CE Standards and Application Writing:

Compliance standards & Tips for getting your application approved.

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UCSF Office of Continuing Medical Education

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CE Standards & Application Writing Session Objectives

By the end of this session, participants will be better able to:

1. Define Continuing Education (CE) and understand the difference between an Accreditor and an Accredited Provider.

2. Be able to explain what it means to be Jointly Accredited Provider and the opportunities for Interprofessional CE programs.

3. Be able to comply with Joint Accreditation Standards for your program(s).

4. Know the standards for Interprofessional Continuing Education (IPCE).

5. Be able to explain the concept of conflict of interest and be able to determine conflict of interest for most financial disclosures.

6. Utilize new knowledge and improved competence in managing financial disclosure in your program to both (a) recognize "red flags" (such as employee/owner and speakers' bureau relationships) and (b) take appropriate next steps.

7. Access and log in to the CE Portal.

8. Know the preliminary steps in the UCSF process to mitigate conflict of interest and continuing learning after this session using on-demand resources in the CE Portal until competent to independently mitigate most conflicts of interest.

9. Be competent to differentiate between Directly Provided and Jointly Provided activities and to select and use the correct Accreditation and Designation language in all course promotions outside those that qualify as Save-The-Date.

10. Know the requirements related to commercially supported activities**,** if applicable, and adhere to agreement and acknowledgement requirements, and provision of final budget reconciliation.

11. Know how evaluations can be set up in Cloud CME**,** which options are right for your program, and whether your preferred setup requires you to perform evaluation-related tasks.

12. Be able to describe a professional practice gap, including a difference in current and achievable, evidence-based practices, and be able to use the provided Gap Analysis script to assist you with use of Chat GPT Enterprise in completing your application.

13. Recognize and understand the format of CE learning objectives, including the requirement to reflect competences at a minimum, and the why objectives should reflect the achievable, evidence-based practices from your professional practice gaps.

14. Understand closing documentation requirements and be able to audit your current program files to ensure that renewal pre-application submissions are not delayed for missing documentation in the existing program.

Baseline Discussion

- What is Continuing Education (CE)?
- What is an Accreditor and how is an Accreditor different from an Accredited Provider?
- What is a professional practice gap and why is it important in CE?
- What does it mean to be Jointly Accredited? What opportunities exist for interprofessional Activities?

UCSF Office of CME Jointly Accredited Provider Portfolio

Physicians, Advanced Practice Providers, Social Workers, Psychologists, and Dentists, as well as many other types of certified and licensed professionals are required to obtain specific number of hours of continuing education credits to maintain credentials or licenses to practice. These credits are awarded by providers who meet the standards of accreditation organizations for each profession. The following accrediting bodies have currently authorized the UCSF Office of CME to provide professional CE credits:

- American Academy of Physician Associations (AAPA)
- Accreditation Council for Continuing Medical Education (ACCME)
- Accreditation Council for Pharmacy Education (ACPE)
- American Nurses Credentialing Center (ANCC)
- American Dental Association Continuing Education Recognition Program (ADA CERP)
- American Psychological Association (APA)
- Association of Social Work Boards (ASWB)
- Board of Certification for Athletic Trainers (BOCAT)
- *COMING SOON*…International Association for Continuing Education and Training (IACET)

Joint Accreditation Standards (apply to all types of credit offered under Joint Accreditation)

☐ The content
This can be an agenda, syllabus, brochure, program book, slide presentations, announcement, or a combination of these.

☐ Identification of financial relationships for everyone in a position to control content.
OCME has an online disclosure collection system. Planners who control curriculum and invite speakers are required to disclose as part of the application process. Each disclosure must be dated prior to the date that an individual delivers the education.

☐ Evidence that you mitigated every conflict of interest for individuals controlling content through teaching (including moderating and facilitating), prior to the start of the activity.

a. You most likely collected presentation slides in advance of conflicted individuals and performed a non-conflicted Subject Matter Expert Review of the presentation(s) via a 'How Conflict of Interest Was Mitigated' form prior to having that individual teach, moderate, or facilitate.
b. If you had conflicted teachers, moderators or facilitators not using slides, the Office of CME will direct you through the resolution process. You should turn in the resulting instructions given to facilitators and presenters not using slides.

☐ The disclosure information as provided to learners.
Turn in documentation that shows that you shared with your learners the financial relationships (or absence of financial relationships) that everyone in a position to control the content of CME disclosed prior to their participation in the activity.

☐ Evaluation Summary
Typically, you will have both an evaluation summary of the post-course survey and an evaluation summary of follow-up survey data. You may also use teach-back, mentor assessment, and quizzes to assess education. OCME has a standard activity evaluation instrument available for post-course surveys and for follow-up surveys.

☐ The Joint accreditation statement for this activity, as provided to learners.

- For Directly Provided Activities (where UCSF selects and/or develops all content)

In support of improving patient care, UCSF Office of CME is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

- For Jointly Provided Activities (An outside organization my influence selection or development of content)

In support of improving patient care, this activity has been planned and implemented by UCSF Office of CME and _____. [Insert name of Joint Accredited Provider] is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

☐ The Accreditor Designation statement for this activity, as provided to learners.
See the Accreditor Detail for designation statements from each Accreditor. Use **only** the designation statement(s) of credit types for which the UCFS Office of CME has approved your educational program.

☐ A final profit and loss statement for this activity

a. details of receipt and expenditure of all the commercial support if your course was commercially supported.
b. details of receipt and expenditure of all of exhibitor support if your course was supported by exhibitors.

If the course was commercially supported…

A. The income and expense statement for this activity that details the receipt and expenditure of all the commercial support.
B. Each fully executed commercial support agreement for the activity.
All agreements must be signed both by the UCSF Office of CME and by the commercial supporter with dates prior to the course start date.
C. The commercial support disclosure/acknowledgement information as provided to learners.
Typically, commercial support is acknowledged in the course syllabus and/or announcement and/or brochure

Interprofessional Continuing Education (IPCE) Standards

1. Includes program content that addresses teamwork (e.g., interactive discussions of care coordination, or communication, or handoffs). More specifically, there is learning by and for the healthcare team, with formats that promote learning from and about team members with different professional certificates and/or licenses, for the purpose of improving team performance and/or improving patient outcomes.

2. More than one individual and more than type of license or certificate is represented on the planning committee. (Professions on the planning committee should represent professions in the learner audience.)

3. The program is designed to provide value for all health professions in the learner audience.

4. There are team-based professional practice gaps the program is designed to address and there are objectives based on the ideal practices described by the team-based gaps.

5. The program is evaluated for interprofessional learning.

Accredited Provider Standard

At a minimum, 25% of the entire Portfolio during the Accreditation Period, must meet IPCE standards.

Implications

Office of CME must be careful to nurture a portfolio of courses that has strong IPCE representation.

