

CE Activity Application Worksheet

The purpose of this worksheet is to help education providers visualize and collect needed information ahead of submitting a CE Application. This worksheet is a **supplemental document** and **does not replace the CE Application**. Additionally, education providers should still seek guidance from the CE Activity Development Guide.

Link to CE Application: <https://www.dhaj7-cepo.com/content/request-cepo-accreditation-your-next-activity>

Tab 1: Description

Title*

Organization(s) providing the activity*

MTF, DHA office, government agency, etc.

Government Email

Activity type*

Start and end dates*

Start Date*

E.g., 06/01/2025

Time*

E.g., 08:00am

End Date*

E.g., 06/01/2025

End Time*

E.g., 08:00am

Location*

Venue name and address or virtual platform and link

Description*

Provide the who, what, where, when, why, and how of the activity.

Has this activity been previously approved by CEPO?

Yes

No

Abstract

Files must be less than 1 GB.

Allowed file types: txt doc docx xls xlsx pdf ppt pptx.

No file chosen

Agenda

Files must be less than 1 GB.

Allowed file types: txt doc docx xls xlsx pdf ppt pptx.

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Number of credits hours requested

Credit type(s)

You may select the IPCE credit type if you select at least two other credit types and one or more are provided under Joint Accreditation (ACCME, ANCC, ACPE, AAPA, COPE, ASWB, APA, ADA CDR, BOC).

- | | | |
|--|--|---|
| <input type="checkbox"/> Physicians (ACCME) | <input type="checkbox"/> Nurses (ANCC) | <input type="checkbox"/> Social Workers (ASWB) |
| <input type="checkbox"/> Physician Assistants (AAPA) | <input type="checkbox"/> Physical Therapists and Physical Therapy Assistants (APTA) | <input type="checkbox"/> Athletic Trainers (BOC) |
| <input type="checkbox"/> ACCME Non-Physician CME Credit | <input type="checkbox"/> Occupational Therapists and Occupational Therapy Assistants (OTA) * | <input type="checkbox"/> Case Managers (CCMC) |
| <input type="checkbox"/> Healthcare Executives (ACHE) | <input type="checkbox"/> Psychologists (APA) | <input type="checkbox"/> Registered Dietitians and Dietetic Technicians, Registered (CDF) |
| <input type="checkbox"/> Pharmacists (ACPE) | <input type="checkbox"/> Optometrists (ARBO/COPE) | <input type="checkbox"/> Certificate of Attendance |
| <input type="checkbox"/> Pharmacy Technicians (ACPE) | <input type="checkbox"/> Speech-Language Pathologists and Audiologists (ASHA) | <input type="checkbox"/> Kinesiotherapists (COT/ST) |
| <input type="checkbox"/> Dentists and Allied Dental Staff (ADA CERP) | | <input type="checkbox"/> Interprofessional Continuing Education (IPCE) |
| <input type="checkbox"/> Health Information Professionals (AHIMA) | | <input type="checkbox"/> Certified Counselors (NBCC) |

*If you select to offer American Occupational Therapy Association (AOTA) CEs for your activity, please complete the following:

1) Activity category (check all that apply): (Refer to AOTA Approved Provider Program Guidelines and Criteria)

- ☐ Occupational Therapy Service Delivery
- ☐ Professional Issues
- ☐ Foundational Knowledge

2) Describe the strength (i.e., level of certainty) of the evidence supporting the course content. Include a rationale for how the evidence meets industry-acceptable standards, reflects best practices, and supports the activity (refer to AOTA's Levels and Strength of Evidence).

3) Explain why the activity's learning outcomes are realistic and appropriate in number. Justify the relationship between the length of the activity and the number of learning outcomes.

4) Educational level of the activity

- ☐ Introductory—Audience has little or no knowledge of the subject matter; Focuses on providing general introductory information.
- ☐ Intermediate—Audience has a general working knowledge of the subject matter; Focuses on increasing understanding and application.
- ☐ Advanced—Audience has a comprehensive understanding of the subject matter; Focuses on recent advances, trends, and/or research applications.

5) Explain how the activity's learning outcomes align with the educational level of the activity (i.e., introductory, intermediate, advanced)

☐ The Event Planning Committee attests that the professions of the planners and/or the content reviewer(s) reflect the credit type(s) of the target audience selected above i.e., if you selected CDR, then one of the planners/reviewers is a dietitian).*

☐ I have read [ACCME's Standards for Integrity and Independence in Accredited Continuing Education](#) and the DHA J-7 CEPO CE Activity Development Guidance Document policies and fully understand and agree to abide by them.*

Tab 2: Audience

Participation structure

- ☐ Open to public or MHS-wide audience
- ☐ Closed (invitation only)

Total estimated audience

Target audience*

Tab 3: Gap Analysis

State the professional practice gap(s) among the healthcare team/members on which the activity is based.*

1 Professional practice gap: The difference between what healthcare team members are doing or accomplishing in practice and what is potentially achievable based on current professional knowledge. In other words, the aspect of healthcare delivery, healthcare quality, and/or patient outcomes that could be improved.

