENT

4e. Evaluation of the Educational Event by Participants

The following evaluation elements are required for all events providing continuing education contact hours.

Name of Participant: _____

1. Your achievement of the learning objectives for this session/presentation/workshop/conference.

	Low	High
Insert learning objective #1	1 2 3 4 5	
Insert learning objective #2	1 2 3 4 5	
Insert learning objective #3	1 2 3 4 5	

2. The presenter(s) competence and effectiveness. (live presentations only)

	Low	High
Presenter 1: Insert name	1 2 3 4 5	
Presenter 2: Insert name	1 2 3 4 5	
Presenter 3: Insert name	1 2 3 4 5	

3. The learning methods and materials aided in your understanding of the subject.

Low	High
1 2 3 4 5	

4. The activity/session met your personal expectations.

Low	High
1 2 3 4 5	

5. The content of this educational event will be applicable and useful in your job//practice.

Low	High
1 2 3 4 5	

6. What new skill or idea will you implement into your job or practice within the next six months as a result of attending this educational event?

7. Did you perceive any conflict of interest (i.e., commercial support, product endorsement, or unannounced off-label product use) during the presentation?

No Yes Don't know/undecided

If you marked yes, please describe the conflict of interest you perceived.

SECTION FOUR: PROGRAM STRUCTURE AND CONTENT

4f. Post-test for Change in Knowledge, Competence or Performance (enduring materials only)

Enduring materials are required to test the knowledge, competence or performance of the learner. This testing can occur at the end of the learning activity or throughout the activity. At the completion of the learning activity, the learner is deemed to either pass and receive continuing education contact hours, or not..

1. Please describe the testing process and insert test questions below:
2. Can missed items be repeated by the learner? If so, how many times before they count as a missed item
3. What will be a “passing” score for the learner? (requirement for 75% or higher)

SECTION FOUR: PROGRAM STRUCTURE AND CONTENT

4g. Logistical Considerations (enduring materials only)

1. What is the web-link or process for accessing this enduring material?
2. Describe how learner registration data will be shared with the CE Service.
3. What network will the learner data be stored on?
4. Describe how CE certificates will be issued to participants.

SECTION FOUR: PROGRAM STRUCTURE AND CONTENT

4h. Beta Test for Enduring Materials

Beta testing of an enduring material is required before it can be made available to learners. Please use the form below to collect data from each beta-tester. Please compile the recommendations of all beta-testers into one summary report. Beta testing should not begin until all learning objectives have been approved. Beta testers should be representative of the target audience (this does not include authors, subject matter experts and instructional/design staff or IT support staff).

Reviewer Demographics

1. I am an MD RN LVN Social Worker CHES # _____ RS LPC LCDC LMFT Other
2. I am female male

Review of Educational Material

1. Was the information in this module written at an appropriate level for physicians and nurses?
 Yes No
2. If not, can you list specific sections, pages, or paragraphs that you feel are not appropriate?
3. Were there sufficient and appropriate hyperlinks for additional reading and research of the topic?
 Yes No
4. Were there any factual errors in the materials?
 Yes No
5. Did you see any typographical errors or misspelling in the materials?
 Yes No
6. If yes ,please list specific sections, pages, or paragraphs that contain these errors:
7. Were there any non–functional or misdirected links?
 Yes No
8. If yes, can you list specific sections, pages, or paragraphs where you have identified link errors?

9. How long did it take you to complete the module including the pre and post test?
10. Do you have any additional comments or suggestions you would like to make to the creators of this event?

Signature of beta-tester

Date

Hours spent as participant: ____ x1 = ____ AMA PRA Category 1 Credits for Physicians

Hours spent as participant: ____ x1 = ____ ANCC continuing education hours for nurses

SECTION FOUR: PROGRAM STRUCTURE AND CONTENT

4i. Resolution of Beta Test Recommendations (enduring materials only)

All beta test comments and recommendations must be addressed. A summary of comments must be submitted to the CE Service with an explanation of how recommendations/suggestions from beta testers were addressed.

EXAMPLE

Course Home Page

Problem: There are 2 periods punctuating Learning Objective #4.

