

REQUEST FOR CE CREDIT

Important: To complete the Request for CE form, you must be logged into this site.



Vizient CE Staff

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Director, Continuing Education

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Continuing education programs manager

Becky Easterwood
Continuing education programs manager

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Continuing education programs manager

Thank you for your interest in planning an accredited Continuing Education activity with Vizient's CE Program.

As an accredited provider of continuing education (CE) Vizient is dedicated to ensuring that all educational content serves the needs of patients and the public, is presented accurately, balanced, with scientifically justified recommendations, supports safe and effective patient care, and creates a clear, unbridgeable separation between accredited continuing education and marketing and sales.

To ensure your proposed CE activity meets all the necessary requirements for accreditation, Vizient's CE team must be integrally involved in the planning and implementation of the accredited CE activity.

TIMELINE AND INSTRUCTIONS

Request for CE credit due dates

The Request for CE Credit must be completed prior to the start of the planning of your CE activity. This form can be completed at any time, as far in advance as possible, before the

planning of your activity begins.

You must complete all required form fields before submitting this form. You will be able to save the form as a draft and return to complete the information later.

- **Multi-Day Activities:** Minimum 60 days before the activity start date.
- **Single-Day Activities:** Minimum 45 days before the activity start date.

Note: CPHQ Credit request application and payment is required at least 60 days prior to the start date for your program; pricing is based on the length of your program. No Refunds for cancellations.

Planning Committee Requirements

- The planning committee must reflect the target audience members the activity is designed to address. This may be healthcare professionals from two or more professions for interprofessional activities and one for single profession audiences.
- Please note that as part of the Request for CE, you must upload a completed Disclosure of Financial Relationships Form for all individuals involved in the planning of the CE activity. These forms must be completed, signed, dated, and collected from all planners prior to the start of the planning process.

[Click here to download the Disclosure of Financial Relationships Form template.](#)

NEXT STEPS

Once we have received and reviewed your Request for CE and Disclosure of Financial Relationships you will receive an e-mail detailing the next steps.

QUESTIONS

If you have any questions prior to submitting a request, or at any time during the planning process, please contact us at continuingeducation@vizientinc.com.

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REQUEST FOR CE CREDIT

FOR INTERNAL USE ONLY

Please do not complete this section. The CE Department is responsible for completing this section.

Program Manager Assigned - Do not complete

Please do not complete this section. The CE Department is responsible for completing this section.

- Kim Bentley
- Rebecca Easterwood
- Samantha Gordon
- Leticia Salam

Internal Note - Internal Use Only

Please do not complete this section. The CE Department is responsible for completing this section.

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REQUEST FOR CE CREDIT

SECTION 1: REQUESTOR'S INFORMATION

Course Director

Please enter the contact information for the individual that will serve as the Course Director for the proposed CE activity. The Course Director is the individual that has direct oversight and supervisory responsibility for the planning, implementation and evaluation of the CE activity.

Course Director Name

Course Director Phone

Course Director Email

Upload Course Director Disclosure

Files must be less than 2 MB.

Allowed file types: gif jpg jpeg png txt rtf html pdf doc docx odt ppt pptx odp xls xlsx ods xml.

Choose File No file chosen

UPLOAD

Are you an employee of Vizient? Yes No

Title

Please indicate your reporting line:

- Strategic Growth - John Becker
- Operations and Quality - Marshall Leslie
- Supply Chain - Simrit Sandhu
- Pharmacy - Dan Kistner
- Member Value and Performance - Rand Ballard
- Other, please indicate:

Course Coordinator

Please enter the contact information for the individual that will serve as the Course Coordinator for the proposed CE activity. The Course Coordinator is the individual responsible for the operational and administrative support of the accredited CE activity.

Coordinator/Assistant's Name

Coordinator/Assistant Phone

Coordinator/Assistant Email

Is Vizient Media Productions assisting with the educational design aspects of the activity?

- Yes
 No

Please provide the name of the producer:

Please provide the producer's email address:

CE Planning Experience: Request Support

Do you need support planning your accredited CE activity?

If yes, a CE Programs Manager will schedule a planning meeting with you.

- Yes
 No

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SECTION 2: ACTIVITY INFORMATION

In this section, you will be asked to provide specific details about the proposed activity, including its format, delivery method, and occurrence.