- Moved to competitive abstract submission process for OCME Event Planning Services
- Moving to competitive abstract submission process for externally planned, first-time programs
- Encouraging and sometimes requiring existing and first-time programs to meet IPCE standards

Course Benefits of IPCE

- Larger Learner Audience
- Decreased cost for offering more than one type of credit
- More likely to be accepted into the Office of CME Portfolio

Overview of the CE Portal Resources for Self-Directed Learning

Live Activity Coordinator CE Portal Resources

Credit Requests	Course Setup and Maintenance	Faculty Management
• Using the Application Dashboard • Submitting an Application • Proposing a New Course Ideas	• Using the Activity Manager/Editor • Recorded Training (~90 minutes) • Job Aids to Get Started • Advanced Marketing Channels	• Video and PDF Training • Assigning Faculty • Creating an Agenda • Requesting Information • Monitoring Submissions • Mitigating COI
Exhibitors and Commercial Support	**Course & Learner Management**	**Credit Claiming**
• Managing Exhibits (Manual + Job Aid) • Managing Commercial Support (Manual) • Recorded Training (~60 minutes) • Forms and Standard Agreements	• Registration Numbers and Revenue • Onsite Check-in • Syllabus Materials • Emailing Attendees, Faculty, & Exhibitors • Preparing Sign-in Options • Preparing Badges for Onsite	• Methods to Claim Credit • The Record Attendance Screen • Video + Job Aid
Reporting	**Resources**	
• Final Rosters • Evaluation Summaries • Other Reports Available	• Reference Guides (Forms, Evaluations, etc) • Templates (Importing, Marketing, Images) • Instructions for Participants	

RSS Coordinator CE Portal Resources

- *Cloud CME 101- Getting Started Video*
- *Comprehensive Training from Cloud CME Recorded from 7/23/2025*
- *Looking to Get a Quick Question Answered?*
- *What's Changing for RSS Coordinators and Administrators*
- *Application Dashboard*
- *Submitting an Application or New Idea*
- *RSS Dashboard & Session Management*
- *Generating Announcements*
- *How to Setup SMS Text Credit Claiming*
- *Recording Attendance Manually*
- *Evaluations and Summaries*
- *Reports Available*

Concepts Related to Disclosure and the Disclosure Process

‘Red flags’ to look for on each disclosure

- **__Employee/Owner:__ Owners and employees are individuals who have a legal duty to act in the company's best interests. Owners are defined as individuals who have an ownership interest in a company, except for stockholders of publicly traded companies, or holders of shares through a pension or mutual fund. Employees are defined as individuals hired to work for another person or business (the employer) for compensation and who are subject to the employer's direction as to the details of how to perform the job.*

- ***__Speakers Bureau:__ Per UCSF policy, “UCSF faculty, staff, students and trainees may not participate in any company speakers' bureaus in which the sponsor determines the content of presentations or in any way controls or limits what may be presented by the speaker.” https://policies.ucsf.edu/policy/150-30*

- *UCSF Office of CME policy prohibits participation in any aspect of UCSF CE activities by an individual who participates in a speakers’ bureau of a defined ineligible company.*

Key Concepts

1. Disclosure covers the preceding 24-month period.

2. Disclosure is good for one year from date of disclosure.

3. Conflict can only arise if the program has clinical content.

4. Conflict can only arise in relation to ineligible companies; companies are not eligible to be accredited CE providers. An ineligible company is an entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. This includes companies that make or sell:

    - Drugs and biologics
    - Medical devices
    - Medical supplies
    - Equipment or diagnostic tools
    - Over-the-counter products

5. Financial relationships with ineligible companies must be **disclosed and mitigated** before individuals can participate in accredited CE.

Disclosure of Relevant Financial Relationships

For Stacey Samuels

Information You Need to Know to Disclose Your Financial Relationships with Companies Related to Healthcare Products or Services

Why We Ask:

As an accredited provider, we require your assistance to comply with accreditation guidelines and help us create high-quality Accredited Continuing Education (ACE) that is independent of industry influence. To participate in this educational activity, all individuals who have the ability to influence and/or control the content of this ACE activity must disclose all financial relationships with all companies - whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients - over the past 24 months. **To confirm your participation in this ACE activity, we ask that you complete and return this form within seven days of the receipt of this request.**

What to Disclose:

- There is no minimum financial threshold; you must disclose all financial relationships, regardless of the amount, with companies as described above; only disclose your own financial relationships, ***not*** those of your spouse or life partner.

- We ask you to disclose all financial relationships regardless of whether or not you view the relationships as relevant to the ACE activity. Staff will determine if the information that you provide is relevant to the topics of the ACE activity in which you will participate.

- Since healthcare professionals serve as the trusted authorities when advising patients, they must protect the learning environment from industry influence to ensure they remain true to their ethical commitments.

- If the staff determine that the financial relationships create a conflict of interest, the staff will determine the appropriate method of mitigation. Mitigation may involve but is not limited to an independent review of the content you develop (or if you are a planner, other methods will be utilized, including peer review of content by non-conflicted planners, for example).

- Many healthcare professionals have financial relationships with companies as defined above. By identifying and mitigating relevant financial relationships, we will work together to create a protected space to learn, teach, and engage in scientific discourse free from the influence from organizations that may have an incentive to insert commercial bias into education.

Disclosure Form Required by The Standards for Integrity and Independence

This section to be completed by the Planner, Faculty, Author, Content Reviewer or Others Who May Control Educational Content:

Please disclose all financial relationships that you have had in the past 24 months with ineligible companies (see definition below). For each financial relationship, enter the **nature** of the financial relationship(s) and the **name** of the ineligible company. There is no minimum financial threshold. We ask that you disclose all financial relationships, regardless of the amount, with ineligible companies.

Definition of Ineligible Companies:
Companies that are ineligible to be accredited in the ACCME System (ineligible companies) are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Examples of such organizations include:

- Advertising, marketing, or communication firms whose clients are ineligible companies
- Bio-medical startups that have begun a governmental regulatory approval process
- Compounding pharmacies that manufacture proprietary compounds
- Device manufacturers or distributors
- Diagnostic labs that sell proprietary products
- Growers, distributors, manufacturers or sellers of medical foods and dietary supplements
- Manufacturers of health-related wearable products
- Pharmaceutical companies or distributors
- Pharmacy benefit managers
- Reagent manufacturers or sellers

Please complete the information below, and then scroll to the bottom of the screen and click Submit. Required fields are indicated with an asterisk (*) and must be completed, the form cannot be submitted without an answer.

Within the past 24 months, have you received financial support (in any amount) from an ineligible company (including employment, consulting, research grant support, honoraria, etc.)?

- (●) Yes. In the past 24 months, I have had an existing and/or have had a financial relationship with an ineligible company (list these relationships below).
- ( ) No. In the past 24 months, I have not had a financial relationship with an ineligible company.

To add additional relationships, click the green plus sign. You can remove a relationship by clicking the red minus sign.

Please specify your relationship:

Nature of the Financial Relationship	Name of the Ineligible Company:	Relationship Ended?
Stocks or stock options, excluding diversified	Other	○ Yes ◉ No

Company, if other: Nvidia

Attestation

I have disclosed all financial relationships and I will disclose this information to learners.

◉ Yes ○ No

The content and/or presentation of the information with which I am involved will promote quality or improvements in health care and will not promote a specific proprietary business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be balanced, evidence-based and commercially unbiased.

◉ Yes ○ No

I understand that my presentation/content may need to be reviewed prior to this activity, and I will provide educational content and resources in advance as requested.

◉ Yes ○ No

If I am providing recommendations involving clinical medicine, they will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to will conform to the generally accepted standard of experimental design, data collection and analysis.

◉ Yes ○ No

I agree to comply with the requirements to protect health information under the Health Insurance Portability & Accountability Act of 1996 (HIPAA).