Solution: Removed the extra period

Section 4

Problem: Physician responsibilities: Please bold the “Note: if blood test is obtained as part of a THSteps medical checkup...”

Solution: Bold “Note: if blood test is obtained as part of a THSteps medical checkup...”

Section 8

Problem: Not sure what the term “in vitro” means in the unusual context.

Solution: Added “rollover” definition to module text on the term in question

SECTION FIVE: DISCLOSURE

5A. Resume/Bios

Each Event Planning Committee Member, Advisory Pane member, Subject Matter Expert, Content Developer, Speaker, and Authors planning committee member, content developer, author and speaker (if applicable) is required to submit a resume or biography early in the event planning process. A previously prepared CV/bio may be submitted in place of this form.

Texas Department of State Health Services, Continuing Education Service

Name and Credentials:	
Address:	
Telephone Number:	
Email Address:	
Present Position <i>(employer, title and description)</i>	
Previous Positions <i>(employer, title and description)</i>	

Degrees	Institution (Name, City, State)	Major Area of Study	Year Degree Awarded
1.			
2.			
3.			
Residency	Institution (Name, City, State)	Major Area of Study	Year Degree Awarded
1.			

Use the space below to briefly describe your professional experience or areas of expertise (including publications) related to your involvement in continuing education and your particular role, e.g., speaker, presenter, peer reviewer, administrator, etc.: _____

Outstanding achievements/or other pertinent information about yourself for this audience. _____

SECTION FIVE: DISCLOSURE

5b. Disclosure of Financial Interests

Each planning committee member, advisory panel member, subject matter expert, content developer, author, speaker (if applicable) and beta tester is required to complete, sign, and submit the following disclosure of financial interests\biasing relationships.

Texas Department of State Health Services Continuing Education Service Disclosure of Potentially Relevant Financial or Biasing Relationship(s) by Speakers, Authors and Planners of Continuing Education Activities

The intent of this disclosure is to allow Department of State Health Services (DSHS) CE Service the opportunity to resolve any potential conflicts of interest to assure balance, independence, objectivity and scientific rigor in all of its CE activities. All faculty, planners, speakers and authors of DSHS CE Service sponsored activities are expected to disclose to DSHS CE Service any relevant financial relationships with any commercial or personal interest that produces health care goods or services concerned with the content of an educational presentation. Faculty, planners, speakers and authors must also disclose where there are any other potentially biasing relationships of a professional or personal nature. This disclosure applies to themselves and their spouse over the last 12 months.

Glossary of Terms

Conflict of Interest- Circumstances create a conflict of interest when an individual has an opportunity to affect Continuing Education content about products or services of a commercial interest with which she/he has a financial relationship or where there are any other potentially biasing relationships of a professional or personal nature. **Commercial Interest-** Any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. **Financial Relationships-** Those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, teaching, membership on advisory committees or review panels, board membership, and other activities for which remuneration is received or expected. Relevant financial relationships would include those within the past 12 months of the person involved in the activity and a spouse or partner. Relevant financial relationships of your spouse or partner are those of which you are aware at the time of this disclosure. **Off Label-**The use of products for a purpose other than that for which it was approved by the Food and Drug Administration (FDA).

Do you have any potentially relevant financial or biasing relationships, including relationships with proprietary entities producing health care goods or services related to the **content of this activity**?

Yes No

If yes, please disclose the potential conflict, (e.g. company or biasing relationship(s)) and the nature of said relationship(s) in the table below.

