***Behavioral Health Training Services***



**HCA Continuing Education (CE) Application**

## GUIDELINE

This guideline outlines the process to obtain credits for Continuing Education courses through the Health Care Agency (HCA). Continuing Education courses update licensed clinicians’ knowledge and skills to provide consistency with established accreditation standards.

# *PLEASE NOTE: CE credits should not be advertised until after they have been approved through the CE process. Any publicity that mentions Continuing Medical Education (CME) credit must contain the accreditation statement identifying the accredited provider, as well as the credit designation statement listing the number of AMA PRA Category 1 Credit(s)™ offered for the activity. There are no exceptions to this rule.*

## PURPOSE

To provide a uniform and consistent guideline for processing all new Continuing Education Applications

## PROCEDURE

1. Complete the Continuing Education Application Form (Form 600.02).
2. Submit Form 600.02 to the Behavioral Health Training Services (BHTS) “BH Training Request” email inbox as stated below. *The application must be submitted at least 60 days prior to the training.*
3. Submit curriculum vita/resume of the presenter(s).
4. Submit a brief bio for each presenter.
5. Submit timed agenda for presentation.
6. Submit the presentation (e.g. PowerPoint).
7. Submit draft promotional material for learning activity (such as a flyer, email, brochure, etc.)
8. Submit the Financial Interest Disclosure Forms if applying for CME credit(s).

Submit the completed application and all required information to:

**Send To:** [**BHTrainingRequest@ochca.com**](mailto:BHTrainingRequest@ochca.com)

**Subject:** CE Application Completed

MD CME Cat I Psychologist (APA) RN (CEP 15019) LMFT/LCSW (CAMFT 62340) AOD & CADAAC

|  |
| --- |
|  |

Date Submitted:

## COUNTY OF ORANGE HEALTH CARE AGENCY (HCA)

**Continuing Education (CE) Application Form 600.02**

|  |  |  |
| --- | --- | --- |
|  |  |  |

Name of Person Requesting CE Credits Phone

|  |  |  |
| --- | --- | --- |
|  |  |  |

Department Pony Address

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | CA |  |  |

Street Address City State Zip Code

# Activity Information

|  |
| --- |
|  |

Training/Conference Title

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

Program Date Program: Start Times End Times Hours Requested On-Going

|  |
| --- |
|  |

Type of Program

|  |
| --- |
|  |

Physical Facilities

|  |
| --- |
| **Instructors** |

|  |
| --- |
| **Name Title Organization/Institution Commercial Product to be Discussed** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **This Program is:** | HCA Program or | Joint Providership | *(Enter joined provider(s) names below)* |

|  |
| --- |
|  |

|  |
| --- |
| **Brief Program Description:** |

|  |
| --- |
|  |

|  |
| --- |
| **Educational Component Addressing Cultural and Linguistic Competency:**  *(Are cultural/ethnic or linguistic information or data used to establish therapeutic relationships, diagnosis/treatment, enhance process of clinical care?) California Assembly Bill (AB) 1195* <http://www.meded.uci.edu/CME/pdfs/AB1195-compliance.pdf> |

|  |
| --- |
|  |

|  |
| --- |
| **Educational Component Addressing Implicit Bias:**  *(How does the training provide examples of how implicit bias affects perceptions and treatment decisions of physicians or strategies to address how unintended biases in decision making may contribute to health care disparities?) California Assembly Bill (AB) 241* [*https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill\_id=201920200AB241*](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fleginfo.legislature.ca.gov%2Ffaces%2FbillTextClient.xhtml%3Fbill_id%3D201920200AB241&data=04%7C01%7CSDang%40ochca.com%7C03555c1f9d964a986c6408d9e67d8d04%7Ce4449a56cd3d40baae3225a63deaab3b%7C0%7C0%7C637794249312404304%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000&sdata=oNgXK44CnnOrrisjHbQIIaq4SfjH2XUVsGRHACHOXmo%3D&reserved=0) |

|  |
| --- |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Target Audience:** *(Must indicate why this material is appropriate for the training level and scope of practice of the licensed*  *practitioners indicated? If this activity is for CME, a significant portion of attendees must be physicians) – [Criterion 4]* | | | | | |
|  |  |  | | |
|  |  |  | | |
|  |  | **%** |
| Physicians | | |
|  | | |
|  |  | **%** |
| Allied Health Professionals | | |
|  | | |
|  |  | **%** |
| Others | | |
|  | | |
|  | | | | |

|  |
| --- |
| **Needs Assessment:** *(Identify gaps in current practice / outcomes and desired practice / outcomes) – [Criterion 2]* |

Specific QI data

Committee studies of care

County data

National trends from national data

Professional literature review

US health data

|  |
| --- |
| Describe how the needs for this training were assessed and how it will meet those needs: |

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Measurable Objectives:**  *(Describe MEASURABLE behaviors or desirable attributes the attendee will demonstrate / achieve upon completion of the program, OR what change in patient outcomes is expected. Use words like “identify,” “describe,” “list,” “demonstrate.” – [Criterion 5 & 6]*  **A minimum of 3 Learning Objectives are required and 1 per hour is recommended.** |  |

|  |
| --- |
|  |

|  |
| --- |
| **Teaching Methods:** *(Take into account the setting, objectives, and desired results of the activity.)* |

Lecture Skills Training Other:

PowerPoint Slides Audio-Visual Segment(s)

Interactive Discussion Roll Play

|  |
| --- |
| **References for Content Covered:** |

|  |
| --- |
|  |

|  |
| --- |
| **Method of Evaluation:** |

How will HCA measure subsequent outcomes – [Criterion 3]

HCA Standard Evaluation Form is used

Additional Evaluation Method is used - Please describe

|  |
| --- |
|  |

How will HCA convey to attendees the absence or possibility of conflict of interest

In writing prior to presentation

Verbally prior to presentation

Submit attestation that conflict of interest disclosure was conveyed – [Criterion 7]

|  |
| --- |
| **Application Submitted by:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

Name Title Date