◉ Yes ○ No

I attest that the above information is correct as of this date of submission (sign below):

Type your full name below to sign: Stacey Samuels

Date: 11/24/2025

Submit Reset

Last Updated: February 23, 2026

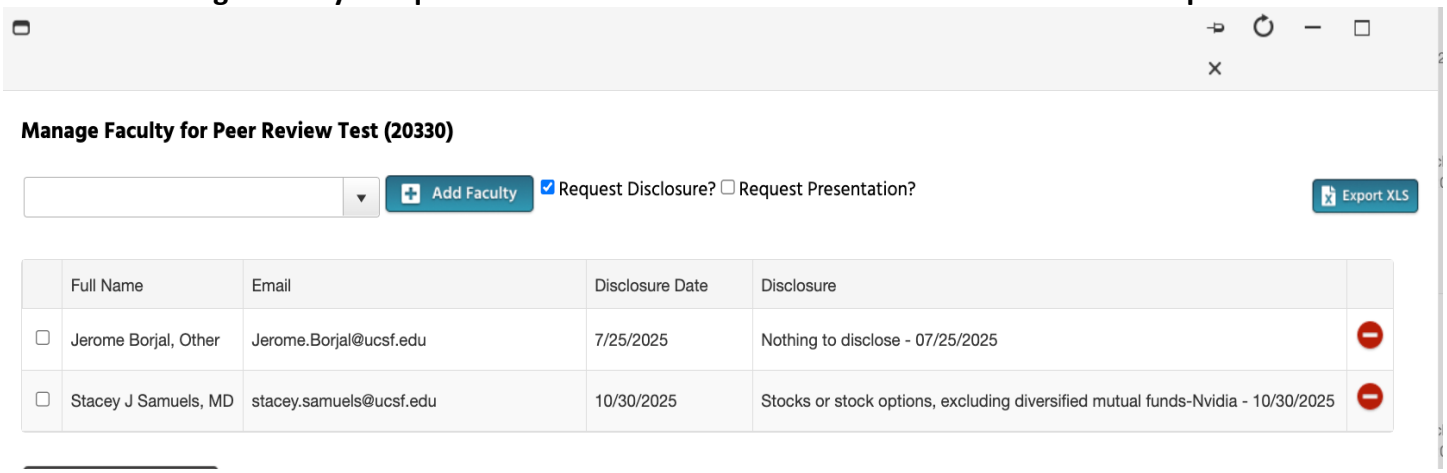
Mitigation of Conflict of Interest

Overview of steps (visuals follow)

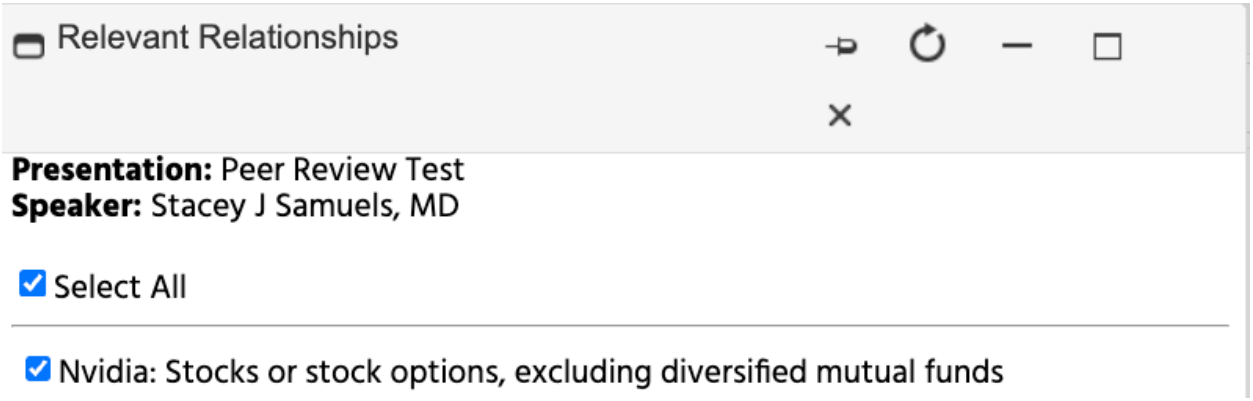
1. Manage Faculty- request a disclosure
2. Notice that relationships were disclosed
3. 'Select All' relationships for mitigation
   a. If the Presenter will be using a slide-deck:
      i. request the presentation
      ii. Check back to ensure the presentation has been uploaded by your deadline
   b. Indicate the Mitigation Method (Faculty>COI Mitigation Manager) (For RSS: Select Mitigation Method)
4. Assign A non-conflicted Subject Matter Expert to serve as a Peer Reviewer (of Slides)
5. Upload the correspondence with confirmation from the conflicted individual (**Only** for presenters/moderators ***without*** slides.)

Visuals for each step

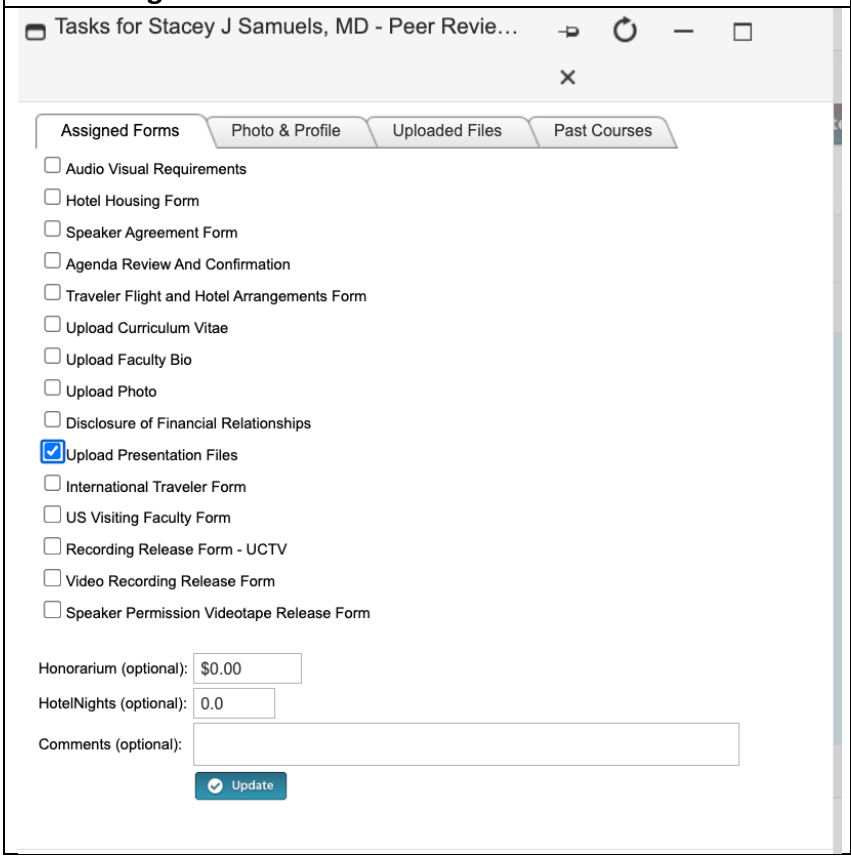
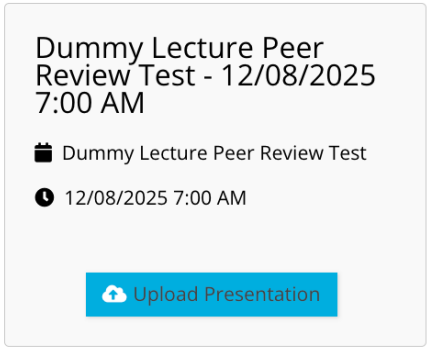
1. & 2. Manage Faculty – request a Disclosure and then check back to see if relationships were disclosed



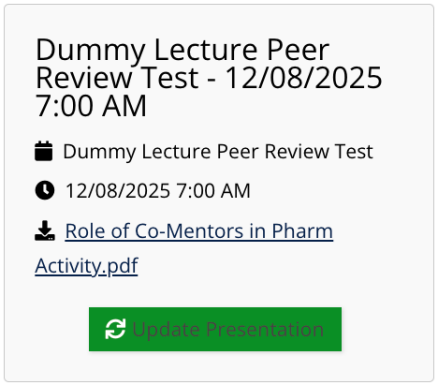
(2) 'Select All' Relationships for Mitigation