Identify Source of Potential Conflict (e.g. Company name, Commercial Interest, or Biasing Relationship)	Define Your Role, Connection or Affiliation with Identified Source	What Is/Was/or May Potentially be Received as a Result
<i>Example: Company X</i>	<i>Consultant</i>	<i>Consulting Fees</i>

Name (Please print): _____

Content of Presentation: _____

Date of Activity: _____

Signature: _____ Date: _____

For Event Planning Committee Only

The Planning Committee confirms this educational activity was planned without any conflicts of interests from the above named event speaker, author, planning committee member or faculty. Therefore it is not required that the CE Service to institute the policy on Resolution of Conflicts of Interest. Agree Disagree. If disagree, the planning committee must and will implement the mechanism to identify and resolve all conflicts of interest prior to this education activity being delivered to learners. Initials of event planner _____ Date _____

SECTION FIVE: DISCLOSURE

5c. Determination and Resolution of Potential Conflict of Interest

The event planners, with the support of their planning committee and the CE Administrator, must review the resume and disclosure of financial interests/biasing relationships for each planning committee member, content developer, author, speaker (if applicable) and beta tester to determine if a conflict or interest exists.

1. Is there any evidence of financial interests or biasing relationships on any of the resumes or disclosures?
 Yes No
2. If so, the event planner and committee must discuss the financial interest/biasing relationships to evaluate if they present a potential conflict of interest. A conflict occurs when an individual with a financial interest related to the continuing education event has the opportunity to affect CE content. Possible options to remediate potential conflicts include:
 - Request planner, content developer, author, speaker, or beta tester to submit a revised disclosure based on information contained in their resume.
 - Request speaker to provide detailed talking points and/or slides in advance of the presentation
 - Slides added or removed from presentation
 - Restrict presentation to clinical data
 - Reassign speaker to an alternative topic/lecture
 - Remove planner, content developer, author, speaker or beta tester from their responsibilities.
3. If a potential conflict is identified, the planning committee is required to complete the following form.

**Department of State Health Services
Continuing Education Service
Resolution of Potential Conflict of Interest**

Name of Event	
Name of Event Planner	
Description of the Relevant Financial or Biasing Relationship	
Policy affecting the situation	Educational materials such as slides, abstracts, and handouts cannot contain any advertising, trade names, or product messages. Commercial interests cannot influence the content of continuing education.
Activity deemed to be biased by planning committee	<input type="checkbox"/> YES <input type="checkbox"/> NO
Action taken by the planning committee	
Description of post-presentation follow-up	

SECTION FIVE: DISCLOSURE

5d. Correspondence to Speaker(s)

It is required that correspondence be sent to each speaker to clarify the purpose of the educational event and its learning objectives. A copy/email of each speaker's notification must be provided to the CE Service within 30 days of the event. We have provided a template below for your convenience.

Date

Dear (Name of Speaker):

Thank you for agreeing to serve as a speaker at our upcoming continuing education event entitled "title of event", to be held on (date) at (location). Your presentation on (title of presentation) is scheduled to begin at (time) for (time length). The planning committee for this continuing education event has developed the following objectives for the content of your presentation:

- (Insert draft/final objectives)

If you have any questions concerning the committee's expectations or feel these objectives should be refined, please contact us no later than (deadline date).

The Continuing Education Service requires that its speakers comply with the Accreditation Council for Continuing Education, Texas Medical Association, American Nurses Credentialing Center's Commission, and the National Commission for Health Education Credentialing, Inc., standards for commercial support. The Department of State Health Services has implemented a process where everyone who is in a position to control the content of an education event is required to disclose all relevant financial relationships with commercial interests. In addition, should it be determined that a conflict of interest exists as a result of a financial relationship, it will need to be resolved prior to the event. In order for this to occur, you must complete the enclosed disclosure statement and return it to us by (date). This information is necessary in order for us to move ahead in the planning of this event.

Please provide to us the following materials no later than (date):

- Completed Speaker Conflict of Interest Form
- A copy of your resume or CV
- A copy of presentation materials
- Requests for audiovisual or additional conference set-up requirements needed for the presentation.

Sincerely,

Name of Event Planner

SECTION FIVE: DISCLOSURE

5e. Commercial Support

COMMERCIAL SUPPORT: Commercial support is defined as financial or in-kind, contributions given by commercial interests, which is used to pay all or part of the costs of the continuing education event. Per continuing education policy, a commercial interest is defined as any proprietary entity producing health care goods or services, with the exception of non-profit or government organizations and non-health care related companies. Continuing education policy does not define providers of direct patient clinical services as commercial interests.

