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.

Tab1: Instructions

Tab 2: Activity Details

Title *

Organization(s) providing the activity *
MTF, DHA office, government agency, etc.

Government email *

Contact name and email to display on activity registration page
- ( ) Same as my name and government email
- ( ) Other

Activity type *

Start and end dates *

Start Date *	Time *	End Date *	End Time *
E.g., 06/30/2026	E.g., 11:45am	E.g., 06/30/2026	E.g., 11:45am

Location *
Venue name and address or virtual platform and link

Description *
Provide the who, what, where, when, why, and how of the activity in **PRESENT TENSE** (e.g., this activity explores, **not** this activity will explore).

Abstract

Files must be less than **1 GB**.
Allowed file types: **txt doc docx xls xlsx pdf ppt pptx.**

Choose File No file chosen Upload

Agenda

A time-ordered agenda is requested for any event that is longer than 1 clock hour.
Files must be less than 1 GB.
Allowed file types: **txt doc docx xls xlsx pdf ppt pptx.**

Choose File No file chosen Upload

Suggested Action Verbs

Learning objectives *

Has this activity been previously approved by CEPO?

- No
- Yes

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 3: Audience and Credits

Is this a multi-session or multi-day activity?*

- Yes
- No

How are learners expected to attend?*

- Learners are expected to attend in full
- Learners may select which sessions to attend

How is participation structured?*

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

Is participation limited to service members in a specific branch?*

- Yes
- No

Target audience*

Total estimated audience

Accreditation Standards Guides

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).

- AAPA (PAs)
- ABA MOC II (Anesthesiology)
- ABIM MOC II (Internal Medicine)
- ABP MOC II (Pediatrics)
- ABS MOC II (Surgery)
- ACCME Non-Physician CME Credit
- ACHE (Healthcare Executives)
- ACPE-Pharm (Pharmacists)
- ACPE-Tech (Pharmacy Technicians)
- ADA CERP (Dentistry)
- AHIMA (Healthcare Information Professionals)
- *AMA PRA Category 1 Credit*™ (Physicians)
- ANCC (Nursing)
- AOTA (Occupational Therapy)
- APA (Psychology)
- APTA (Physical Therapy)
- ARBO/COPE (Optometry)
- ASHA (SLPs and Audiology)
- ASWB (Social Work)
- BOC (Athletic Training)
- The Commission CCM (Case Management)
- CDR (Dietetics)
- COPSKT (Kinesiotherapy)
- IPCE (Interprofessional Teams)
- NBCC Credit Hours (Certified Counselors)
- PMI (Project Managers)
- JA CEU (IACET)
- Attendance (Other Professions)

- 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 (e.g., if you selected CDR, then one of the planners/reviewers is a dietician).*

Please complete the following form for activities with multiple sessions offering AHIMA credit.

AHIMA Multi-Session Activity Form

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): *

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.

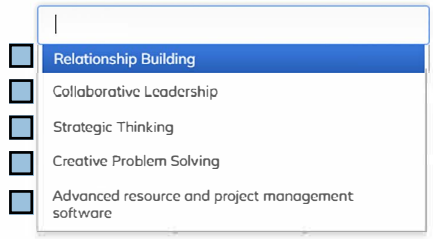
5. Explain how the activity's learning outcomes align with the educational level of the activity. *

(i.e., introductory, intermediate, advanced)

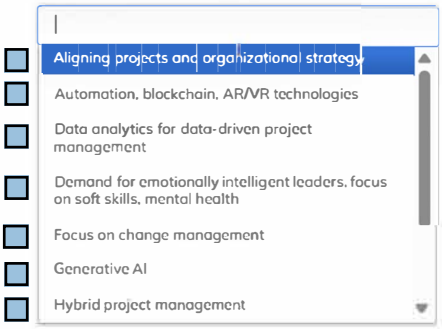
The following questions are required for activities offering PMI credit (PDUs) to project management professionals.

Note: If PMI is the only credit type offered for this course, select/write "Not Applicable" for all questions on the *Gap Analysis* and *Faculty Forms* tab. PMI only courses do not require the CE Agreement Form, CE Disclosure Form, Faculty List, or Content Reviewer Form.

Which of these top 5 skills does this activity address?*



What other current highly desirable or market-driven project skills does this activity address?*



Name and briefly describe the qualification of the primary author(s) for this activity.*

Select the topics from this activity that apply to each of the PMI Talent Triangle® areas.

Ways of Working*

Power Skills*

Business Acumen*

Divide the number of instructional hours for this activity across the three sides of the Talent Triangle based on your course content.

You may allocate time in increments of 0.25 (15-minute intervals). Must be less than 60 hours.

Ways of Working PDUs* | Power Skills PDUs* | Business Acumen PDUs*

Tab 4: Gap Analysis

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

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). *

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)

Check the educational need(s) that apply to this activity. *

- ☐ **Knowledge**—the target audience needs more theoretical knowledge, factual information, or awareness/context
- ☐ **Skills**—the target audience needs to learn or improve a professional, collaborative, or technical skill
- ☐ **Strategy or approach**—the target audience needs to learn how to implement a better collaborative or clinical approach to delivering care
- ☐ **Performance**—the target audience needs to learn to overcome system deficits or on-the-job challenges to achieve optimal performance/outcomes in practice
- ☐ **Not applicable**—this activity offers PMI credit only.

Going beyond knowledge, what is this activity designed to change in terms of the care team's skills, strategies, or performance? *

(Maximum 100 words)

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

Activities with two or more professions in the target audience (i.e., interprofessional CE) must incorporate one or more competencies aligned with interprofessional collaborative practice (i.e., first four options)

- ☐ Teamwork
- ☐ Interpersonal and Communication Skills
- ☐ Roles/Responsibilities
- ☐ Values/Ethics for Interprofessional Practice
- ☐ Professionalism
- ☐ Quality Improvement
- ☐ Systems-Based Practice
- ☐ Practice-Based Learning and Improvement
- ☐ Medical Knowledge
- ☐ Patient-Centered Care
- ☐ Utilize Informatics
- ☐ Evidence-Based Practice
- ☐ Procedural Skills
- ☐ **Not applicable**—this activity offer PMI credit only.

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 5: Faculty Forms

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 6: Upload Files

File Sharing

- 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.

Visit the Resources page to download application examples, sample flyers, and presentation templates.

Posttest Requirements ▲

- Questions should have only one, objectively correct answer that learners are able to find within the slides, article, or video segment
- No more than 10% true/false or yes/no response questions are permitted (one per 60 minutes)
- For multiple-choice questions, please provide four answer choices only
- Please indicate the correct answer with an (*) or highlight
- Live activities require a minimum of 10 questions per day, where "day" is a calendar day with one or more hours of content
- Multi-session (a la carte) activities require a minimum of two questions per session
- Activities offering PMI credit only require a minimum of two questions per session
- Non-live activities require a minimum of ten questions
- Learners will be required to score at least an 80% on the posttest to earn CE credit

Tab 7: Submission

CME reviewer

Select

Application status*

Select

Submission date

Date
E.g., 06/30/2026

Time
E.g., 11:38:20am

Related course

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

This form is complete and ready for submission*

- No
- Yes