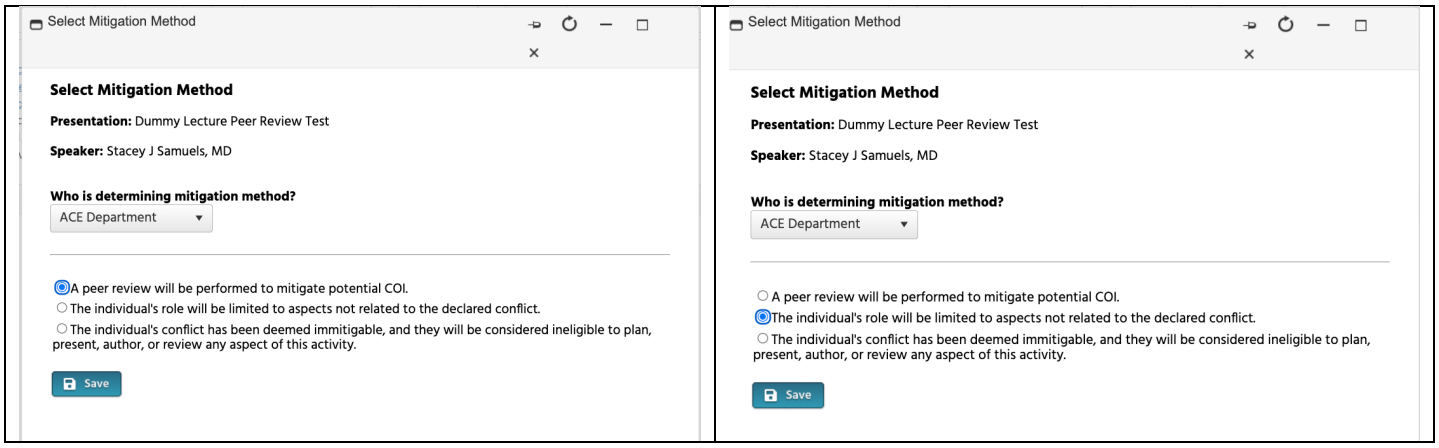
3.a.i If the Presenter will be using a slide-deck, Request that the Presenter Upload their presentation. Also sending an email notification is also highly recommended.

What assignment looks like from the RSS Dashboard:	Here is what your Presenter Sees
	

3.a.ii Check back no later than the deadline for submission to ensure the presentation has been provided.