1. Will this educational activity receive any commercial support?

Yes No

If yes, the following agreement listed below must be completed and signed by all parties.

Written Agreement for Commercial Support

Texas Department of State Health Services, CE Service is committed to presenting CE activities that promote improvements or quality in health care and are independent of the control of commercial interest. As part of this commitment Texas Department of State Health Services, CE Service has outlined in this written agreement the terms, conditions, and purposes of commercial support for its CE activities

Title of Event:	
Event Date:	
Event Location:	
Name of Commercial Interest:	
Contribution:	\$
Contribution will be used for the following: <i>(Please note that a copy of the check payable to the event planner should accompany this agreement)</i>	<input type="checkbox"/> Speaker Honoraria <input type="checkbox"/> Speaker Expenses <input type="checkbox"/> Meeting Expenses <input type="checkbox"/> Other
Name of Accredited Provider:	DSHS
Tax ID Number:	320113643
Contact Person:	CE Service
Phone and Fax Numbers:	512-834-6715 (phone) 512 -8334-6695 (fax)
E-mail Address:	CE.Service@dshs.state.tx.us
DSHS Program Sponsoring Event:	
Contact Person:	
Phone and Fax Numbers:	
E-mail Address:	
Name of Commercial Interest:	
Address:	
City/State/Zip:	
Contact Person:	
Phone Number:	
E-mail Address:	
Fax Number:	

Agreed by Authorized Representatives

Commercial Interest

Signature	Title	Date
Accredited Provider (CE Service Program)		

Signature	Title	Date
Event Planner (DSHS Program)		

Signature	Title	Date

Terms, Conditions, and Purposes

Independence

1. This activity is for scientific and educational purposes only and will not promote any specific proprietary business interest of the Commercial Interest.
2. The Accredited Provider is responsible for all decisions regarding the identification of educational needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of the CE, selection of education methods, and the evaluation of the activity.

Appropriate Use of Commercial Support

3. The Accredited Provider will make all decisions regarding the disposition and disbursement of the funds from the Commercial Interest.
4. The Commercial Interest will not require the Accredited Provider to accept advice or services concerning teachers, authors, or participants or other education matters, including content, as conditions of receiving this grant.
5. All commercial support associated with this activity will be given with the full knowledge and approval of the Accredited Provider. No other payments shall be given to the director of the activity, planning committee members, teachers or authors, joint sponsor, or any others involved with the supported activity.
6. The Accredited Provider will upon request, furnish the Commercial Interest documentation detailing the receipt and expenditure of the commercial support.

Commercial Promotion

7. Product-promotion material or product-specific advertisement of any type is prohibited in or during the CE activity. The juxtaposition of editorial and advertising material on the same products or subjects is not allowed. Live or enduring promotional activities must be kept separate from the CE activity. Promotional materials cannot be displayed or distributed in the education space immediately before, during or after a CE activity. Commercial Interests may not engage in sales or promotional activities while in the space or place of the CE activity.
8. The Commercial Interest may not be the agent providing the CE activity to the learners.

Disclosure

9. The Accredited Provider will ensure that the source of support from the Commercial Interest, either direct or "in-kind," is disclosed to the participants, in program brochures, syllabi, and other program materials, and at the time of the activity. This disclosure will not include the use of a trade name or a product-group message. The acknowledgment of commercial support may state the name, mission, and clinical involvement of the company or institution and may include corporate logos and slogans, if they are not product promotional in nature.

The Commercial Interest and Texas Department of State Health Services, CE Service agrees to abide by all requirements of the Accreditation Council for Continuing Medical Education (ACCME) and Texas Medical Association (TMA) *Standards for Commercial Support of Continuing Medical Education*. http://www.accme.org/index.cfm/fa/Policy.policy/Policy_id/9456ae6f-61b5-4e80-a330-7d85d5e68421.cfm

FOR CE OFFICE USE ONLY: *The CE Service confirms this educational activity supports the terms, conditions and purposes of the commercial support and provides evidence of a written agreement between the supporter and education partner.*

Agree Disagree
A signed copy of the commercial support accompanies receipt of funds. Agree Disagree

