# ACTIVITY ORGANIZER INFORMATION

To apply for ACCENT® Continuing Education Accreditation, Activity Organizers must indicate a point-of-contact to receive application status updates from the ACCENT® Program Administrator.

The following information will be requested:

**Activity Organizer ID:** Select your Activity Organizer ID from the provided list.

If your organization/group is not listed, select “000 – Organization/Group Not Listed,” and then enter your organization/group’s name in the following question.

**Contact First and Last Name**

**Contact Email:**

**Organization/Group Address**

**Contact Telephone Number** (include extension if applicable):

# ACTIVITY INFORMATION

To apply for ACCENT Continuing Education Accreditation, Activity Organizers must submit complete information about the activity, including when and where it takes place and what will be taught.

The following information will be requested:

**Title of Activity:** What is the overall title of your activity?

**Activity Start Date:** When does the activity start?

**Activity End Date:** When does the activity end? If the activity is a single day activity, enter the same date as the activity start date.

**Activity Location:** Where is the activity taking place?

* For in person events, please indicate the city, state/province/region (if applicable), and country where the activity is taking place.
* For online activities, please indicate your organization/group’s HQ city, state/province/region (if applicable), and country.

**Activity Format:** Select all that apply from the following selection. Should you pick “Other,” you will be required to specify:

Live Conference/Meeting

Enduring Conference/Meeting

Live Webinar

Enduring Webinar

Live Course/Workshop

Enduring Course/Workshop

Certificate Programs

Journal Articles

Self-assessment Materials

Other

**Requested Number of Credits:** Indicate the number of credits requested for this activity. Note that ACCENT Continuing Education Credits are calculated based on the amount of time dedicated to educational content, with 1 hour of educational content equating to 1.0 credits. Time allocated to breaks between sessions, social events, and other non-educational sessions will not be accredited. Also note that the number of credits your organization/group requests may not equate to the final approved number of credits.

**Target Audience (Check all that Apply):** Indicate your activity’s target audience from the following selection. Should you pick “Other Laboratory Professionals,” you will be required to specify:

Physicians

Lab Supervisors

Lab Directors (and/or assistant directors)

Lab Managers (supervisory and/or non-supervisory)

Medical Technologists

Point-of-Care Coordinators

Pathologists

Toxicologists

Fellows

In-training Individuals

Other Laboratory Professionals

**Needs Assessment:** In 3-5 sentences, using 2-3 references, define the educational need for this activity (i.e., state the problem or knowledge gap that justifies offering this activity to the target audience).

* When drafting your needs assessment, consider referencing specific articles to justify the educational offering.
* Some resources for identifying professional practice gaps include:
  + Surveys
  + Consensus of experts
  + Review of literature
  + Direct observation
  + Focus groups
  + Discussion
  + Inspection deficiencies
  + New developments
  + Disease prevalence
  + Mortality and morbidity statistics
  + Reports/assessments from other organizations
  + Evaluations from previous programs

EXAMPLE:

*Research has shown that negative interactions with healthcare providers can lead transgender and other gender-diverse individuals to avoid seeking healthcare, which in turn contributes to poorer mental and physical health outcomes in these groups. Gender competency education for phlebotomists, who are the primary patient-facing clinical laboratory staff, enables the clinical laboratory to contribute to improving patient care in these underserved populations.*

*References:*

*1.) Poteat T, Park C, Solares D, Williams JK, Wolf RC, Metheny N, et al. (2017) Changing hearts and minds: Results from a multi-country gender and sexual diversity training. PLoS ONE 12(9): e0184484.*

*2.) Johnson AH, Hill I, Beach-Ferrara J, Rogers BA, Bradford A. Common barriers to healthcare for transgender people in the U.S. Southeast. Int J Transgender Heal. Taylor & Francis; 2020;21:70*

*3.) Morris, M., Cooper, R.L., Ramesh, A. et al. Training to reduce LGBTQ-related bias among medical, nursing, and dental students and providers: a systematic review. BMC Med Educ 19, 325 (2019)*

**Addressing the Needs:** In 3-5 sentences, explain how this activity will address the need(s) identified in the Needs Assessment field.