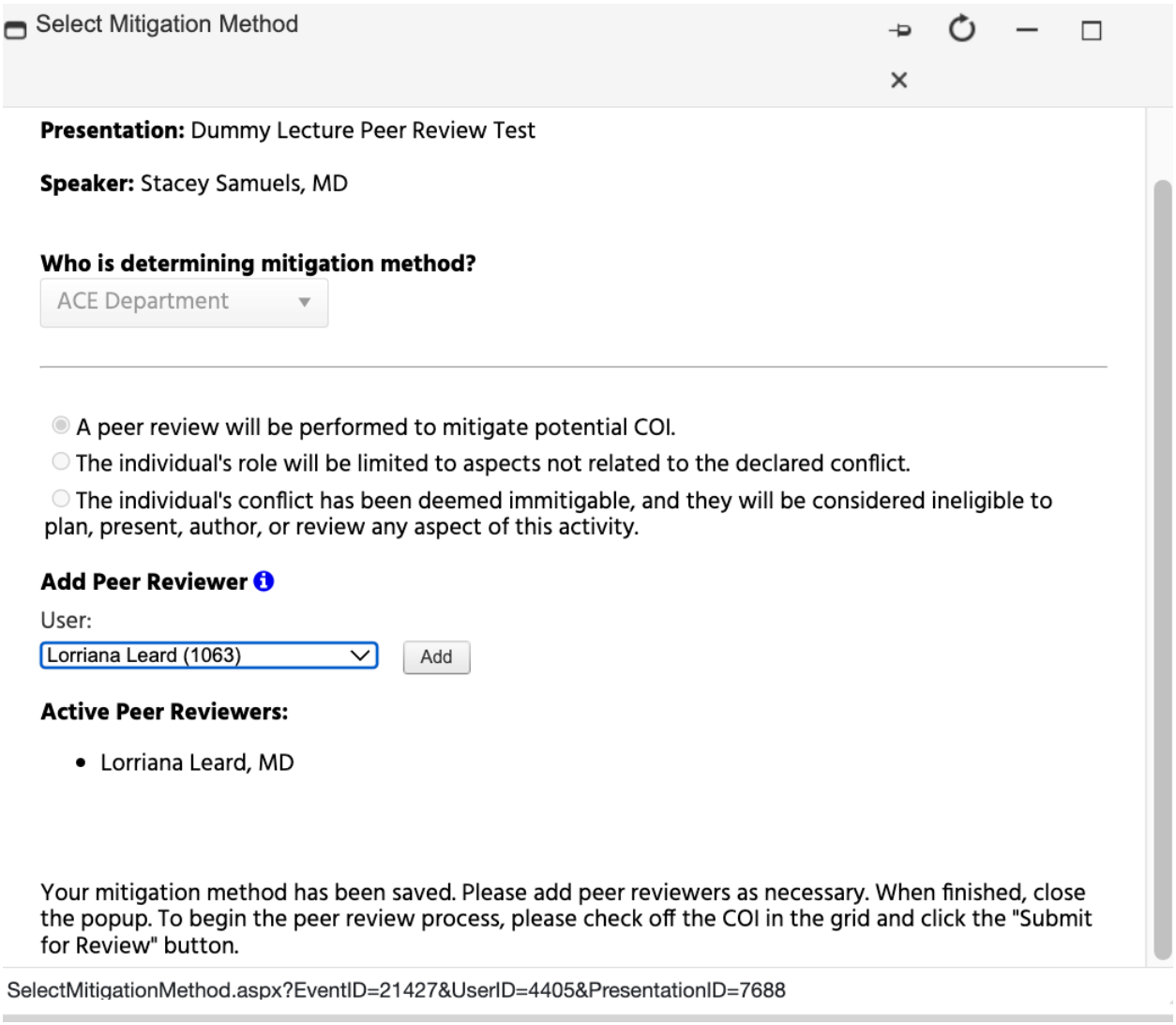


2. Select the Type of Peer Review

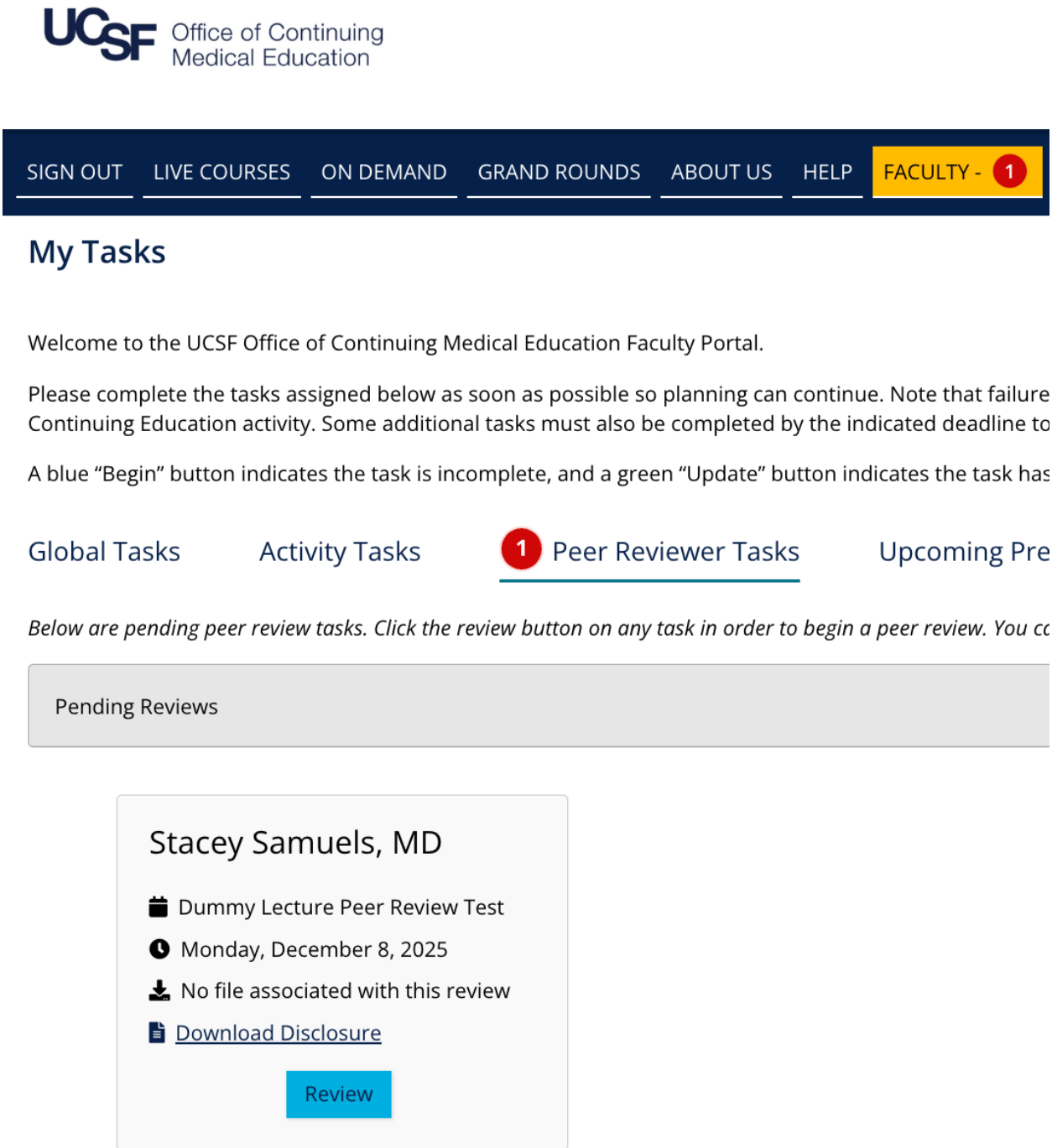


(A Peer Review will be performed to mitigate COI) **(The individual's role will be limited)**

When you indicate Peer Review, you must select a Peer Reviewer. (who is notified automatically)



The assigned Peer Reviewer Sees this:



COI Mitigation Form

Faculty: Stacey Samuels, MD
Activity Name: Dummy Lecture Peer Review Test
Activity Date(s): 12/08/2025
Activity ID: 21427
Presentation Name: Dummy Lecture Peer Review Test
Disclosure: Stocks or stock options, excluding diversified mutual funds-Pfizer (Any division) - 11/24/2025 (View PDF)

Coordinator:
Name: Nathan Tra **Email:** Nathan.Tran@ucsf.ed

Owner(s):
Name: Nathan Tran **Email:** Nathan.Tran@ucsf.edu
Name: Rachelle Lau **Email:** rachelle.lau@ucsf.edu
Name: Matilda Lee **Email:** Matilda.Lee@ucsf.edu
Name: Krislyn Malagum **Email:** Krislyn.Malagum@ucsf.edu
Name: Stacey Ma **Email:** stacey.ma@ucsf.edu

▸ **Definition of Ineligible Companies (click to view):**

Review for Faculty Member

Stacey Samuels, MD, has been identified as Faculty for this activity, Dummy Lecture Peer Review Test, and has disclosed a financial relationship. Please complete the following related to this individual's role as Faculty for this activity:

Part II: All presentations should be reviewed for evidence-based and unbiased content by a peer reviewer with no conflicts of interest. If this speaker's presentation is available, please review the presentation and record the following findings:

Are recommendations for patient care based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options? *

○ Yes ○ No

Does all scientific research referred to, reported, or used in this educational activity in support or justification of a patient care recommendation conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation? *

○ Yes ○ No

Are new and evolving topics for which there is a lower (or absent) evidence base, clearly identified as such within the education and individual presentations? *

○ Yes ○ No

Does the educational activity avoid advocating for, or promoting, practices that are not, or not yet adequately based on current science, evidence, and clinical reasoning? *

○ Yes ○ No

Does the activity exclude any advocacy for, or promotion of, unscientific approaches to diagnosis or therapy, or recommendations, treatment, or manners of practicing healthcare that are determined to have risks or

When you indicate a role limitation, you can see the ‘ACE Department Review’ in the COI Manager

View ACE Department Review

Dummy Lecture Peer Review Test
ACE Department review of Stacey Samuels, MD

Commenter	Role	Comment	CommentDate
Stacey Samuels	CE Team	Mitigation method to be determined by ACE Department, Stacey J Samuels, MD, for faculty Stacey J Samuels, MD for event Dummy Lecture Peer Review Test and presentation Dummy Lecture Peer Review Test. The chosen mitigation method was The individual's role will be limited to aspects not related to the declared conflict. Status was updated to Approved.	11/24/2025 5:17:16 PM

Download Disclosure

Presentation Name: Dummy Lecture Peer Review Test
Presentation File: Sleep Apnea.pdf
Disclosure Summary: Stocks or stock options, excluding diversified mutual funds-Nvidia - 10/30/2025
Disclosure Date: 10/30/2025
Resulting Approval Status: Approved
Approved By: Stacey J Samuels, MD
Event ID: 21427
Presentation ID: 7687

What the RSS admin sees in COI Mitigation Manager

COI Mitigation Management

tructions: To begin, enter an activity name in the drop-down list **or** select the date range and click Search. The screen will display a list of all Faculty and Planners assigned to the Activity Agenda that have potential Conflict of Interest(s). Here, the COI mitigation process can be managed directly in the table, which allo user to view the Presentation, Status, Disclosures and Reviewer(s), add and/or remove reviewers, add comments, etc. Faculty and planners with 'Nothing to Disclose' are filtered out of this report by default.

Dummy Lecture Peer Review Test (21427 | Parents Only | Start Date: 11/24/2025 5:43 PM | End Date: 12/24/2025 5:43 PM | Search | Filter By Status: All | Filter By Event Type: -- Select --

Hide Records With Nothing to Disclose: | Manage Faculty

Export XLS | Refresh | Save Layout | Reset Grid | Reset Search

Full Name	Faculty/Planner	Presentation	Activity	Status	Presentation File	Disclosure	Declared Relationships	Mitigation Method	Reviewer(s)	Comments	Exceptions
Stacey Samuels, MD	Faculty	Dummy Lecture Peer Review Test	Cardiothoracic Grand Rounds (2025-2026) - Dummy Lecture Peer Review Test 12-08-25 07:00 AM	APPROVED	Sleep Apnea.pdf - Uploaded on: 11/24/2025 5:17:55 PM	Stocks or stock options, excluding diversified mutual funds-Nvidia - 10/30/2025	Select Relevant Relationships	Select Mitigation Method	View ACE Department Review	View Comments	Apply Exceptions
Stacey Samuels, MD	Faculty	Dummy Lecture Peer Review Test	Cardiothoracic Grand Rounds (2025-2026) - Dummy Lecture Peer Review Test 12-08-25 07:00 AM	APPROVED		Stocks or stock options, excluding diversified mutual funds-Pfizer (Any division) - 11/24/2025	Select Relevant Relationships	Select Mitigation Method	Lorriana Leard, MD: Approved	View Comments	Apply Exceptions

Evaluation

1. Evaluations are managed inside Cloud CME
    a. LIVE ACITIVITIES, ENDURING MATERIALS, AND BLENDED COURSES
        i. An evaluation will be set up for you
        ii. You may change the evaluation template from available options as well as distribution details
    b. RSS
        i. An evaluation will be set up for you
        ii. You may NOT change the evaluation template nor the distribution details
        iii. You can request that all sessions be evaluated independently.
        Independent child-session evaluation will pull each child session's objectives into the evaluation

Evaluation Summary

Evaluation summaries are now available on demand under the 'Reports' Option in the left-hand navigation. Although OCME will be reviewing your evaluation summary during renewal, you are not required to provide it. You are, however, expected to help ensure that the planning committee reviews feedback and innovates your program during each accreditation cycle.