____ *Initial of CE Administrator*

SECTION FIVE: DISCLOSURE

5f. Disclosure to Learners

It is a requirement that verbal and written disclosure to learners be made regarding the following:

- *Notice of requirements for successful completion of learning activity*
- *Receipt of commercial support*
- *Disclosure of financial interests by planners and faculty*
- *Non-endorsement of products*
- *Off label use*
- *Expiration date for awarding contact hours*

This requirement stands even if no conflict of interest was determined or commercial support exists. As event planner you are required to develop a slide and handout to disclose the required information

The following is sample language that may be utilized to create a disclosure statement. The CE Administrator is available to work with event planners on the specific language for their event.

a. Successful completion of this continuing education activity requires:

- Complete registration form
- Sign in Sheet
- Attend entire educational activity
- Participate in education activities
- Complete participant evaluation

b. Commercial Support

- This educational activity received commercial support from _____
OR
- This educational activity received no commercial support

c. Disclosure of Conflict of Interest

- The speakers and planning committee for this event have disclosed no financial interests
OR
- Planning committee members/speakers/authors for this event have disclosed the following financial interest(s):

Name of Planning Committee Member/ Author/Speaker	Name of Commercial interest	Nature of the Relationship

d. Non-Endorsement Statement

- Accredited status does not imply endorsement by the DSHS, Continuing Education Service, Texas Medical Association or American Nurse Credentialing Center of any commercial products or services.

e. Off Label Use

- The speakers did not disclose the use of products for a purpose other than what it had been approved for by the Food and Drug Administration
OR
- Speaker A disclosed the use of drug XYZ for a purpose other than what it had been approved for by the Food and Drug Administration

f. Expiration for awarding contact hours

- Complete the attendance sheet and evaluation by the end of the session.

2. Please note the methods you intend to use and submit a copy of slide or handout to the CE Service at least 30 days prior to the event.

- Slide and accompanying talking points
- Handout and accompanying talking points

SECTION SIX: POLICIES IMPACTING EXHIBITORS

6a. Correspondence to Exhibitor(s): It is a requirement that correspondence be sent to each exhibitor clarifying exhibit policies. A copy/email of each exhibitor's notification must be provided to the CE Service within 30 days of your event. We have provided a template below for your convenience.

1a. Do you plan to offer exhibit space at this educational event?

Yes No

1b. If so, please insert a copy of your exhibit plan and policies.

2. The following polices apply to the planning and provision of exhibits:

- Exhibits must be planned and arranged separate from the program planning committee.
- Fees for exhibits must be handled by a committee separate from the program planning committee.
- Exhibits cannot be a condition of the provision of commercial support for CE events.
- Exhibitor/promotional materials may not be displayed or distributed in the presentation room immediately before, during, or immediately after the CE event.
- Exhibitor representatives may attend the CE event if they wish, but may not engage in promotional/sales events in the room where the educational event is held.
- Exhibitors will be informed of these polices through the use of the following exhibitor letter.

SAMPLE LETTER TO EXHIBITORS

Dear (Name):

We are pleased to confirm that your company will be represented in the exhibit area at our upcoming continuing education event, (name of event), to be held (date), in (location). As an accredited CME, CNE, and CHES provider, the Accreditation Council for Continuing Medical Education, Texas Medical Association Standards, American Nurses Credentialing Center's Commission on Accreditation, and the National Commission for Health Education Credentialing, Inc. govern the Texas Department of State Health Services for Commercial Support of continuing education. In accordance with these standards, the Texas Department of State health Services has established the following policies for commercial exhibits held in conjunction with its educational events:

- *Arrangements for exhibits may neither influence planning nor interfere with the presentation of the educational event.*
- *Exhibits cannot be a condition of the provision of commercial support for CE events.*
- *Commercial/promotional materials **may not be** displayed or distributed in the presentation room immediately before, during, or immediately after the CE event.*
- *Representatives of commercial supporters and exhibitors may attend the CE event if they wish, but may not engage in sales event in the room where the educational event is held.*

