

**American Board of Emergency Medicine
Externally Developed Activities for ABEM MOC Requirements
EXTERNAL ORGANIZATION APPLICATION FORM**

PLEASE COMPLETE THIS FORM AND SUBMIT IT TO ABEM AT STAYCERTIFIED@ABEM.ORG FOR REVIEW

Activity Name:	
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Date When Activity in its Current Form Did/Will Become Available:	
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Provider Organization Name:	
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Address:	
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City:		State:		Zip/Postal:	
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Activity Contact Person:	
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Phone:		Email:	
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List the activity content topic(s):

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Describe the activity format (web-based, simulation administered at a simulation center, classroom, etc.) If the activity is a simulation, please complete page 3 of this form

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Describe how the activity requires participants to improve their practice using the four steps of improvement (measure; compare to standards; improve; and re-measure):

Measure:

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Compare to Standards:

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Improve:

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Re-measure:

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Describe how the activity provides performance feedback to participants:

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Are AMA PRA Category 1 Credits™ offered for the activity?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please describe how physicians may obtain the credits, how many credits are offered, and the method of participation.

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Price of activity for ABEM physicians:	<input type="text"/>	Price of CME activity, if additional:	<input type="text"/>
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Comments:	<input type="text"/>
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Describe the source(s) of funding used to develop this activity

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Will this organization maintain the activity for at least three years after it receives ABEM approval?

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Can the organization routinely provide ABEM with lists of its physicians verified to have completed the activity?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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How will ABEM be able to review the actual activity during the application review process?

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Comments and Clarifications

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COMPLETE THIS SECTION IF THE ACTIVITY IS A SIMULATION

Activity Name:	
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Simulation Center(s) Where Activity will be offered

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Agency that Approved the Simulation Center(s)

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Number of Hours of Total Course Instruction		Number of Hours of Didactic Instruction	
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Number of Learners per instructor		Number of Hours of Didactic Instruction	
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Please provide the name of at least one instructor who is an ABEM diplomate

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Please describe how the course will accomplish the following requirements:

Active, hands-on participation in simulation encounters

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Scenarios that include exposure to critically ill and/or injured patient encounters

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Post-scenario peer debriefing

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Focused instruction on team management and coordinated communication

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The participant as the lead, including primary responsibility for medical decision making and providing direction, in at least one scenario

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Comments and Clarifications

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Please send your completed application to:

American Board of Emergency Medicine

Email: staycertified@abem.org