(Maximum 100 words)

State the educational need(s) underlying the professional practice gap(s).

1 Educational need: The knowledge, strategy, skill, performance, and/or operational deficits that could be contributing to why the healthcare team is not achieving the current best possible care/outcomes in practice. What healthcare team members lack knowledge about, competence in, or demonstrated mastery of.

(Maximum 150 words)

Select the desirable attribute(s) of the healthcare team (i.e., competencies) that this activity addresses.

- ☐ Teamwork
- ☐ Interpersonal and Communication Skills
- ☐ Roles/Responsibilities
- ☐ Professionalism
- ☐ Values/Ethics for Interprofessional Practice
- ☐ Quality Improvement
- ☐ Systems-Based Practice
- ☐ Practice-Based Learning and Improvement
- ☐ Medical Knowledge
- ☐ Patient-Centered Care

Explain how the activity promotes active learning consistent with the activity's desired results.

(Maximum 50 words)

What barrier(s) may hinder participants' ability to incorporate what they learn into practice? How will you address these?

Tab 4: Required Documents

Role	CV/Resume	CE Disclosure Form	CE Agreement Form	Content Reviewer Form
Planner/content creator	X	X	X	
Presenter	X	X	X	
Content reviewer	X	X		X

Faculty Contact Information

[Event Faculty List Form](#) 

Please submit faculty contact information using the “Event Faculty List” form. Identify all relevant activity personnel, including planners, presenters, moderators, and additional event POCs.

Agreement and Disclosure Forms

Each presenter/speaker must complete the agreement and disclosure forms below. Please submit these forms as part of the **CE Activity Approval Document Packet** under the “**File Management**” tab.

[CE Provider Agreement Form](#) 

[CE Activities Disclosure Form](#) 

Content Reviewer Information

[Content Reviewer Form](#) 

Each presentation included in the program must be reviewed by a content reviewer.

- The reviewer(s) must independent from the planned activity.
- The reviewer(s) should be subject matter experts in one of the 18 disciplines for which CEPO awards CE/CME credit.
- Planners of multi-session activities should aim to diversify their content reviewers to reflect the target audience.

Content Reviewer Contact Information ▲

Use this section to enter in the contact information of the content reviewer for this event.

Full name and credentials, profession, email

(e.g., Jane Doe, PhD, psychologist, jane.doe@email.com)

[Add Another](#)

Tab 5: Upload Files

Please use a **zip file** to upload materials for multi-session events.

- For large files, please submit presentation slides through [DoD SAFE](#)
- If you do not have a CAC card, please ask CEPO to send a "Request a Drop-off" via DoD SAFE
- Files are automatically deleted from DoD SAFE seven days following upload

CE Activity Approval Document Packet

Files must be less than **1 GB**.

Allowed file types: **txt doc docx xls xlsx pdf ppt pptx zip**.

No file chosen

Faculty List Form

Files must be less than **1 GB**.

Allowed file types: **txt doc docx xls xlsx pdf ppt pptx zip**.

No file chosen

Content Review Form(s)

Files must be less than **1 GB**.

Allowed file types: **txt doc docx xls xlsx pdf ppt pptx zip**.

No file chosen

CV/Resume(s)

Files must be less than **1 GB**.

Allowed file types: **txt doc docx xls xlsx pdf ppt pptx zip**.

No file chosen

Promotional Material

Files must be less than **1 GB**.

Allowed file types: **txt doc docx xls xlsx pdf ppt pptx zip**.

No file chosen

Presentation(s)

Files must be less than **1 GB**.

Allowed file types: **doc docx pdf ppt pptx zip**.

No file chosen

Posttest Questions

Files must be less than **1 GB**.

Allowed file types: **txt doc docx xls xlsx pdf ppt pptx zip**.

No file chosen

Posttest Requirements ▲

- Questions should have only one correct answer
- Questions cannot be opinions or subjective assessments
- No more than 10% true/false or yes/no response questions are permitted (one per 60-min)
- For multiple-choice questions, please provide four answer choices only.
- Construct questions directly from the information presented: learners should be able to find the correct answer within the slides, article, or video segment
- Please indicate the correct answer with an (*) or highlight
- In-person/virtual/hybrid activities require a minimum of 10 questions per day.
 - "Day" is defined as a calendar day where at least one CE/CME hour is planned
- Enduring activities require a minimum of ten questions.
- Multi-session (a la carte) activities require a minimum of two questions per session.
- CE/CME activities that include Maintenance of Certification (MOC) credit type, require a rationale for each correct answer choice.

Learners must score at least an 80% or higher on the posttest to earn CE/CME credit

Tab 6: Manage

CME reviewer

Application status*

 ▼

Submission date

Date

E.g., 06/01/2025

Time

E.g., 08:04:00am

Related course

The course created from this application. This cannot be changed once set.

This form is complete and ready for submission*

- ☒ No
- ☐ Yes