In order to meet requirements of the standards and to maximize benefits to you as an exhibitor, we have made the following arrangements for exhibitors at our conference:

- *Exhibits will be placed in (room/area of hotel, etc.) which is (next door, adjacent to, etc.) the educational event. Exhibits may be displayed between the hours of (time).*
- *To encourage participants to visit the exhibits, refreshment breaks will be placed in the exhibit area and all exhibitors will be listed in the conference brochure and/or final syllabus.*

*Sincerely,
Event Planner*

SECTION SEVEN: PARTICIPANT DATA

7a. Participant CE Request Form

The following form must be completed and returned to the CE Service within 30 days following your event for DSHS to maintain a record of attendance. Certificates will be mailed within 7-14 days/maximum 30 working days of receipt to the CE Office. When training programs are complex (e.g., large number of participants), the CE Service may require the event planner to provide a tailored spreadsheet summarizing data from the Participant CE Request Form

**Texas Department of State Health Services, Continuing Education Service
PARTICIPANT CE REQUEST FORM – LIVE EVENTS
(form to be adapted to event planner needs)**

Event Title: _____

CE Event Number: _____

Location: _____

(Please Print Legibly. Certificates and credit will not be awarded if information is not legible)

_____ **First Name** _____ **Last Name**

Address where you would like certificate mailed: _____

City: _____ **State:** _____ **Zip:** _____

Daytime Phone: _____ **Fax:** _____

E-Mail Address: _____

Disciplines: MD/DO RN SW CHES#_____ RS LPC LCDC LMFT Other

If multiple sessions are planned, please check all sessions attended and enter total hours of participation as well as the type of continuing education credit hours being requested.

Date	Check Sessions Attended	Time	Session Title	CME	CNE	CHES	SW	RS	LPC	LCDC	LMFT	Enter total Contact Hours
TOTAL CONTACT HOURS OF PARTICIPATION FOR THE ENTIRE EVENT:												

By this signature I attest that I attended, in full, above noted sessions.

Signature

Date

SECTION SEVEN: PARTICIPANT DATA

7b. Participant Sign-in Sheet

Texas Department of State Health Services, Continuing Education Service
PARTICIPANT SIGN-IN SHEET – LIVE EVENTS
 (form to be adapted to event planner needs)

CE Event Title: _____

CE Event Number: _____

Location: _____

Event Date: _____

Please add additional rows as needed

Participants Name	E-mail Address	CME	CNE	SW	CHES	RS	LPC	LCDC	LMFT	OTHER
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION SEVEN: PARTICIPANT DATA

7c. Summary of Participant Evaluations

The event planner is responsible for submitting a summary of participant evaluations to the CE Service within 30 days of live events.. For enduring materials, quarterly reports are required. Please do not submit copies of each individual participant evaluation.

CE Event Title: _____

CE Event Number: _____

Location: _____

Event Date: _____

Participation The summary information below should reflect data on all participants.

Type of Attendee	Number
CHES	
CME	
CNE	
SW	
RS	
LPC	
LCDC	
LMFT	
Attendees <u>not</u> requesting continuing education contact hours	
Total Participants	

Achievement of Learning Objectives

The data entered below should indicate the number of learners marking each response as well as an average of all of the ratings.

Event Objectives	Poor	Fair	Good	Very Good	Excellent	Average rating for all participants
1. Insert Learning Objective	Insert number of learners marking this response	Insert number of learners marking this response	Insert number of learners marking this response	Insert number of learners marking this response	Insert number of learners marking this response	
2. Insert Learning Objective	Insert number of learners marking this response	Insert number of learners marking this response	Insert number of learners marking this response	Insert number of learners marking this response	Insert number of learners marking this response	
3. Insert Learning Objective	Insert number of learners marking this response	Insert number of learners marking this response	Insert number of learners marking this response	Insert number of learners marking this response	Insert number of learners marking this response	

Presenter's Competence and Effectiveness (live events only)

The data entered below should indicate the number of learners marking each response well as average rating.

