

2010 Naturopathic Continuing Education Application

The American Association of Naturopathic Physicians (AANP) is an accredited provider of Naturopathic Continuing Education. As such, we can approve your course for Naturopathic CE. The following pages contain the full application for this process. We have developed this application process using guidelines put forth by the ACCME for PRA Category 1 CME. The AANP believes that Continuing Naturopathic Education should be held to as high a standard as Continuing Medical Education.

The AANP will approve courses presented by qualified, unbiased professionals who fill all of the requirements and guidelines put forth in this document and the application forms.

The following requirements are minimum standards set forth by the AANP for approval of Naturopathic Continuing Education:

- Educational activities should be free from commercial bias
- Presenters must be licensed health care professionals or experts in their fields.
- Educational topics should promote improvements in the quality of healthcare or the management of healthcare practices and businesses.
- Educational activities may not be organized or jointly organized by a commercial interest. The ACCME has defined a commercial interest as “any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients”. Excluded in this are individual health care providers who meet all of the above criteria.

Please review the application carefully. Incomplete applications will not be reviewed. Complete applications are due at least 45 days prior to the educational activity. Applications should be submitted either electronically (scan/email) or by fax. Complete applications should be sent to Rebecca Takemoto at rtakemoto@sync-opate.com or fax 703-991-9133. Questions should be addressed to Ms. Takemoto at the above email or at 410-590-7900.

Fees

The fee for AANP credit approval is \$150 per credit hour + \$5 per attending physician. As part of this fee, the AANP will distribute certificates following your activity.

**The American Association of Naturopathic Physicians
Continuing Education Application**

A. General Activity Information

Activity Host: _____

Activity/Meeting Title: _____

Activity Date(s): _____ Location: _____

Activity Contact Information:

<u>Contact Name</u>	
<u>Position</u>	
<u>Phone</u>	
<u>Email</u>	
<u>Fax</u>	

B. Educational Objectives

Please describe the Purpose/Educational Objectives of this activity: (attach additional if necessary)

C. Program Development

Please describe the method used to choose speakers: (i.e. invitation, call for papers)

D. Speaker Payment

Will faculty honoraria or reimbursement be provided for this activity? Yes No

If yes, please attach a list of faculty and the honoraria/reimbursements provided.

E. Commercial Support

Will commercial support be solicited for this activity? Yes No

If yes, please attach an accounting of all commercial support (company, amount, type of support).

F. Session Information

Please attach the following to this application:

Full meeting schedule

Session Information Documents (for each session)

Session Outline (for each session)

Disclosure Form for each speaker *as well as each planning committee member*

CE Compliance Form for each speaker

**The American Association of Naturopathic Physicians
Continuing Education - Session Information Form**

Please complete this form for each session

Activity Title: _____

Activity Host: _____

Session Title: _____

Speaker(s): _____

Date/Time: _____ CE Requested: _____

Using the above as a header for each page, please submit the following documents for each session:

Session Description (<350 words)

Speaker(s) Biography

Session Learning Objectives

Session Outline

**The American Association of Naturopathic Physicians
Continuing Education – Financial Disclosure Form**

(to be completed by each speaker AND each planning committee member)

The American Association of Naturopathic Physicians is interested in sponsoring educational activities that are unbiased, objective, scientifically rigorous & balanced. All persons who have the opportunity to control the content of an educational session should complete this form. Attendees of all AANP sponsored CE activities should be given full access to this information, allowing them to form their own opinions on the bias of any presentation. Information to be disclosed includes any relevant financial relationships in the last 12 months of either the speaker or their spouse as it relates to the particular subject matter of the course.

CE Activity: _____

Date(s): _____ Location: _____

Name: _____

Role (i.e. Speaker or Content Committee): _____

I have nothing to disclose in relation to this activity.

Signature Date

In relation to my participation in this CE activity, I would like to disclose the following financial relationship(s) within the past 12 months.

Company Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature Date

**The American Association of Naturopathic Physicians
Continuing Education Presenter Compliance Agreement**

(to be completed by each speaker)

Commercial Bias

All presentations awarded continuing education by the AANP must be free from commercial bias. The sessions must represent a fair and balanced view of product, procedure or device. When preparing your presentation and materials, please keep the following in mind:
No bias towards a particular product, procedure or device should be presented.
All applicable products should be presented to ensure a fair and balanced view.
Classes/types of drugs or products should be used instead of brand names whenever possible.
Do not refer to trade names of any products unless trade names are used for ALL products.
Use generic names instead of brand names whenever possible
Absolutely NO company logos on any slides or handouts (In case of sponsored activity, logo may appear on the cover slide only. ANY slides with a company name or logo must be reviewed and approved by the AANP prior to presentation).

_____ (initial) I understand and agree to abide by these rules

HIPAA

All speakers must preserve the privacy of their patients by avoiding the use of any names or other identifiers without the express written authorization from the patient.

_____ (initial) I understand and agree to abide by these rules

Copyright Guidelines

Copyrighted materials should NOT be included in any form in presentation materials without written permission from the copyright owner of the material (usually the publisher). U.S. copyright law prohibits the reproduction of an "article" unless consent from the copyright owner is obtained. If you elect to include copyrighted material, you agree to obtain all necessary consents and you accept responsibility for any actions the copyright owner may be entitled to under U.S. Copyright law. Verification of consent must accompany the presentation material upon submission
The scope of the consent for use of the copyrighted material must encompass not only the presenter's use, but also its use in a continuing medical education activity that will be copyrighted as a collective work by The American Association of Naturopathic Physicians.

_____ (initial) I understand and agree to abide by these rules

I certify that I have read and understand all of the above information.

Signed: _____ Date: _____

Name (printed): _____

Activity/Meeting Title: _____

Activity/Meeting Dates: _____