Maintenance of Certification

Professional Standing (Part I)

Lifelong Learning and Self-Assessment (Part II)
Requirements that the Provider assess and enhance their knowledge in areas important to their practice, using activities developed by their Medical Specialty Board and other organizations such as National Academies and other CME providers. Provider must earn points for these activities in multi-year cycles.

Cognitive Expertise — Exam (Part III)

Improving Health and Health Care (Part IV)

Management of MOC II
MOC II is requested during the application process. You will be required to indicate to which Medical Specialty Board the MOC will be offered. Upon submission of your pre-application, MOC Program Manager, Joey Bernal (Joey.Bernal@ucsf.edu) , is notified of your request and should be in touch with you to advise what steps you will need to take for the Boards you have selected. For many boards, the evaluation process already in place may be sufficient for you to offer MOC II.

Designation Statements

Although each Accreditor has agreed to abide by the same basic requirements, there are still some unique requirements. You are expected to be abide by the requirements of all Accreditors whose credit you award in your educational program.

1. **American Academy of Physician Associates**

   Designation Statement

   Live Activity

   University of California San Francisco Continuing Education has been authorized by the American Academy of PAs (AAPA) to award AAPA Category 1 CME credit for activities planned in accordance with AAPA CME Criteria. This activity is designated for XX.XX AAPA Category 1 CME credits. PAs should only claim credit commensurate with the extent of their participation.

   Enduring Material Activity

   University of California San Francisco Continuing Education has been authorized by the American Academy of PAs (AAPA) to award AAPA Category 1 CME credit for activities planned in accordance with AAPA CME Criteria. This activity is designated for XX.XX AAPA Category 1 CME credits. Approval is valid until {Expiration Date}. PAs should only claim credit commensurate with the extent of their participation.

2. **Accreditation Council for Continuing Medical Education (ACCME)**

   Designation Statement

   University of California, San Francisco, designates this live activity for a maximum of XX.XX *AMA PRA Category 1 credit(s)*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

3. **Accreditation Council for Pharmacy Education (ACPE)**

   Designation Statement (there is no ACPE accreditation statement)

   This program is certified for a maximum of XX.XX ACPE Credits. UAN Number XXXXXX.

   Important Notes

   - A Universal Access Number (UAN) is required prior to granting credit. It can only be generated by the Office of CME using the Accreditor's online platform.
   - All claims must be reported to ACPE within 60 days of the Activity end-date.
     - Pharmacy Credit claims must be explicitly reported to the Office of CME within 30 days of the Activity end-date

4. **American Dental Association Continuing Education Recognition Program (ADA CERP)**

   Designation Statement

   UCSF designates this activity for XX.XX continuing education credits. Concerns or complaints about a CE provider may be directed to the provider, or to the Commission for Continuing Education Provider Recognition at ADA.org/CERP.

   Important Notes

   - For blended learning, independent study components may not exceed credit awarded for the live portion.

5. **American Nurses Credentialing Center (ANCC)**

Designation language (there is no ANCC accreditation statement)

This activity may be used for up to XX.XX ANCC contact hours.

Important Notes

- This credit is accepted by Board of Registered Nursing in all states except California.
- You can add this language in a separate paragraph: "**Nurse Practitioners and Registered Nurses**: This course is available for XX.XX Nurse Contact Hours as designated by the ANCC. This activity is designated for a maximum of XX.XX pharmacotherapeutic hours ([1/10TH THE NUMBER OF HOURS] XX.XXX CEU's) towards meeting the requirement for nursing pharmacology continuing education. Nurses should claim 0.1 CEUs for each contact hour of participation in designated pharmacotherapeutic continuing education.

6. **American Psychological Association (APA)**

Designation Statement

Continuing Education (CE) credits for psychologists are provided through the co-sponsorship of the American Psychological Association (APA) Office of Continuing Education in Psychology (CEP). The APA CEP Office maintains responsibility for the content of the programs.

7. **Association of Social Work Boards (ASWB)**

Designation Statement (there is no ACPE accreditation statement)

As a Jointly Accredited Organization, UCSF Continuing Education is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. Regulatory boards are the final authority on courses accepted for continuing education credit. Social workers completing this course receive XX.XX [type*] continuing education credits.

(* Types of credit may be ethics, clinical, cultural competence, or general)

8. **Interprofessional Continuing Education Credit (IPCE)**

Designation Statement

- This activity was planned by and for the healthcare team, and learners will receive XX.XX Interprofessional Continuing Education (IPCE) credits for learning and change.

Important Notes

- Only programs who have met standards for interprofessional education are permitted to offer this type of credit. Interprofessional Activities are NOT charged for adding types of credit from the UCSF JA Portfolio to their program. These programs have team-based objectives and are designed for learning by and for the team in addition to more traditional education.

9. **Additional information and language for Activities with Nurse-Learners**

- Pharmacotherapeutic credit, required for Advanced Practice Nurses and Clinical Nurse Specialists, must focus on content related to pharmacologic material, including, but not limited to, drug-specific information, safe medication administration, prescribing methodologies and new regulations or similar content. Please indicate in course front matter: Nurse Pharmacotherapeutic Credit: This activity is designated for a total of XX.XX pharmacotherapeutic-related contact hour(s).

- NPs can often claim AAPA Category 1 CME credit as continuing education with AANPCB and ANCC.

Joint Accreditation Closing Documents Checklist

☐ **Program Content**

OCME must have an idea of what topics were taught. If you use descriptive titles for your child sessions or have imported your agenda directly into the Activity, you have met this standard.)

☐ **Disclosure**

*Financial Relationships must be disclosed by **everyone** in a position to control content of the education. Disclosures are requested and collected electronically **prior** the start of the program, so this standard is met before the Activity begins.*

☐ **Evidence of mitigated conflict of interest**

All Individuals in a position to control content through planning, teaching (including moderating and facilitating), must have disclosed relationships with ineligible companies mitigated prior to the start of the activity. Mitigation is managed electronically, except that correspondence between the conflicted individual and non-conflicted Mitigator or Office of CME needs to be uploaded to show explicit agreement to the role limitation.

☐ **Disclosure information as provided to learners**

Learners must be provided with the opportunity to review all disclosure statements, including the absence of relationships, prior to their engagement with content in the Activity.

☐ **Data or information about learners' change in competence, performance, or patient outcomes**

Evaluations are managed in the Cloud CME Portal. Data is available in real-time after the evaluation has been distributed. Thus, this is available on demand, and the standard is met as soon as several learners have completed an evaluation for each of your Activities. (RSS is considered one Activity for the entire year, so only one evaluation is required.)

☐ **Joint Accreditation statement and External Accreditor statements**

You must show that the applicable Accreditation statement(s) were provided to learners before they engaged with the educational experience. For any credit type in the Joint Accreditation Umbrella, the Joint Accreditation Statement is used. If you are working with an external Accreditor directly, you must use their required language.