	1	2	3	4	5	
Presenter Names	Poor	Fair	Good	Very Good	Excellent	Average rating for all participants
	Insert number of learners marking this response	Insert number of learners marking this response	Insert number of learners marking this response	Insert number of learners marking this response	Insert number of learners marking this response	
	Insert number of learners marking this response	Insert number of learners marking this response	Insert number of learners marking this response	Insert number of learners marking this response	Insert number of learners marking this response	

Effectiveness of Learning Materials

The data entered below should indicate the number of learners marking each response well as average rating.

	1	2	3	4	5	
	Poor	Fair	Good	Very Good	Excellent	Average rating for all participants
The learning materials (i.e., slides, handouts, videos) used aided in your understanding of the subject.	Insert number of learners marking this response	Insert number of learners marking this response	Insert number of learners marking this response	Insert number of learners marking this response	Insert number of learners marking this response	

Met Learner Expectations

The data entered below should indicate the number of learners marking each response well as average rating.

	1	2	3	4	5	
	Poor	Fair	Good	Very Good	Excellent	Average rating for all participants
The activity/session met your personal expectations.	Insert number of learners marking this response	Insert number of learners marking this response	Insert number of learners marking this response	Insert number of learners marking this response	Insert number of learners marking this response	

Impact on Competency and Performance

The data entered below should indicate the number of learners marking each response well as average rating.

	1	2	3	4	5	
	Poor	Fair	Good	Very Good	Excellent	Average rating for all participants
The application and usefulness of the content to your job functions.	Insert number of learners marking this response	Insert number of learners marking this response	Insert number of learners marking this response	Insert number of learners marking this response	Insert number of learners marking this response	

What new skill or idea will you implement into your job or practice within the next six months as a result of attending this educational event?

Conflict of Interest

The data entered below should indicate the number of learners marking each response.

	No	Yes	Don't know/undecided
Did you perceive any conflict of interest (i.e. commercial support, product endorsement, or unannounced off-label product use) during the presentation?			

If so, please describe conflict of interest perceived:

Analysis of Evaluation Findings

Event planner, please answer the following questions:

1. Overall, what did these participant evaluations indicate?
2. As a result of these evaluations, what would you choose to do differently, or the same, for future educational events?

*Appendix One:
A Word about Continuing
Professional Education at DSHS*

DSHS Continuing Professional Education Mission Statement

Purpose

The purpose of the Department of State Health Services (DSHS) continuing education is to promote continuous improvement in patient care and population health by providing education activities for health professionals. Educational activities are based on identified professional practice gaps, and serve to enhance competence and performance in patient care, medical/health knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, systems-based practice, informatics, quality improvement, evidence-based practice and interdisciplinary teams.

Target Audience

The role of DSHS in improving professional practice has two foci:

First, like all health practice organizations, DSHS seeks to improve the practice of the health professionals within the organization.

Second, as the state's governmental agency concerned with public health and behavioral health, DSHS has a leadership role in providing information and education as a strategy to keep health professionals across the state updated on the practice of subject matter under the agency's purview, especially those external physicians who serve the people of Texas through contractual relationships with DSHS programs.

Types of Activities

DSHS offers a range of CE activities that include live events such as workshops, conferences, seminars, symposia, videoconferences, and webinars, as well as enduring materials including web-based instructional modules. The length of events may range from 1-2 hours up to multi-day conferences.

Learning activities may include, but are not limited to, didactic lecture with discussion, analysis of case studies, clinical workshops, role-playing, skill demonstrations, panel discussions, problem solving, observing, and small group exercises.

Content Areas

The DSHS CE Service utilizes the American College of Graduate Medical Education (ACGME), Institute of Medicine (IOM) and Texas Board of Nursing Competencies for the content areas for our CE activities. With these core competencies as a foundation, content is developed based on the identification of practice gaps of our target audience with a special focus on:

- Surveillance, diagnosis and investigation of diseases, health problems and threats to the public's health;
- Education, empowerment and mobilization of individuals and communities to prevent health problems and improve their health status;
- Promotion of health policies and planning for individuals and community efforts to improve their health;
- Regulation and enforcement of health laws and policies necessary to control disease and protect the public's well being;
- Facilitating access to health services for individuals of greatest need;
- Critically evaluating and refining our health services and workforce competence; and
- Supporting or providing key components of prevention and treatment of the health care safety net for individuals with behavioral health problems; children and adults with special health care needs: and uninsured and under-insured people and families.

