

Complete this application form if you would like to receive continuing education credit(s) for your RSS activity. Application and COIs must be submitted via email to rss@unmc.edu no later than **June 14, 2024**.

UNMC is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for all members of the health care team.

Joint Accreditation (www.jointaccreditation.org) defines RSS as a course that is planned as a series with multiple, ongoing sessions, (e.g., offered weekly, monthly, or quarterly) **and is primarily planned by and presented to the accredited organization's professional staff**. Examples: grand rounds, tumor boards, and morbidity and mortality conferences.

RSS activities are now eligible for multiple types of credits to accommodate your health care teams. For more information, go to <http://www.unmc.edu/cce>.

RSS ACTIVITY TITLE and FORMAT

RSS Activity Title: _____

Department and/or Affiliation: _____

Did this RSS take place in 2023-2024? **Yes:** What was the 2023-2024 Master CID: _____

No: This RSS is new for 2024-2025

Which format best describes this RSS activity?

Lecture-based (Grand Rounds)

Patient-based (Case Conference, Tumor Board, M&M, Patient Safety/Quality Committee)

Journal Club (Review and discuss peer-reviewed journal articles)

TARGET AUDIENCE

Who is your target audience? *(Indicate all that apply)*

Physicians

Physician Assistants

Fellows/Residents

Pharmacists

Nurses

Nurse Practitioners

Allied Health Professionals

Social Workers

Counselors

Students

Other: *(Please specify)*

ACTIVITY SCHEDULE – Fiscal Year begins July 1, 2024 and ends June 30, 2025

How often does your RSS take place?

Weekly on:

Monday Tuesday Wednesday Thursday Friday

Monthly (i.e., once per month) on the:

First Second Third Fourth Fifth

Monday Tuesday Wednesday Thursday Friday

More than once per month:

Please list all meeting dates.

(If you prefer, the dates/schedule can be pasted into the body of the email OR sent as a separate attachment.)

None of the above:

Please list all meeting dates. *(A minimum of 4 activities per year is required to qualify as an RSS):*

Activity Start Date/Time

What is the date and time of your first meeting

When is your **first** meeting? Start Date:

What time is your meeting? Start: : End: :

RSS ACTIVITY DIRECTOR(S), RSS COORDINATOR(S), PLANNING COMMITTEE

ACCME Standards for Integrity and Independence in Accredited Continuing Education

Standard 3: Collect information from all planners, faculty, and others in control of educational content about all their financial relationships with ineligible companies within the prior 24 months. There is no minimum financial threshold; individuals must disclose all financial relationships, regardless of the amount, with ineligible companies. Individuals must disclose regardless of their view of the relevance of the relationship to the education.

<https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce/standard-3-identify-mitigate-and-disclose-relevant-financial-relationships>

ROLES:

- RSS Activity Director – determines the education/activity content and selects the speakers.
- RSS Coordinator – creates and/or obtains activity documentation and uploads this to Sharepoint (including, but not limited to, speaker COIs and Resolution of COI when applicable, flyers and/or promotional emails, speaker slideshow/presentation. The RSS coordinator is the primary contact for the activity.
- Planning Committee Members – assist the course director in determining content and speakers. (Optional)

Please include each person's name and credentials as they would like them to appear in promotional materials and presentations.

RSS Activity Director: _____

Email: _____ Phone: _____

Activity Co-Director: _____

(if applicable)

Email: _____ Phone: _____

RSS Coordinator: _____

Email: _____ Phone: _____

Co-Coordinator: _____

(if applicable)

Email: _____ Phone: _____

Planning Committee Members: (if applicable)

ADMINISTRATIVE FEES / CREDIT TYPE

Fee Structure:	
First Type of Credit:	\$700
Each Additional Type of Credit:	\$300

Select activity credit type(s): *(Indicate all that apply)*

AMA PRA Category 1 Credit™ (most common)

ACPE Credit

ANCC Credit

Other credit (A representative from UNMC CCE will contact you directly to discuss details/costs)

If UNMC/Nebraska Medicine, indicate your cost center number: _____

If non-UNMC/Nebraska Medicine, identify your financial contact:

Name: _____

Email: _____

EDUCATIONAL GRANTS



If you intend to apply for educational grants to support this RSS, please be aware that UNMC Center for Continuing Education (CCE) must be the entity that requests the grant.



ACCME Standards for Integrity and Independence in Accredited Continuing Education
Standard 4

<https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce/standard-4-manage-commercial-support-appropriately>

- UNMC CCE must be the requestor of all educational grants to support this RSS
- The Board of Regents of the University of Nebraska designated signor must review/sign all letters of agreement for educational grant funds
- Request for educational grant funds must be made 6 months prior to the educational activity
- UNMC CCE administrative fee: \$250 per each educational grant application submitted, plus 5% of grant funds secured
- All marketing materials for which educational grant funds are received must acknowledge the educational grant support

Will this RSS be seeking educational grant support/commercial support? Yes No

RSS ACTIVITY DESCRIPTION AND OBJECTIVES

 JAC 4: <https://jointaccreditation.org/accreditation-process/requirements/criteria/>

State the educational needs (knowledge, skills/strategy, or performance) that underlie professional practice gaps, individual members' knowledge, skills/strategy, and/or performance as members of the health care team. What IS happening vs. what SHOULD BE happening.

 JAC 1: <https://jointaccreditation.org/accreditation-process/requirements/criteria/>

Describe how this activity is designed to change the skills/strategy, or performance of the health care team, and/or patient outcomes.

How will this activity address professional practice gaps?

 JAC 7: <https://jointaccreditation.org/accreditation-process/requirements/criteria/>

Explain how this activity's educational format is designed to promote active learning – so that teams learn from, with, and about each other – consistent with the desired results of the activity.

Why was this format chosen? How will it meet learners' needs and educational goals?

 Learning Objectives: <https://jointaccreditation.org/faq/objectives/>

Describe what the learner can expect to know or do after the completion of the RSS activity. Begin with a measurable verb: List, Discuss, Decipher, Review, Describe, Explain, Identify, etc. Avoid 'Understand' or 'Learn'.

What anticipated changes will be made as a result of this activity?

1.

2.

3.

4.

5.

SUBMISSION REQUIREMENTS

Submission of this application serves as affirmation that:

(Please initial)

_____ I have read the submission requirements

_____ I understand that failure to include both the completed application form **and** the necessary COIs will result in rejection of this application

_____ I understand that failure to upload required documentation to my activity's sharepoint folder will result in the revocation of this RSS activity's accreditation

_____ The RSS activity director has given approval for the submission of this application

Submitted by: _____ Date: _____

RSS Activity Director Signature: _____

If you have any questions, please email rss@unmc.edu for assistance. Thank you!