EXAMPLE:

*This educational session will provide learners with relevant background information on transgender and gender diverse patients and present cases that demonstrate practical scenarios that phlebotomists may encounter during interactions with these populations. These cases are designed to teach culturally and technically appropriate interactions. The training was created by a group of laboratory professionals, educators, and artists. Members of the educational design team have a transgender or gender non-binary lived experience.*

**Learning Objectives:** List a minimum of 3 measurable learning objectives for the entire activity. The learning objectives should describe what the participant will be able to do at the conclusion of this activity or how they will be able to apply the information they’ve learned. For assistance in developing the learning objectives, go to: <https://www.aacc.org/learningobjectives>

EXAMPLE:

* *To explain the critical role that phlebotomists play in providing gender-affirming care.*
* *To improve knowledge of gender diversity by presenting relevant background information and familiarizing participants with key terminology.*
* *To help participants develop the skills needed to care for gender-diverse patients in a culturally sensitive way.*

**Level of Instruction:** To assist potential participants determine if this activity will be suitable for their level of subject expertise, denote the activity’s level of instruction from one of the following:

Beginner: Entry Level; no prior knowledge of subject necessary

Intermediate: Refresher course; some basic knowledge required—for the experienced staff technologists with some years of experience

Advanced: Highly technical; for those with current skills/knowledge and extensive experience in a specialty area

# STATE ACCREDITATION

ACCENT® Continuing Education Credits are accepted in all US States where documentation for continuing education is required, including the following states: California, Florida, Louisiana, Montana, Nevada, North Dakota, Rhode Island, Tennessee, and West Virginia.

Due to state licensure procedures, the states of Florida and California require additional information and approval for ACCENT® accredited activities. Note that an activity’s accreditation status with these states does not require it to take place within those states. The ACCENT® Review Board advises that Activity Organizers indicate their desire to accredit their program for individuals with those states’ licensures, if they are anticipating any attendance from individuals licensed in those states.

Once you’ve considered this element, you must indicate the following information for review by the ACCENT® Review Board:

**Would you like this activity to be accredited for Florida licensed professionals?**

* **Florida Topic Category:** If you would like this activity to be accredited for Florida licensure, you must indicate your activity’s Florida topic category from the following selection:

Andrology

Blood Banking

Blood Gas Analysis

Clinical Chemistry/UA/Toxicology

Cytogenetics

Cytology

Embryology

General

Hematology

Histocompatibility

Histology

HIV/AIDS

Immunohematology

Immunohistochemistry/Adv. Histologic Techniques

Laws and Rules of the Board

Medical Errors

* + **Medical Errors Documentation:** Should you select “Medical Errors” for your activity’s Florida Topic Category, the following documents must submitted with the application for review:
    - A copy of the activity coordinator's (the application contact’s) résumé.
    - The most current CV for each activity faculty. Please be advised that the Board may not accept course applications that are associated with outdated instructor CVs.
    - A copy of the course agenda or course outline.

Microbiology/Mycology/Parasitology

Molecular Pathology

Radioassay/Nuclear Medicine

Serology/Immunology

Supervision/Administration/Quality Control/Quality Assurance/Safety

**Would you like this activity to be accredited for California clinical licensed professionals?**

If you would like your activity accredited for California clinical licensed professionals, you must provide the following information:

* **California CE Format:** Select the most applicable California CE Format from the following selection:

Annual Meeting

Lecture (e.g., Short In-Person Learning, Ground Round, etc.)

Workshop (e.g., Hands-On Learning, Device Learning, etc.)

Online Courses (e.g., Webinars, Online Certificate Programs, etc.)

Home Study (e.g., Journal CE, Manuscript Review, etc.)

* **Activity Clinical Relevance:** In 3-5 sentences, describe how the activity is specific to the clinical application of laboratory medicine. Note that if you cannot complete this section, then this cannot receive credit for California clinical licensed professionals.
  + - **EXAMPLE:**

*Transgender and gender-diverse individuals experience unique structural and institutional barriers and inequities in their ability to access adequate healthcare, including healthcare providers’ lack of cultural competency with respect to gender diversity. The healthcare avoidance that can result from these negative interactions contributes to health disparities experienced by transgender and genderqueer individuals compared to cisgender individuals. Clinical laboratory phlebotomists are critical members of patient-facing care teams, and as such, often contribute to shaping patient healthcare experiences. Thus, gender competency serves as a critical part of clinical training for phlebotomists as it equips them to provide gender affirming care for gender minorities.*

* **California Letter of Agreement:** You must agree to the following California Letter of Agreement by checking off the box in this field:

As an accrediting agency for the State of California HHS, the ACCENT Continuing Education Accreditation must ensure that Activity Organizers abide by the following conditions:

1. All activities must meet ACCENT accreditation criteria.
2. AACC must maintain records for at least four years after the completion date of the activity. Activity Organizers must maintain official attendance records that contain the participant’s name and signature; activity title, date, location, number, and number of credits offered.
3. The CA Department of Health Services must be allowed to review any CE course at no cost to verify compliance with regulations.

