

**COURSE CODE:**

**INSTRUCTIONS:** Before forwarding the material for review, verify that the following information appears on the material, the material has been proofread and copy-edited, and then initial and date on page 5. Attach this checklist to the document to be reviewed.

**COVER/FIRST PAGE**

- Activity Title
- CE-Certified Type of Activity**
- Activity Date/Time
- Activity Location
- Providership Statement
  - DIRECTLY PROVIDED: **Provided by RBHS School, Department**
  - JOINTLY PROVIDED: **Jointly Provided by RBHS School, Rutgers Biomedical and Health Sciences and Joint Provider**

*A Jointly Provided Activity is one in which RBHS works with an institution or organization that is not jointly accredited in the planning and implementation of a CE activity.*

- Collaboration Statement (if applicable)
 

**This activity was developed in collaboration with Partner(s).**

  - *There may be instances when activities are developed in collaboration with a partner(s) who is not considered to be a joint provider. For example, RBHS may partner with multiple state agencies in the development of an activity. In these instances, these institutions/organizations/agencies should be named as collaborative partners.*
- Appropriate Rutgers Logo and Joint Provider/Educational Partner Logo, if applicable
  - *Multiple Rutgers logos are not permitted*
- Grantor Acknowledgement
 

**This activity is supported in part by an educational grant(s) from Grantor(s).**

  - *If registration fees are being charged, or the grant is not covering the cost of an activity, include “in part” in the acknowledgement statement.*
  - *This acknowledgement is made only once in any piece, and should be done so on the cover or first page if no cover is used.*
  - *Logos of a commercial interest on any CE materials or websites are not permitted.*

**INSIDE/CONSECUTIVE PAGES**

- Statement of Need/Program Description/Overall Goal
  - *Description of educational need. Description of activity and overall goal. Why would the target audience want to participate in this activity? How will it impact clinical practice?*

Target Audience

**This activity is designed for Target Audience.**

- The target audience should be based on the groups of individuals for whom a need was identified.
- List any prerequisites.

Objectives

**Upon completion of this activity, participants should be better able to: List Objectives**

- Objectives must be measurable and be written in terms of expected results.

Faculty w/degree, title and affiliation

- Activity Director
- Planning Committee
- Faculty
- Peer Reviewer

Detailed Agenda

Accreditation and Credit Designation Statement(s)

- The accreditation and credit statements must be in separate paragraphs.

### ACCREDITATION

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JOINTLY ACCREDITED PROVIDER™  
CENTER FOR INTERPROFESSIONAL CONTINUING EDUCATION

LY PROVIDED:

Rutgers Biomedical and Health Sciences is accredited by the American Nurses Credentialing Center (ANCC), the Accreditation Council for Pharmacy Education (ACPE), and the Accreditation Council for Continuing Medical Education (ACCME), to provide continuing education for the healthcare team.

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JOINTLY ACCREDITED PROVIDER™  
CENTER FOR INTERPROFESSIONAL CONTINUING EDUCATION

PROVIDED:

This activity has been planned and implemented by Rutgers Biomedical and Health Sciences and **Joint Provider**. Rutgers Biomedical and Health Sciences is accredited by the American Nurses Credentialing Center (ANCC), the Accreditation Council for Pharmacy Education (ACPE), and the Accreditation Council for Continuing Medical Education (ACCME), to provide continuing education for the healthcare team.

- The Joint Accreditation logo should appear in conjunction with the accreditation statement, if space permits

### CREDIT DESIGNATION

#### CME

Rutgers Biomedical and Health Sciences designates this **live activity, enduring material, or PI CME activity** for a maximum of **X AMA PRA Category I Credit(s)**™.

Physicians should claim only the credit commensurate with the extent of their participation in the activity.

### CPE

This **knowledge-based, application-based, or practice-based** activity (UAN 0374-XXX-XX-XXX-X) qualifies for **X** contact hours (**X** CEUs) of continuing pharmacy education credit.