Activity Title

Activity Formats

Live Course – an activity where the learner participates in real-time at a specific date/time.

Enduring Material - an activity where the content is available for the learner to complete at a time and place of the learner's choosing.

Other/Blended Learning - an activity that uses blended, new, or unique approaches to learning, and that does not fit into one of the established activity types.

Guidance

- If your activity has the same content but is offered in different formats to different groups of learners, it is considered to be a separate activity (example: a live course that is recorded and subsequently made available to learners). In this case you should select live activity for the initial format.
- An activity that combines multiple formats for a group of learners would be considered an other/blended learning activity.

What is the activity format?

- Live Course
- Enduring Material
- Other/Blended Learning

Which delivery method(s) will you use for your live activity?

Select all that apply.

- In-Person
- Live-Streamed

Activity Start Date

The start date of an activity is the first date that the activity is available to learners.

Month Day Year 

Additional dates (if applicable)

Do you plan on repurposing this live activity into an enduring activity?

- Yes
 No

Does this activity occur more than once with the same content, learning objectives, target audience, credit type and amount of hour(s) but is being delivered or presented on different dates to different participants ?

- Yes
 No

Please provide the additional dates (if known)

Will this be a Recurring Education Series Activity?

Definition: A recurring educational series (RES) is a targeted collection of complementary educational sessions offered on different dates within a 1-year period at regular intervals (monthly, quarterly, etc.). The CE department will review activities to determine eligibility as a RES. A RES is not to be confused with an RSS (Regularly Scheduled Series).

- Yes
 No

Please provide the additional dates (if known)

What is your preferred method for learners to claim CE credit?

- Traditional URL link to evaluation form
 SMS Text Messaging
 QR Code
 Undecided

Is this a Vizient member Networks educational offering?

- Yes
 No

If yes, which component(s)?

- CEO Executives, C-Suite, Senior Leadership, Service Line and Discipline
- Integrated Performance Solutions
- Performance Improvement (PI) Collaboratives
- Leadership Series and Learning Academy
- Other...

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SECTION 3: TARGET AUDIENCE

In the section below, you will be asked to identify the target audience (groups) that would benefit most from this activity.

It is acceptable to be comprehensive in selecting the target audience for the purposes of completing this initial request form.

***You will need to have someone from each target audience (with an asterisk) serve as a member of the planning committee.**

Indicate the profession(s) of the intended learners. Check all that will apply.

- Nurses *
- Pharmacists *
- Pharmacy Technicians
- Physicians *
- Physician Assistants *
- Psychologists *
- Registered Dietitians *
- Social Workers *
- Healthcare Executives
- Healthcare Quality Professionals
- Other: Please specify

Would you like to offer California Board of Registered Nursing CE credits?

- Yes
- No

AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES (ACHE)

If your CE activity is designed for healthcare executives and you would like to award ACHE Credit, please review the information below:

Activity Content Requirements

- Education must be directly applicable to the practice of healthcare management.
 - Content that focuses on inspirational, clinical or technical aspects does not qualify.
 - Any promotion and/or endorsement of a specific organization's programs, products or services must not be included.
-
-

NATIONAL ASSOCIATION FOR HEALTHCARE QUALITY

If your CE activity is designed for healthcare quality professionals and you would like to award CPHQ CE Credit, a separate application must be submitted to NAHQ for review and approval.

Please review the information below:

Activity Requirements

The learning objective(s) for your activity must align with at least one domain area within the [Healthcare Quality Competency Framework](#).

Your activity must follow standard best practices for instructional design and development:

- Appropriate and clearly written learning objective(s)
- Clear program title and description
- Topic-level outline with a clear mapping to the [Healthcare Quality Competency Framework](#) domain area(s)
- List of teaching and assessment methodologies used
- Current references
- Healthcare quality subject matter expertise utilized during program development

Required Supplemental Materials

- A completed content outline - [Click here to access the content outline template](#)
- Bios for all faculty and/or presenters associated with the activity
- Marketing and promotional materials (flyers, email messaging, webpages, etc.)
- At the conclusion of the activity, submit the final attendee list ([using the Attendee List Template](#)) to ce@nahq.org.

