

Example

Instructions	Description *	Audience, Credits & Other Items *	Manage *
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Additional Fields



University of Idaho
School of Health and Medical Professions
Office of Continuing Education

Thank you for your interest in collaborating with the University of Idaho, School of Health and Medical Professions Office of Continuing Education. We request that planners complete this application at least 90 days prior to your activity. If you have concerns about this timeline, please contact the Office of CE at shamp-ce@uidaho.edu.

The purpose of this worksheet is to share foundational information about your activity with CE staff so that we can start working on creating your course in EthosCE. The information is also used to report activity requirements to our accrediting body, Joint Accreditation.

We look forward to reviewing your application and working with you to develop a successful CME program.

Title *

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Additional Fields

Activity Planner *

Example

Organization *

Example

Activity Format *

- Live course: An activity where the learner participates in real-time at a specific date/time. Examples include workshops, conferences, webinars.
- Regularly scheduled series: Series of multiple, ongoing sessions that occur at regular intervals. Topics vary. Examples include Project ECHOs, grand rounds, tumor boards.
- Committee learning: The activity is the learner's participation in a committee process, the content of which would constitute CE if given in any other format.
- Performance/quality improvement: Learner uses performance and/or quality measures to assess and improve their own practice by implementing interventions.
- On-demand training: An asynchronous activity or enduring material, such as a recorded webinar, pre-packaged online training, or podcast.
- Other/blended learning: This is any activity that doesn't fit into the above formats.

Program Description *

What do you want potential participants to know about your activity? This description will appear on your course page in order to give users information about your activity.

Example



Target Audience *

This will be displayed on the course page for potential participants to see. We recommend the target audience include those professions that may help close the practice gap. Example: The target audience is primary care providers (MD, DO, PA, NP, RN, etc.), but all clinicians are welcome.

Example



Learning Objectives *

We understand that individual workshops, sessions, etc., that compose the conference may have their own specific learning objectives, but from a high-level perspective, what do you hope participants will learn as a result of this conference? An example for a multi-day conference or RSS covering a broad range of topics might be "The target audience will be able to articulate the updated standards of care in [insert topic(s) here]".

Example



Where does the activity take place? *

In-person



Start date *

For a live activity, such as a conference or symposium, please choose the date you would like to open registration for this activity. For your information, for live activities, participants will be able to claim CE credit up to 30 days after the activity. After that period of time, the activity will be considered expired, and participants will no longer be able to claim credit. For on-demand trainings, the start date should be the day you would like the training to be published. This type of activity will be available for CE credit for one year after it is published.

Date *

09/24/2025

Time *

12:30pm

Event date and time *

The current site time is 12:35pm MDT. Please enter a time in -06:00 America/Denver.

Date *

09/25/2025

Time *

08:00am

to: *

Date *

09/25/2025

Time *

04:00pm

Location

Location name

e.g. a place of business, venue, meeting point

Example

Street

Example

Additional

Example

City

Example

Country

United States

State/Province

Idaho

Postal code

Delete

Check this box to delete this location.

Venue information

Travel information

You can make your activity more searchable by adding format and category keywords. We recommend selecting no more than three keywords from each section —“Category” and “Format.” Any additional keyword entered under “Other” must be approved by our office.

Category Keywords

Format Keywords

Title *

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Additional Fields

Type of credits requested

- AMA PRA Category 1 Credit™
- ANCC
- ACPE Pharmacy
- ACPE Technician
- AAPA Category 1 CME
- APA
- ABMS MOC Part IV
- MOC Part II
- ASWB ACE Credit
- CDR CPEU
- IPCE
- Continuing Education Credit
- Participation Credit

Above are the types of continuing education credits that you can choose to offer for this activity. The credits offered should reflect the target audience. Choose as many as apply.

Please note that ABMS MOC Part IV (quality improvement) and MOC Part II (lifelong learning) may not be available for certain activities. If you are interested in either of these, please discuss with CE staff.

Pharmacist and/or Pharmacy Technicians *

Please list the learning session dates that will be relevant to pharmacists/pharmacy technicians in the following format: MM/DD/YYYY, MM/DD/YYYY, MM/DD/YYYY, etc. If this is part of an RSS you can copy those sessions from the RSS field above – this field does not appear if this is another activity type.

09/25/25



How many CE credits do you anticipate offering for this activity? *

One hour of learning is equivalent to one CE credit. If a learner attends a workshop that is three hours, they would be eligible for three CE credits. Credits can be partially awarded in 0.25 intervals (except for psychology and social work credit. See explanation that follows). Do not count non-educational blocks of time toward the number of credits. For example, lunches with no education, breaks, networking and social hours, etc., should not count toward the number of credits offered. Psychology and social work credit have slightly different guidelines: The first hour of instruction must be whole and uninterrupted; therefore, the minimum credit claimed must be 1.0 credit. After the first hour, credit can be claimed in 0.25 increments.

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Who can register for this activity? *

- Open to All
- Limited to certain participants

Does this course have a fee? *

Yes ▾

If so, what is the price? *

Please list full price of registration; however, coupon codes and variable pricing are available. If you are interested in these options, please provide as much information as possible.

Example

Which of the following outcomes will you measure? *

We require that the outcomes of all educational activities that we certify be measured.

- Learner/Team Competence: Learner/Team knows how to do (Objective measurement (e.g., observed, tested))
- Learner/Team Competence: Learner/Team knows how to do (Subjective measurement (e.g., self-reported))
- Learner/Team Performance: Learner/Team demonstrates in practice (Objective measurement (e.g., observed, tested))
- Learner/Team Performance: Learner/Team demonstrates in practice (Subjective measurement (e.g., self-reported))

- Patient Health: Effects of what learner/team has done for a few (Objective measurement (e.g., observed, tested))
- Patient Health: Effects of what learner/team has done for a few (Subjective measurement (e.g., self-reported))
- Community/Population Health: Effects of what learner/team has done for many (Objective measurement (e.g., observed, tested))
- Community/Population Health: Effects of what learner/team has done for many (Subjective measurement (e.g., self-reported))
- Learner Knowledge will also be measured for this activity (Objective measurement (e.g., observed, tested))
- Learner Knowledge will also be measured for this activity (Subjective measurement (e.g., self-reported))

How will this activity be funded? *

- Registration fees
- Seeking government grants
- Seeking private donations
- Seeking in-kind donations
- Offering exhibit and advertising
- Support from commercial/ineligible companies
- Other

If other, please specify:

Example

"Ineligible companies" are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products use by or on patients.

Title *

Example

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