### CNE

This activity is awarded **X** contact hours. (60 minute CH)

- *In general, partial credit will not be awarded to nurse learners. If an activity is multi-hour or multi-day, and it is appropriate to offer partial credit, the following statement must appear after the CNE credit statement:*

**Nurses should only claim those contact hours actually spent participating in the activity.**

Method of Participation

- *A full description of all requirements established by the provider for successful completion of the activity and subsequent awarding of credit (e.g., passing a post-test at a specified proficiency level, completing an activity evaluation form, participating in all sessions or certain combinations of sessions which have been designed as a program package, etc.) Must include statement of when and how certificate will be awarded.*
- *If CPE credit is being awarded, the following must appear:*  
**Pharmacists: Your official record of ACPE credit will be generated through the CPE Monitor System. The certificate printed after completing the evaluation for this activity is for personal tracking purposes only. Your NABP e-Profile ID and date of birth will be collected through the evaluation. CPE credit will be processed after the evaluation closes to participants, which will be three to four weeks following the activity date. Please note that you must complete the evaluation before it closes. Under ACPE Policy, RBHS will not be able to report your activity completion to CPE monitor if your NABP e-Profile ID and date of birth are reported to and received by RBHS more than 60 days following the activity.**

Peer Review Statement

**In order to help ensure content objectivity, independence, and fair balance, and to ensure that the content is aligned with the interest of the public, RBHS has resolved all potential and real conflicts of interest through content review by a non-conflicted, qualified reviewer. This activity was peer-reviewed for relevance, accuracy of content and balance of presentation by **CE Peer Reviewer**.**

Disclosure Disclaimer

**In accordance with the disclosure policies of RBHS and to conform with Joint Accreditation requirements and FDA guidelines, individuals in a position to control the content of this educational activity are required to disclose to the activity participants: 1) the existence of any relevant financial relationship with any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients, with the exemption of non-profit or government organizations and non-health care related companies, within the past 12 months; and 2) the identification of a commercial product/device that is unlabeled for use or**

an investigational use of a product/device not yet approved.

Financial Disclosure Declarations

Activity Director

Planning Committee

Faculty

Peer Reviewer

Planners (Rutgers and Educational Partner Staff, if applicable)

Relationships:

**Name has disclosed the following relevant financial relationships: nature of relationship, company(ies); nature of relationship, company(ies), etc.**

No Relationships:

**Name has no relevant financial relationships to disclose.**

- *Planners (Rutgers and Joint Provider, Edu Partner Staff) should be listed with the titles and affiliations.*

Off-label/Investigational Use Disclosure

**This activity contains information of commercial products/devices that are unlabeled for use or investigational uses of products not yet approved. Product(s) is/are not included in the labeling approved by the US FDA for the treatment of disease(s).**

*(If off-label usage is NOT mentioned, the following sentence must be used.)*

**This activity does not contain information of commercial products/devices that are unlabeled for use or investigational uses of products not yet approved.**

Content Disclaimer

**The views expressed in this activity are those of the faculty. It should not be inferred or assumed that they are expressing the views of any manufacturer of pharmaceuticals or devices, or RBHS, or Joint Provider.**

**It should be noted that the recommendations made herein with regard to the use of therapeutic agents, varying disease states, and assessments of risk, are based upon a combination of clinical trials, current guidelines, and the clinical practice experience of the participating presenters. The drug selection and dosage information presented in this activity are believed to be accurate. However, participants are urged to consult all available data on products or procedures before using them in clinical practice.**

**RBHS and Joint Provider reserves the right to modify the activity content and faculty if necessary.**

Copyright

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electronic or mechanical, including photocopying, recording, or any information storage and retrieval systems, without permission in writing from Rutgers.

Grievances

**For questions or concerns regarding this activity, please contact **RBHS Center for Continuing & Outreach Education at phone number or by email at email address.****

**NOTE:**

(1) "Rutgers Biomedical and Health Sciences" must not be abbreviated to "RBHS" in the providership, accreditation, credit designation and copyright statements. In all other instances, use the full name on first reference and include the acronym in parentheses after it.

PM:	Date Reviewed:	
Reviewer:	Date Reviewed:	<input type="checkbox"/> Approved <input type="checkbox"/> Returned with noted changes