Submission Deadlines

A completed application and payment must be submitted at least 60 days prior to your activity's start date:

- Late fees will be assessed with less than 60 days' notice - [click here to view pricing](#)
 - Expedited processing will apply if the submission is received less than 10 days prior to the activity start date.
-

Do you wish to proceed with applying for CPHQ credit for this activity?

Yes

No

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SECTION 4: PROVIDERSHIP

As an accredited provider, Vizient Inc. may choose to enter into a joint providership agreement with a nonaccredited organization in the planning and implementation of an accredited CE activity.

As the accredited provider, Vizient Inc. must take full responsibility to ensure the activity is compliant with all accreditation criteria and standards. Therefore, Course Directors must receive approval from the CE Department prior to collaborating with an external partner.

Do you plan to work/partner with an outside organization to develop this activity?

- Yes
- No

Name of Organization

Website

Contact Name

Contact Phone Number

Contact Email Address

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SECTION 5: ACTIVITY FUNDING & REVENUE SOURCES

In the space below please identify any commercial support or revenue sources you anticipate receiving to offset the costs of the proposed CE activity.

Definitions

Commercial Support:	Financial or in-kind support from an ineligible company that is used to pay all or part of the costs of a Jointly Accredited activity.
Non-commercial Support:	Financial, or in-kind, contributions given by an eligible organization, which is used to pay all or part of the costs of a Jointly Accredited activity.
In-kind support:	In the context of the Standards for Integrity and Independence in Accredited Continuing Education, in-kind support is non-monetary support provided by an ineligible company used for an accredited CE activity. Examples of in-kind support include use of equipment and supplies.
Eligible organization:	Those whose mission and function are: (1) providing clinical services directly to patients; or (2) the education of healthcare professionals; or (3) serving as fiduciary to patients, the public, or population health; and other organizations that are not otherwise ineligible.
Ineligible companies	Those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

COMMERCIAL SUPPORT

Is commercial support (financial or in-kind) being sought/given for this activity?

- Yes
 No

If yes, please list the name of the company(ies):

Commercial Marketing and Promotional Activities

Advertising and exhibits are promotional activities and not accredited continuing education. Therefore, monies paid by ineligible companies to providers for these promotional activities are not considered to be commercial support under the Standards for Integrity and Independence in Accredited Continuing Education.

Examples

- Advertising Sales
- Exhibit Booth Sales
- Commercial Sponsorships
- Industry Sponsored Satellite Symposia

Note: Arrangements for these activities must be reviewed and approved by the CE team in compliance with the Standards, specifically Standard 5: Manage Ancillary Activities Offered in Conjunction with Accredited Continuing Education.

Will there be any commercial marketing or promotional activities in association with this educational activity?

- Yes
 No

If yes, please select the type(s) of commercial marketing and promotional activities from the list below:

- Advertising Sales
- Exhibit Booth Sales
- Commercial Sponsorships
- Industry Sponsored Satellite Symposia
- Other: (please describe)...

Will there be any non-Vizient branded logos or promotional items distributed in conjunction with this education?

- Yes
- No

ADDITIONAL SOURCES OF FUNDING

Will this CE activity have any additional source(s) of funding?

- Yes
- No

If yes, please identify the type of external source(s) of funding:

- Registration Fees From Learners
- Government Monetary Grants
- Private Monetary Donations
- Direct Organizational Support
- Other (please describe)...

BUDGET

Upload Budget

Files must be less than **2 MB**.

Allowed file types: gif jpg jpeg png pdf doc docx ppt pptx xls xlsx.

Choose File No file chosen

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PLANNING COMMITTEE

Please provide the name (s) and email (s) of your activity planners in the spaces below. All planners listed will receive a link to complete an online Disclosure of Financial Relationships Form. The CE Department will review all information provided to identify which financial relationships are relevant.

Please note:

- The planning committee must represent the activity's target audience.
- Planners may not participate in the planning of the activity until their disclosures have been received and are determined eligible to serve as a planner.

PHYSICIAN PLANNER

Please complete the following information for the physician planner(s) that you have identified to assist in the planning, development, and implementation of this CE activity.

Full Name, Degree:

Upload Physician Planner 1 Disclosure

Files must be less than **2 MB**.

Allowed file types: **jpg jpeg txt pdf doc docx**.

