

**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](mailto:STAYCERTIFIED@ABEM.ORG) FOR REVIEW

<b>Activity Name:</b>	
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<b>Date When Activity in its Current Form Did/Will Become Available:</b>	
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<b>Provider Organization Name:</b>	
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<b>Address:</b>			
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<b>City:</b>		<b>State:</b>		<b>Zip/Postal:</b>	
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<b>Activity Contact Person:</b>			
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<b>Phone:</b>		<b>Email:</b>	
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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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<b>Are AMA PRA Category 1 Credits™ offered for the activity?</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<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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<b>Price of activity for ABEM physicians:</b>	<input type="text"/>	<b>Price of CME activity, if additional:</b>	<input type="text"/>
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<b>Comments:</b>	<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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<b>Can the organization routinely provide ABEM with lists of its physicians verified to have completed the activity?</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<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**

<b>Activity Name:</b>	
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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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<b>Number of Hours of Total Course Instruction</b>		<b>Number of Hours of Didactic Instruction</b>	
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<b>Number of Learners per instructor</b>		<b>Number of Hours of Didactic Instruction</b>	
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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](mailto:staycertified@abem.org)