☐ **Accreditor designation statement(s)**

You must show that the applicable Designation statement(s) were provided to learners before they engaged with the educational experience. For any credit type in the Joint Accreditation Umbrella, the Designation statements can be found in this packet. If you are working with an external Accreditor directly, you must use their required designation language.

If the course was commercially supported (see next page) …

Closing Documents Continued…

(ONLY) If the course was commercially supported

☐ **Actuals/ Final Budget**

All programs that have exhibitors or receive grants from ineligible organizations must provide a final/actual profit and loss statement that details the receipt and expenditure of all of Supporter funds.

☐ **Fully executed commercial support and exhibitor agreements**

Grants must be signed and dated by the Grantor and the Office of CME before the start date of the Activity. Course Directors may not sign grants. Exhibitor agreements must also be signed by both the Vendor and the Office of CME prior to the start date of the Activity. When the Office of CME exhibitor agreement is acceptable to the vendor, a UCSF Activity Administrator or Planner may sign and date it in lieu of the Office of CME. Use the naming convention for fully executed agreements: [Course Number] _EXH or GR_[Supporter Name]_$Amt. Example: MDE28243_GR_BucksRUs_$50K would be the name of a fully executed grant agreement with Bucks R Us to provide $50,000. You can add a "!" at the beginning for incomplete agreements; for example, !MDE28243_GR_BucksRUs_$50K might only have one signature or not have been routed for signature yet.

☐ **Commercial support disclosure/acknowledgement**

Courses that receive funds from exhibitors or grantors are required to acknowledge that support to the learners before the start of the program. This can be done on a flyer, invitation, brochure, course syllabus, and registration and marketing pages. Acknowledgement built into marketing or registration pages should be captured and uploaded to the Cloud CME Portal as a unique file.

Adult Thoracic Tumor Board (2025-2026)

“How to Create a Flyer in Cloud CME”

Evelyn Pratz, MD

December 09, 2028
12:00 PM - 1:00 PM

Disclosures:

Due to the regulations required for CE credits, all conflicts of interest that persons in a position to control or influence the education must be fully disclosed to participants. In observance of this requirement, we are providing the following disclosure information: all relevant financial relationships disclosed below have been mitigated.

Name of individual	Individual's role in activity	Nature of Relationship(s) / Name of Ineligible Company(s)
Evelyn Pratz, MD	Faculty	Paid consultant-Razor Genomics|Membership on Advisory Committees or Review Panels, Board Membership, etc.-Intuitive Surgical|Paid consultant-Johnson & Johnson - 10/04/2025
Margaret Lee Engelheim, PharmD	Faculty	Paid consultant, Stryker - 11/18/2025
Juliana Wright, NP	Faculty	Nothing to disclose - 07/23/2025

This UCSF continuing education activity was planned and developed to: uphold academic standards to ensure balance, independence, objectivity, and scientific rigor; adhere to requirements to protect health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA); and, include a mechanism to inform learners when unapproved or unlabeled uses of therapeutic products or agents are discussed or referenced.

UCSF adheres to the ACCME’s Standards for Integrity and Independence in Accredited Continuing Education. Any individuals in a position to control the content of a CE activity, including content planners, reviewers, authors, presenters, moderators, panelists, or others are required to disclose all financial relationships with ineligible entities. All relevant financial relationships have been mitigated prior to the commencement of the activity.

Accreditation:

In support of improving patient care, the University of California, San Francisco Office of Continuing Medical Education (CME) is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

This CME activity meets the requirements under California Assembly 1195, continuing education, and cultural and linguistic competency.

Designation:

UCSF designates this Live Activity for a maximum of 1.00 *AMA PRA Category 1 Credits*™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

We gratefully Acknowledge Our

Commercial Supporters:

- Big Bucks
- Pharma World

Exhibitors:

- Promos Gone Wild
- Demo World

This activity is not commercially supported.

Application -Writing

Practice

- Practice recognizing a gap.
- Practice aligning content with gaps.
- Practice aligning objectives with gaps.

Practice with Professional Practice Gaps – identify current practice(s) and ideal practice(s)

1. "Address evidence-based professional practice gaps by presenting the latest research findings, clinical guidelines, and innovative practices in hospital medicine. This ensures that healthcare providers are equipped with the knowledge and skills to improve patient outcomes."

2. "Inflammatory bowel disease encompasses primarily Crohn's disease and ulcerative colitis. In the last 20 years, there has been an explosion in the study of the etiology of IBD (microbiome, cytokines, genetics) as well as complex medical therapies (4 anti-TNF agents, 1 anti-integrin agent, 2 anti-IL23, 2 jak inhibitor) and several new drugs about to receive FDA approval in the next 12-24 months. Some of these agents are already available for other disease states and are being used off label for IBD. The changing landscape is intimidating to the general GI practitioner particularly given the serious adverse events associated with these medications and the need for safety monitoring. While numerous guidelines have been created, there is significant disagreement between countries and even between key opinion leaders within each country. [1,2] This leads to a lack of consistent message and confusion among the community practitioners who do not know what guidelines to follow.[3] An example of this is the use of these agents during pregnancy – we recommend continuing throughout pregnancy[4] while the Europeans recommend stopping anti-TNF's at 20 weeks gestation[5]. This is a very controversial issue that needs further education and guidance."

3. "Population-based payments are called Alternative Payment Models (APMs). Providers and health systems need to adopt new approaches to delivering care in these APMs that focus on value-based care. Understanding the different types of APMs, such as Medicare Shared Savings Plan and Bundled Care Programs, is the first step to successful adoption of this new reimbursement structure. Population health management principles, structure, and evidence-based interventions are the key to success in these APMs. The optimal practice is to address these health disparities once they are identified with targeted interventions. Examples of population health interventions include leveraging technology for outreach with screenings, Complex Care, Behavioral Health, and Transitional Care Programs. Understanding current best practices and the emerging trends of population health management will be key to providers and health systems successfully adopting the new value-based healthcare delivery system."

Example of Professional Practice Gaps generated by AI

Full Gap Analysis

Team-Based Gaps

Gap Title: Communication barriers between pathologists and other healthcare professionals regarding diagnostic tests and prognostic markers.

- **Type of Gap:** Knowledge Gap
- **Current Practice:** Pathologists lack interdisciplinary communication strategies to effectively convey findings from diagnostic tests and prognostic markers to clinical teams.
- **Ideal Practice:** Pathologists and clinical teams engage in collaborative discussions to ensure diagnostic findings are interpreted accurately and integrated into clinical decision-making.
- **Citation(s):**
    - Henry NL, Hayes DF. "Cancer biomarkers." *Molecular Oncology*. 2012;6(2):140-146. doi:10.1016/j.molonc.2012.01.003
    - Lindeman NI, et al. "Molecular testing guideline for selection of lung cancer patients for EGFR and ALK tyrosine kinase inhibitors." *Journal of Molecular Diagnostics*. 2013;15(4):415-453. doi:10.1016/j.jmoldx.2013.03.001

Gap Title: Lack of collaboration between pathology and clinical teams in integrating molecular findings.

- **Type of Gap:** Performance Gap
- **Current Practice:** Molecular findings are not consistently incorporated into pathology reports, limiting their utility in guiding clinical care.
- **Ideal Practice:** Pathologists routinely include molecular findings in their reports and collaborate with clinical teams to use this information for personalized patient care.
- **Citation(s):**
    - Roy-Chowdhuri S, et al. "Integrating next-generation sequencing in cytology: Applications and challenges." *Cancer Cytopathology*. 2016;124(6):381-391. doi:10.1002/cncy.21747
    - Van der Laak JAWM, et al. "Deep learning in histopathology: The path to the clinic." *Nature Medicine*. 2021;27(5):775-784. doi:10.1038/s41591-021-01391-4

Individual Practice Gaps

Gap Title: Pathologists require updated knowledge on diagnostic criteria.