No file chosen

Do you have an additional physician planner to add?

- Yes
 No

NURSE PLANNER

Please complete the following information for the nurse planner(s) that you have identified to assist in the planning, development, and implementation of this CE activity.

Full Name, Degree:

Upload Nurse Planner 1 Disclosure

Files must be less than **2 MB**.

Allowed file types: **jpg jpeg txt pdf doc docx**.

No file chosen

Do you have an additional nurse planner to add?

- Yes
- No

PHARMACIST PLANNER

Please complete the following information for the pharmacist planner(s) that you have identified to assist in the planning, development, and implementation of this CE activity.

Full Name, Degree:

Upload Pharmacist Planner 1 Disclosure

Files must be less than **2 MB**.

Allowed file types: **jpg jpeg txt pdf doc docx**.

No file chosen

Do you have an additional pharmacist planner to add?

- Yes
- No

ADDITIONAL PLANNER(S)

Do you have any additional members of the planning committee to add?

- Yes
- No

REQUEST FOR CE CREDIT

To avoid errors or omissions, please review your submission carefully before submitting. You can go back to a previous page to edit any information necessary by clicking the **"Previous"** button.

SECTION 1: REQUESTOR'S INFORMATION

Course Director

Please enter the contact information for the individual that will serve as the Course Director for the proposed CE activity. The Course Director is the individual that has direct oversight and supervisory responsibility for the planning, implementation and evaluation of the CE activity.

Course Director Name

Course Director Phone

Course Director Email

Upload Course Director Disclosure

Are you an employee of Vizient? Yes

Course Coordinator

Please enter the contact information for the individual that will serve as the Course Coordinator for the proposed CE activity. The Course Coordinator is the individual responsible for the operational and administrative support of the accredited CE activity.

Coordinator/Assistant's Name

Coordinator/Assistant Phone

Coordinator/Assistant Email

Is Vizient Media Productions assisting with the educational design aspects of the activity?

Yes

Please provide the name of the producer:

Please provide the producer's email address:

Do you need support planning your accredited CE activity?

Yes

SECTION 2: ACTIVITY INFORMATION

In this section, you will be asked to provide specific details about the proposed activity, including its format, delivery method, and occurrence.

Activity Title

What is the activity format?

Live Course

Which delivery method(s) will you use for your live activity?

Which delivery method(s) will you use for your enduring activity?

Activity Start Date

Additional dates (if applicable)

Do you plan on repurposing this live activity into an enduring activity?

Yes

Does this activity occur more than once with the same content, learning objectives, target audience, credit type and amount of hour(s) but is being delivered or presented on different dates to different participants ?

Yes

Please provide the additional dates (if known)

Will this be a Recurring Education Series Activity?

Yes

Please provide the additional dates (if known)

- Nurses *
- Pharmacists *
- Physicians *
- Healthcare Executives
- Healthcare Quality Professionals

Would you like to offer California Board of Registered Nursing CE credits?

Do you wish to proceed with applying for CPHQ credit for this activity?

Do you plan to work/partner with an outside organization to develop this activity?

Yes

Name of Organization

Website

Contact Name

Contact Phone Number

Contact Email Address

SECTION 5: COMMERCIAL SUPPORT & ADDITIONAL SOURCES OF REVENUE

Is commercial support (financial or in-kind) being sought/given for this activity?

Yes

If yes, please list the name of the company(ies):

Will there be any commercial marketing or promotional activities in association with this educational activity?

Yes

If yes, please select the type(s) of commercial marketing and promotional activities from the list below:

Will there be any non-Vizient branded logos or promotional items distributed in conjunction with this education?

Yes

Will this CE activity have any additional source(s) of funding?

Yes

If yes, please Identify the type of external source(s) of funding:

Full Name, Degree:

Upload Physician Planner 1 Disclosure

Full Name, Degree:

Upload Nurse Planner 1 Disclosure

Full Name, Degree:

Upload Pharmacist Planner 1 Disclosure

Do you have any additional members of the planning committee to add?

Full Name

Upload Additional Planner 1 Disclosure

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SUBMIT

REQUEST FOR CE CREDIT

Thank you for submitting your Request for CE Form. Your application has been received and a member of our CE department will be in touch with you shortly.