**APPROVED PROVIDER’S NAME**

**TABLE OF CONTENTS**

**I. Approved Provider Self-Study** Page

A. Organizational Overview Page

B. Structural Capacity Page

C. Educational Design Process Page

D. Quality Outcomes Page

**II. Activity #1**: Page

**Title of Activity:**

Activity Type Page

1. Description of the professional practice gap

2: Evidence to validate the professional practice gap Page

3: Educational need that underlies the professional practice gap Page

4: Identify or describe the target audience Page

5: Learning outcome(s) Page

6.: Evaluation method Page

7: Description of evidence-based content Page

8: Learner engagement strategies Page

9: Contact hours awarded and calculation method Page

10: Criteria for awarding contact hours Page

11: Documentation of successful completion (certificate) Page

12: Names and credentials of all individuals  Page

13: Demonstration of identification of financial relationships Page

14: Evidence of mitigation of relevant financial relationships Page

15: Commercial support agreement Page

16 – 21: Disclosures of participants Page

22: Summary Activity Report Page

23: Activity Checklist (optional) Page

**III. Activity #2:** Page

**Title of Activity:**

Activity Type Page

1. Description of the professional practice gap

2: Evidence to validate the professional practice gap Page

3: Educational need that underlies the professional practice gap Page

4: Identify or describe the target audience Page

5: Learning outcome(s) Page

6.: Evaluation method Page

7: Description of evidence-based content Page

8: Learner engagement strategies Page

9: Contact hours awarded and calculation method Page

10: Criteria for awarding contact hours Page

11: Documentation of successful completion (certificate) Page

12: Names and credentials of all individuals Page

13: Demonstration of identification of financial relationships Page

14: Evidence of mitigation of relevant financial relationships Page

15: Commercial support agreement Page

16 – 21: Disclosures of participants Page

22: Summary Activity Report Page

23: Activity Checklist (optional) Page

**IV. Activity #3:** Page

**Title of Activity:**

Activity Type Page

1. Description of the professional practice gap

2: Evidence to validate the professional practice gap Page

3: Educational need that underlies the professional practice gap Page

4: Identify or describe the target audience Page

5: Learning outcome(s) Page

6.: Evaluation method Page

7: Description of evidence-based content Page

8: Learner engagement strategies Page

9: Contact hours awarded and calculation method Page

10: Criteria for awarding contact hours Page

11: Documentation of successful completion (certificate) Page

12: Names and credentials of all individuals Page

13: Demonstration of identification of financial relationships Page

14: Evidence of mitigation of relevant financial relationships Page

15: Commercial support agreement Page

16 – 21: Disclosures of participants Page

22: Summary Activity Report Page

23: Activity Checklist (optional) Page