

REQUEST FOR CE CREDIT



Vizient CE Staff

Marilu Kelly, MSN, RN, NPD-BC, CHCP
Director, Continuing Education

Kim Bentley, CHCP
Continuing education programs manager

Becky Easterwood
Continuing education programs manager

Samantha Gordon, MS
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 is required at least 60 days prior to the start date for your program;

** Please note that 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 who **are not** employed by Vizient or Kaufman Hall. These forms must be completed, signed, dated, and collected from all planners prior to the start of the planning process. Activity planners **employed by Vizient or Kaufman Hall** will receive an automated email prompting them to update or complete the online Disclosure of Financial Relationships Form.

Click [here](#) to download the **Disclosure of Financial Relationships Form template**. **Please note:** Clicking the download link will open the file in a new browser window, not in the same tab as the form you are currently viewing. To return to the form, manually select the original browser tab or window.

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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SECTION 1: REQUESTOR'S INFORMATION

Activity Title

Activity Start Date

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

Month Day Year 

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

Is the Course Director a Vizient/Kaufman Hall employee? Yes No

Course Director Email

Title

Please indicate your reporting line:

- Consulting: Kate Guelich
- Data & Digital: Byron Jobe (interim)
- Spend Management: Simrit Sandhu

- Enterprise Account Management (including Member Networks and Performance Management): Rand Ballard
- Other, please indicate:

Is this education created by the Vizient Member Networks and Performance Management team? (Julie Cerese)

- Yes
- No

If yes, which component?

- Networks
- Performance Improvement Programs
- Leadership Education
- Vizient Learning Academy
- Performance Management Programs
- 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

Is the Course Coordinator a Vizient/Kaufman Hall employee? Yes No

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 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

Additional dates (if applicable)

According to Vizient's CE mission statement, what topic/category does this activity fall under?

- Clinical

- Leadership
- Operations
- Other, please indicate:

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)

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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 the most from this activity. For completing this initial request form, it is acceptable to be comprehensive in selecting the target audience.

*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?

- Yes
- No

Is this a direct patient care topic?

Direct patient care refers to any medical or health services provided directly to a patient with the aim of diagnosing, treating, or preventing a health condition.

- Yes
 - No
-

IMPLICIT BIAS

In accordance with Assembly Bill 241 and California Business and Professions Code 2736.5, the California Board of Registered Nursing (BRN) mandates that all continuing education (CE) courses related to direct patient care must incorporate a curriculum on implicit bias.

"Implicit bias" is defined as the attitudes or internalized stereotypes that unconsciously influence our perceptions, actions, and decisions. These biases often result in unequal treatment of individuals based on characteristics such as race, ethnicity, gender identity, sexual orientation, age, and disability, thereby contributing to health disparities.

Additional information on incorporating implicit bias can be found here:

<https://continuingeducation.vizientinc.com/content/cbrn-incorporating-implicit-bias-ce-curriculum>

I will ensure that the content includes implicit bias for all clinical content that is related to direct patient care.

Yes

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SECTION 4: JOINT PROVIDERSHIP

As an accredited provider, Vizient Inc. may choose to enter into a joint providership agreement with an external 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 collaborate/partner with an external organization to develop this activity?

- Yes
- No

Name of Organization

Website

Contact Name

Contact Phone Number

Contact Email Address

Do you plan to jointly provide this CE activity with the external organization?

- Yes
- No

Do you have approval from the CE department to jointly provide this CE activity with an external organization?

- Yes

No

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SECTION 5: FUNDING FOR ACCREDITED CONTINUING EDUCATION

Funding for independent continuing education may come from various sources. In this section, you will identify all sources of financial support used to fund your CE activity.

Will you receive funding for this accredited education?

- Yes
 No

If yes, select the type of funding (select all that apply):

- Advertising/exhibit booth revenue
 Commercial support (In-Kind/Financial)
 Government grants
 Private donations
 Registration fees
 Other: (please describe)...
-

Budget

All accredited CE activities supported by revenue from external sources must submit a final reconciled Activity Budget within 30 days of the conclusion of the CE activity.

Click [here](#) to download the required Activity Budget template. **Note:** Clicking the download link will open the file in a new browser window. To return to the original form, manually select the appropriate browser tab or window.

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SECTION 6: PLANNING COMMITTEE

In this section, you will provide information for all individuals that you have identified to assist in the planning, development, and implementation of this CE activity.

Please note:

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- You must upload a completed Disclosure of Financial Relationships Form for all individuals involved in the planning of the CE activity who **are not employed by Vizient or Kaufman Hall**. These forms must be completed, signed, dated, and collected from all planners prior to the start of the planning process. Activity planners **employed by Vizient or Kaufman Hall** will receive an automated email prompting them to update or complete the online Disclosure of Financial Relationships Form.

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- The CE Department will review all information provided to identify which financial relationships are relevant.

Physician Planner(S)

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.

PHYSICIAN PLANNER 1

Full Name, Degree:

Is this planner employed by Vizient or Kaufman Hall?

Yes

No

Physician Planner 1 Email Address:

Do you have an additional physician planner to add?

Yes

No

Nurse Planner(S)

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.

NURSE PLANNER 1

Full Name, Degree:

Is this planner employed by Vizient or Kaufman Hall?

Yes

No

Nurse Planner 1 Email Address:

Do you have an additional nurse planner to add?

Yes

No

Pharmacist Planner(S)

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.

PHARMACIST PLANNER 1

Full Name, Degree:

Is this planner employed by Vizient or Kaufman Hall?

- Yes
 No

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

How many additional planners are involved in this activity?

- 1
 2
 3
 4
 5 or More

Additional Planner(S)

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

ADDITIONAL PLANNER 1

Full Name, Degree:

Is this planner employed by Vizient or Kaufman Hall?

- Yes
 No

Professional Title:

Organization:

Upload Disclosure Form

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

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

No file chosen

ADDITIONAL PLANNER 2

Full Name, Degree:

Is this planner employed by Vizient or Kaufman Hall?

Yes

No

Professional Title:

Organization:

Upload Disclosure Form

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

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

No file chosen