- **Type of Gap:** Knowledge Gap
- **Current Practice:** Many pathologists are unaware of the latest diagnostic criteria for various diseases, leading to suboptimal diagnostic accuracy.
- **Ideal Practice:** Pathologists stay informed about updated diagnostic criteria and integrate them into routine practice.
- **Citation(s):**
    - Elmore JG, et al. "Diagnostic concordance among pathologists interpreting breast biopsy specimens." *JAMA*. 2015;313(11):1122-1132. doi:10.1001/jama.2015.1405
    - WHO Classification of Tumours Editorial Board. *WHO Classification of Tumours: Thoracic Tumours*. 5th ed. IARC Press; 2021.

Gap Title: Difficulty in selecting appropriate ancillary tests to improve diagnostic accuracy.

- **Type of Gap:** Competence Gap

- **Current Practice:** Pathologists often lack confidence or strategies to choose optimal ancillary tests for accurate diagnoses.
- **Ideal Practice:** Pathologists consistently apply evidence-based criteria to select ancillary tests that enhance diagnostic accuracy and patient care.
- **Citation(s):**
    - Salto-Tellez M, et al. "Molecular pathology—The value of an integrative approach." *Journal of Pathology*. 2014;232(1):1-4. doi:10.1002/path.4288
    - Marchetti A, et al. "Recommendations for the use of molecular biomarkers in the diagnosis and treatment of lung cancer." *Journal of Thoracic Oncology*. 2016;11(2):222-241. doi:10.1016/j.jtho.2015.12.001

Gap Title: Insufficient integration of molecular findings into routine diagnostics.

- **Type of Gap:** Performance Gap
- **Current Practice:** Pathologists rarely integrate molecular findings from next-generation sequencing or other advanced techniques into routine diagnostics.
- **Ideal Practice:** Pathologists routinely integrate molecular findings into diagnostic workflows to improve accuracy and provide actionable prognostic and predictive information.
- **Citation(s):**
    - Garraway LA, et al. "Emerging patterns of global cancer incidence and mortality rates." *Nature Reviews Cancer*. 2018;18(10):604-606. doi:10.1038/s41568-018-0062-8
    - Amadori D, et al. "Molecular biomarkers for cancer diagnosis and prognosis." *Cancer Biomarkers*. 2016;17(2):195-208. doi:10.3233/CBM-160678

Limited Gap Analysis

- Pathologists face challenges in staying updated with diagnostic criteria, ancillary test selection, and integrating molecular findings into routine practice. Communication barriers between pathology and clinical teams hinder the effective use of diagnostic and prognostic information. Individual gaps include insufficient knowledge of updated criteria, lack of competence in choosing optimal tests, and underutilization of molecular findings. Team-based gaps involve limited collaboration and interdisciplinary communication. Addressing these gaps will enhance diagnostic accuracy, integrate molecular advancements into practice, and foster collaboration across healthcare teams. This activity aims to bridge these gaps using evidence-based strategies and collaborative learning.

100-Word Gap Analysis

Pathologists need updated knowledge, test selection strategies, and molecular integration to improve diagnostic accuracy. Current practices show a lack of interdisciplinary collaboration and communication, limiting effective use of pathology findings. Individual gaps include outdated diagnostic criteria, suboptimal ancillary test selection, and insufficient molecular integration. Team-based gaps highlight communication barriers and limited collaboration with clinical teams. This activity aims to address these gaps through evidence-based education, case-based learning, and collaborative discussions. By fostering knowledge, competence, and performance improvements, this program supports enhanced patient care and interdisciplinary teamwork, bridging the gap between research innovation and clinical application.

Aligning Objectives with the Gaps, Example:

Some Objectives that Align with Purpose, Gaps, and Content:

- **Apply updated diagnostic criteria** to improve accuracy in pathology reporting.
- **Select evidence-based ancillary tests** to enhance diagnostic precision and provide prognostic value.
- **Integrate molecular findings** into routine diagnostics to support personalized patient care.
- **Foster interdisciplinary communication** through communication strategies which ensure pathology findings are effectively utilized in clinical decision-making.
- **Use strategies in practice that promote team-based collaboration** between pathology and clinical teams to improve care delivery and outcomes.

Generator Script for AI-Based Gap Analysis (v2.3)
You provide the content topics and program objectives

"A practice gap is an evidence-based description of the difference between commonly practiced, evidence-based behaviors, standards, performance and/or strategies, and realistically achievable, evidence-based behaviors, standards, performance and/or strategies that is supported with at least one peer-reviewed citation no older than 8 years. A practice gap analysis is a set of professional practice gaps. Write two sets of practice gaps and label the first one 'Individual-Based Gaps'. In this set of gaps include the gaps that describe ideal practices of an individual. Label the other set of practice gaps 'Team-based Gaps'. In this set of gaps include practice gaps that describe the ideal practices of a healthcare team comprised of more than type of licensed or certified professional. Base practice gaps on research and clinical evidence related to both topics and objectives in the application. Use a format for each professional practice gap that starts with a title, then the type of gap (knowledge, competence or performance), and describes the related current practice knowledge, competence, or performance levels and realistically achievable, ideal practice knowledge, competence, or performance levels, and then one or more acceptable citations. (Three citations is ideal.) In formulating the team-based practice gap analysis, check to see if there is evidence for practice gaps related to communication between professions, coordination of care, chronic disease management, handoffs, collaboration, racism, inclusion, and/or diversity. Under a heading called 'Full Gap Analysis' display the results.

Next, reduce Full Gap Analysis to 1000 words or less by eliminating citations and summarizing as necessary. Indent and label this shorter analysis 'Limited Gap Analysis'.

Then, reduce the Limited Gap Analysis to 100 words or less by summarizing as necessary. Indent and label this analysis 'Abstract Analysis (100 words or less)'.

Next, compare the objectives to the practice gap you created. If the ideal practices are not reflected, suggest objectives that reflect the ideal practices you found by indicating "Here ae some additional objectives for your consideration. They are based on the ideal practices in gap analyses performed by AI". Below this statement, provide a bulleted list of objectives that might better reflect the ideal practices you found in the Full Gap Analysis.

Let me know when you are ready for the topics and objectives upon which to create the analysis."

APPENDIX: RESOURCES FOR SELF-DIRECTED TRAINING

Links to Helpful pages in the CE Portal

- Getting Started with Cloud CME
- CE Portal Training Page (Live training schedules and registration)
- Live Activity Coordinator's Page
- RSS Coordinators Page
    - Comprehensive Recorded Training (July 2025)

Self-Directed Learning Content on Linked Pages Above Includes the Topics Below and More!

- Using the Application Dashboard
- Submitting an Application
- Proposing a New Course Ideas
- Using the Activity Manager/Editor
- Recorded Training (~90 minutes)
- Job Aids to Get Started
- Advanced Marketing Channels
- Video and PDF Training
- Assigning Faculty
- Creating an Agenda
- Requesting Information
- Monitoring Submissions
- Mitigating COI
- Managing Exhibits (Manual + Job Aid)
- Managing Commercial Support (Manual)
- Recorded Training (~60 minutes)
- Forms and Standard Agreements
- Registration Numbers and Revenue
- Onsite Check-in
- Syllabus Materials
- Emailing Attendees, Faculty, & Exhibitors
- Preparing Sign-in Options
- Preparing Badges for Onsite
- Methods to Claim Credit
- The Record Attendance Screen
- Video + Job Aid
- Final Rosters
- Evaluation Summaries
- Other Reports Available
- Reference Guides (Forms, Evaluations, etc.)
- Templates (Importing, Marketing, Images)
- Instructions for Participants