



Syllabi Required Elements for Joint Accreditation

Basic, Required Elements	What to Insert (if applicable)
<input type="checkbox"/> Activity Title <input type="checkbox"/> Joint Accreditation Statement <p>The accreditation statement must appear on all educational materials and brochures. The Joint Accreditation logo must remain a circle.</p>	<p>In support of improving patient care, Duke University Health System Department of Clinical Education and Professional Development 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 health care team.</p>  <p>JOINTLY ACCREDITED PROVIDER™ INTERPROFESSIONAL CONTINUING EDUCATION</p>
<input type="checkbox"/> Provider Statement <p>Optional</p>	 <p>DukeHealth</p> <p>Jointly provided by the Duke University Health System Department of Clinical Education and Professional Development and _____[educational partner]</p> <p>Or</p> <p>Directly provided by the Duke University Health System Department of Clinical Education and Professional Development</p>
<input type="checkbox"/> Joint Accreditation Statement (with two or more organizations and one is jointly accredited) <p>When an activity has been planned, implemented and evaluated by two or more organizations and one of the organization has been jointly accredited, this accreditation statement should be used.</p> <p>The accreditation statement must appear on all educational materials and brochures. This statement must stand.</p>	<p>This activity has been planned and implemented by the Duke University Health System Department of Clinical Education and Professional Development and _____ for the advancement of patient care. The Duke University Health System Department of Clinical Education & Professional Development 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 health care team.</p>  <p>JOINTLY ACCREDITED PROVIDER™ INTERPROFESSIONAL CONTINUING EDUCATION</p>
<input type="checkbox"/> Education Credits <p>Choose the appropriate credit statements.</p>	<p>Category 1*: Duke University Health System Department of Clinical Education and Professional Development designates this _____ activity for a maximum of _____ <i>AMA PRA Category 1 Credits</i>™. Physicians should claim only credit commensurate with the extent of their participation in the activity.</p> <p>Nursing CE: Duke University Health System Department of Clinical Education and Professional Development designates this activity for up to _____</p>

	<p>_____ credit hours for nurses. Nurses should claim only credit commensurate with the extent of their participation in this activity.</p> <p>Pharmacy: Duke University Health System Department of Clinical Education and Professional Development designates this knowledge-based activity for _____ ACPE credit hours. Universal Activity Numbers: XXX-XXX- XXXXX</p> <p>*(Choose 1 learning format: Live activity, enduring material, journal-based CME activity, test-item writing activity, manuscript review activity, PI CME activity, Internet point-of-care activity)</p>
<p><input type="checkbox"/> Commercial Support Statement (if applicable)</p> <p>Note: commercial supporters cannot be listed until there is a fully executed grant letter of agreement signed by DukeCME and the company.</p>	<p>Commercial Support Acknowledgment</p> <p>This CE activity is supported by an educational grant(s) from _____.</p> <p>Note: in-kind support must also be acknowledged and include the name of the company and the name of the product(s) donated (i.e., Terason provided a (\$3000 ultrasound system and a clinical application specialist)</p>
<p><input type="checkbox"/> Needs Statement or Course Description</p> <p>Optional</p>	<p>This statement may be added as an option. However, the description or needs statement should address the healthcare team as whole if two or more professions are designated credit for the activity. For example:</p> <p>“This course is designed to guide physicians and pharmacists in prescribing and using optimal and novel targeted stroke therapies.”</p>
<p><input type="checkbox"/> Learning Objectives</p>	<p>At the conclusion of this activity, participants should be able to:</p> <p>Xxxxxx Xxxxxxx xxxxxxx</p>
<p><input type="checkbox"/> Target Audience</p>	<p>List the target audience as reflected in the designated activity.</p> <p>This activity is designed for XXXXXXXXXXXXXXXX.</p> <p>(Communicate to learners proactively what credits they will get based on their learner type. E.g., “All targeted audience members are eligible to receive Joint Accreditation credits for this activity. No attendance certificates are issued for this course.”</p>
<p><input type="checkbox"/> Faculty Listing</p> <p>Note: Activity Medical Director or Course Director should be listed first and denoted as such. Duke Faculty Member should be listed first.</p>	<p>List full name, degree, and organizational affiliation for all faculty (speakers, panel members, authors, etc).</p>
<p><input type="checkbox"/> Resolution of Conflict of Interest</p> <p>Optional</p>	<p>Duke University Health System Clinical Education and Professional Development has implemented a process to resolve any potential conflicts of interest for each continuing education activity in order to help ensure content objectivity, independence, fair balance, and the content that is aligned with the interest of the public.</p>
<p><input type="checkbox"/> Disclosures</p> <p>Optional</p>	<p>It is the policy of the Duke University Health System Clinical Education and Professional Development to require the disclosure of anyone who is in a position to control the content of an educational activity. All relevant financial relationships with any commercial interests and/or manufacturers must be disclosed to participants at the beginning of each activity.</p>
<p><input type="checkbox"/> Summary of Faculty Disclosure/Planning Committee</p>	<p>The following speakers and/or planning committee members have indicated they have no relationship(s) with industry to disclose relative to the content of this CE activity: Jane Doe, MD, Richard Doe, MD</p> <p>The following speakers and/or planning committee members have indicated that they have relationship(s) with industry to disclose: John Doe, MD has indicated that he is a member of the speakers’ bureau of GlaxoSmithKline.</p>

Disclosure summaries must be included on speaker slides, syllabus, or sign-in sheet

Basic, Required Elements	What to Insert (if applicable)
<input type="checkbox"/> Activity Agenda/Schedule <ul style="list-style-type: none">Title and times of presentationSpeaker(s)Q&A	Allotted time for Q&A is required and can be listed separately after each presentation or as a blanket statement at the end of the agenda [i.e., <i>Opportunities for Q&A will be provided at the conclusion of each presentation</i>]. <i>(An agenda is not required for 1.0 or less)</i>
<input type="checkbox"/> Instructions on How to Receive Credit	Review the materials on accreditation information, target audience, learning objectives, and disclosure information; Complete the entire activity and evaluation form. After the activity, you will receive an email from Duke notifying you of instructions for how to obtain your certificate. <i>[Tailor to the activity]</i>
<input type="checkbox"/> Handouts (if applicable/available)	Please submit faculty handouts for review.