



Pre-Activity Accreditation Form

Please supply the basic demographics of the activity and information on the educational planning process used in designing the activity. Financial/proprietary interest for all people involved in the planning process must also be disclosed and any commercial support received for the activity must be documented.

Activity Demographics

1. Activity Title
2. Activity Date
3. Activity Location (venue/address/website)
4. Activity Description
5. Total Number of CE hours presented at the activity
6. Activity Publications (if applicable)

Educational Activity Planning

1. State the Professional Practice gap(s) of your learners on which this activity was based and describe how the practice gap(s) was determined (i.e. the mechanism or process used to determine the practice gap). (max 100 words per gap) **(Criterion 2)**
2. State the educational need(s) that you determined to be the cause of the professional practice gap(s). (max 50 words) **(Criterion 2)**
 - Knowledge need and/or
 - Competence need and/or
 - Performance need

Note: Larger activities may have multiple educational needs that are being addressed. Please list those identified.

3. State the specific skill, strategy, or patient outcome which is the desired outcome (learning objectives) of the activity. (max 50 words) **(Criterion 3)**

Note: In many activities, there may be multiple goals. Please list those identified.
4. In order to receive COPE accreditation, the content of the CE must be validated through the COPE review process. List the COPE Course Numbers of the courses that will be presented at the activity. **(Criterion 4)**
5. State the specific format of the activity and explain why the format is appropriate for this activity (1-2 sentences). **(Criterion 5)**

Desirable Professional Attribute(s)

Indicate the desirable professional (i.e. optometrist) attribute(s) this activity addresses (i.e. Institute of Medicine's Core Competencies for Health Care Professionals, ASCO Attributes of Students Graduating from Schools and Colleges of Optometry, ABO/ACGME/ABMS Competencies) **(Criterion 6)**

Standards for Commercial Support Compliance

1. For **EVERY** individual in control of content for the activity, list the name of the individual, the individual’s role (e.g. planner, instructor, editor, etc.) in the activity, the name of the commercial interest with which the individual has a relevant financial relationship (or if the individual has no relevant financial relationships), and the nature of that relationship. Complete the table or attach the organization’s document used to identify the relevant financial relationships: **(Criterion 7, SCS 2.1, 2.2, 2.3)**

Name of Individual	Individual’s Role in Activity	Name of Commercial Interest	Nature of Relationship

2. Evidence that you implemented the mechanism(s) to resolve conflicts of interest for those individuals in control of content identified as having a relevant financial relationship in step 1 prior to the start of the activity. **(Criterion 7, SCS 2.3)**
3. Attach the disclosure information that will be provided to the learners about the financial relationships (or absence of financial relationships) that each individual in a position to control the content of CE has. (e.g. screen shot of PowerPoint slide, written disclosure, etc.) **(Criterion 7, SCS 6.1-6.2, 6.5)**
4. Will there be commercial exhibits at this event? **(Criterion 7, SCS 4.1, 4.2)**
5. Attach a copy of promotional/marketing literature (agenda, brochure or program book) used to advertise this activity). **(Criterion 7, SCS 4.1-4.5)**
6. Will you be receiving commercial support for this activity? If yes, list the number of commercial supporters and the total \$ amount of the support. **(Criterion 8, SCS 3.4-3.6)**
7. If the activity is commercially supported, the commercial support disclosure statement that will be provided to the learners. **(Criterion 7, SCS 6.3-6.5)**

Additional Information Required

1. Attach a copy of certificate of attendance that will be distributed to the attendees.

NOTE: Upon review of the Pre-Activity Accreditation form, a prospective accreditation decision will be made and communicated to the Administrator. Within 30 days of completion of the activity, Administrators are required to submit the Post-Activity Accreditation form. Failure to submit the Post-Activity form or failure to meet the criteria of the Post-Activity form may affect the ability of the Administrator/organization to apply for future activity accreditation.