# ACTIVITY PROGRAM/SCHEDULE

**Required Program Documentation:** To apply for ACCENT Continuing Education Accreditation, you must upload PDFs of the activity's program/schedule in the DOCUMENTATION UPLOAD field at the bottom of the application. Note that the submitted documentation must include the following information:

* Activity Title
* Start and end times of the educational portions of the activity (to ensure accurate credit calculation)
* Activity Location
* List of faculty members, their degrees, and their current affiliation(s)

**Online Program Documentation:** To apply for ACCENT Continuing Education Accreditation, you must include a link to the activity’s program/schedule’s webpage. If this activity does not have a program/schedule webpage, write in “N/A.” Note that the submitted webpage must include the following information:

* Activity Title
* Start and end times of the educational portions of the activity (to ensure accurate credit calculation)
* Activity Location
* List of faculty members, their degrees, and their current affiliation(s)

# REGISTRATION AND VERIFICATION OF PARTICIPATION

**Required Registration Documentation:** To apply for ACCENT Continuing Education Accreditation, you must upload PDFs of the activity's registration webpage and/or registration messages in the DOCUMENTATION UPLOAD field at the bottom of the application.

**Registration Description:** Provide a URL to the activity’s online registration page or describe how participants will register for the program in the text box provided.

**Verification of Participation:** How do you verify the participation of continuing education claimants after the activity? Answer in the text box provided.

FACULTY INFORMATION

To apply for ACCENT Continuing Education Accreditation, Activity Organizers must submit the template disclosure spreadsheet [LINK] for all faculty planning or delivering the educational activity in the DOCUMENTATION UPLOAD field at the bottom of the application. Faculty may complete the template ACCENT Faculty Disclosure Form [LINK] or provide the information to the Activity Organizer in a different way, but it must be collected in the spreadsheet. Also note that speaker disclosure information must be provided to the audience prior to the start of the activity and must be collected no more than 6 months prior to your application.

**Did you use the ACCENT Faculty Disclosure Form to collect disclosures?**

If you collected faculty disclosures using the ACCENT Faculty Disclosure Form & Spreadsheet, input “Yes.”

If you collected faculty disclosures using your organization/group’s own disclosure form/system, input “No,” and then upload a copy of your organization/group’s faculty disclosure form in the DOCUMENTATION UPLOAD field at the bottom of the application. **This documentation is required in addition to the spreadsheet with disclosure information.**

# METHODS OF SUPPORT

To apply for ACCENT Continuing Education Accreditation, Activity Organizers are required to disclose any ineligible companies that are Sponsors, Supporters, or Endorsers of the activity, as defined in the guidelines. If this applies to your activity, include a countersigned agreement or memorandum of understanding in the DOCUMENTATION UPLOAD field at the bottom of the application.

**Will your activity include ineligible companies as Sponsors, Supporters, and/or Endorsers?** If this activity does not have any agreements with ineligible companies, select “None.” Otherwise, check all that apply from the following:

Sponsors

Supporters

Endorsers

**Indicate this activity’s sponsors** in the text box provided(if applicable)

**Indicate this activity’s supporters** in the text box provided(if applicable)

**Indicate this activity’s endorsers** in the text box provided(if applicable)

# DOCUMENTATION

Based on your prior responses in the application, you will be required to upload documentation listed in the checklist below, and by checking off the corresponding boxes on the application, you attest that you have uploaded the required documentation to the DOCUMENTATION UPLOAD field.

* **Activity Program/Schedule Documentation:** Required for all submissions.
* **Activity Registration Documentation:** Required for all submissions.
* **Faculty Disclosure Spreadsheet:** Required for all submissions.
* **Faculty Disclosure Form:** Only required if you indicated that you did not collect disclosure information using the ACCENT Faculty Disclosure Form and Spreadsheet.
* **Methods of Support Documentation:** Only required if you indicated that this activity would include ineligible companies as Sponsors, Supporters, and/or Endorsers.
* **Medical Errors Documentation:** Only required if you requested this activity to be accredited for Florida licensed professionals **AND** you indicated the Florida Topic Category as “Medical Errors.”

Should you have any questions regarding the ACCENT application, please contact us at [**education@aacc.org**](mailto:education@aacc.org).