Expected Results of the Program

DSHS is committed to assessing the impact and effectiveness of our CE activities. We utilize methods to evaluate the extent to which our CE activities result in changes in competence and performance. The following methods are:

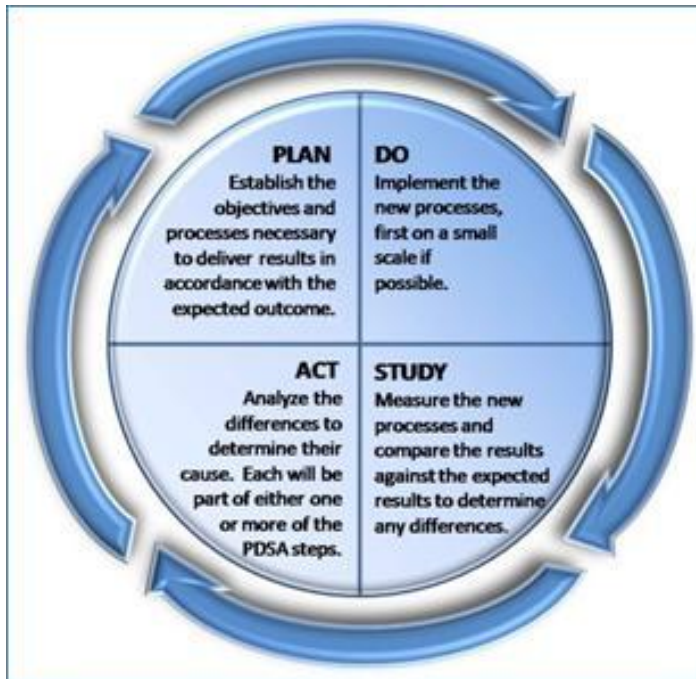
- Consistent use of post-activity evaluation tools that measure intent to make changes or apply learning to practice;

- When indicated, follow up outcome surveys to determine if health-care providers changed practice behaviors or applied learning to their practice; and
- When possible, objective measures of change in performance measured utilizing performance improvement data.

Approved by the DSHS Continuing Medical Education/ Continuing Education Committee; March 5, 2010.

Quality Model Employed

To create a sustainable infrastructure for effective continuing education programming, DSHS is utilizing the Plan-Do-Study-Act (PDSA) methodology. The PDSA approach is an iterative process designed to identify cause and effect of situations through implementing on a small scale, refining the process based on the findings, then implementing the solution on a larger scale. Continuous improvement efforts start with careful planning, result in effective action, and move on again to careful planning in a continuous cycle.



PLAN

Establish learning objectives based on documented learner needs. Select, content, and educational strategies to deliver results in accordance with the expected outcome (i.e.: change in knowledge, competency or performance).

DO

Implement educational strategies or programming on a small scale, if possible, to test outcomes. It is important to collect beta-test data for analysis in the "STUDY" step.

STUDY

Measure the new processes and compare the results (collected in "DO" above) against the expected results (targets or goals from the "PLAN") to ascertain any differences. Charting data can make this much easier to see trends in order to convert the collected data into information. Information is what you need for the next step "ACT".

ACT

Analyze the differences to determine their cause. Each will be part of either one or more of the P-D-C-A steps. Determine where to apply changes that will include improvement to the continuing education activity. When a pass through these four steps does not result in the need to improve, refine the scope to which PDCA is applied until there is a plan that involves improvement.

If the first iteration is not successful, the team then goes back to the Plan stage to come up with some new ideas for solving the problem and goes through the cycle again. This team approach is effective to address issues that span across multiple disciplines. As staff involved in developing continuing education implements PDSA, including measuring results, DSHS can better determine what programming is effective and what is not, and where adjustments to the programming may be needed. This analysis is crucial in producing efficient and effective continuing education programming.