**Encore Program Request Form**

**Deadline for Application Submission: 20 Business Days Prior to Program Date**

## *Note: All information on this request form must be typed and submitted electronically.*

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| **Program Title:** |  |
| **Original Program Date:** |  |
| **Presenter(s):** |  |

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| **Date and time of upcoming activity:** | |
| Date: |  |
| Location/Venue: |  |
| City, State: |  |
| Start time: |  |
| End time: |  |
| **Required:** I have included a copy of any advertising and/or promotional material for prior approval by AADE: ☐ | |
| **Required:** I have included a Bio-COI form for each activity planner: ☐ | |

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| **Continuing education credit being sought for:** |
| ☐ Nurses ☐ Pharmacists ☐ CDEs |

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| **Applicant organization or group:** | | | | |
| Organization, Group, or Company Name: |  | | | |
| Address: |  | | | |
| City: |  | State: |  | Zip: |
| **Is the applicant organization or group a…** | | | | |
| Member-Owned Business? | | | ☐ No ☐ Yes | |
| Not for Profit Healthcare Group/Association? | | | ☐ No ☐ Yes | |
| **Activity coordinator contact information:** | | | | |
| Name/credentials: |  | | | |
| Title: |  | | | |
| Phone: |  | | | |
| Email: |  | | | |
| AADE Member: | ☐ No ☐ Yes |  | | |
| **Industry presence:** | | | | |
| Will there be industry presence at your meeting? e.g., drug company representative(s) | | ☐ No ☐ Yes | | |
| If “Yes,” name of the company: | |  | | |
| Will there be Sponsorship or Commercial Support for the program? | | ☐ No ☐ Yes | | |
| If “Yes”, please select one and attach appropriate form. | | ☐Commercial Support Agreement with signature and date (required if Commercial Support)  ☐ Sponsorship Agreement with signature and date (required if Sponsorship) | | |

**APPLICANT AGREEMENT AND DIRECTIONS  
Read and sign the applicant agreement by typing in the program coordinator’s name and date.**

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| **Applicant agreement:** | |
| Applicant Organization/Activity Coordinator will: | AADE will: |
| 1. Submit completed Encore request form, Bio-COI form(s) for activity planners, and a copy of advertising and/or promotional material. |  |
| 2. Verify attendance and successful completion of the educational activity for the learner to receive credit. | 1. Review submitted forms including Encore request form, Bio-COI form(s) for activity planners, and a copy of advertising and/or promotional material |
| 3. Provide evaluation form to collect participant feedback that is summarized and provided to AADE and presenters. | 2. Provide activity coordinator with the following CE materials: disclosure slide, certificate, evaluation, sign in sheets, and summative evaluation form. |
| 4. Issue “statement of credit” as approved to those who complete evaluation for the educational activity. | 3. Report number of participants and credit awarded to the following accrediting bodies: ANCC and ACPE. |
| 5. Provide a copy of the attendance rosters by discipline, a summary of the evaluation forms, and a final copy of any slides, handouts, and promotional material to AADE no later than 30 days following the activity. |  |

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| **The following records are required to be maintained on file by the Program Coordinator and AADE for seven (7) years from the date of the program:** |
| ☐ Program Coordinator Biographical Data Form |
| ☐ Planning Committee Biographical Data Forms |
| ☐ Faculty Biographical Data Forms |
| ☐ Objectives/Content Outline |
| ☐ Complete roster of all attendees |
| ☐ Certificate of attendance/Statements of Credit |
| ☐ Completed evaluation forms |
| ☐ Summary of evaluations |
| ☐ Copy of check/money order made payable to AADE (if applicable) |

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| As Program Coordinator for this program I agree to keep the above listed required program records on file for seven (7) years from the date of this program’s presentation: |
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| Electronic Signature (typed) |

**Please provide the following information to document compliance with ANCC Commission on Accreditation criteria on maintenance of continuing education records.**

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| **Records:**  In the space below, provide a statement of the commitment to maintain the below listed records for seven (7) years and give titles of individuals authorized to access the records.  Name and title(s) of person(s) responsible for planning the activity (i.e., Program Coordinator) | | | |
| **Name:** |  | **Title:** |  |
| **Name:** |  | **Title:** |  |
| **Name:** |  | **Title:** |  |
| **Address:** |  | | |
| **Telephone:** |  | **Email:** |  |
| **Please document the site or location for storage of records for this program, which allows for retrieval of essential information:** | | | |
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| **Describe the record filing, storage, retrieval, retention, and method for assuring confidentiality:** | | | |
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#### Payment Information

The American Association of Diabetes Educators offers a number of continuing education programs that have already been approved for continuing education credit for nurses, dietitians, and pharmacists. Requests for programs and payments must be received at least 20 business days prior to the presentation date.

Once the Encore request form is received and processed, an AADE representative will be in touch regarding applicable payment fees and instructions.

#### Additional costs for activities:

Activity coordinators are responsible for providing space for the presentation, arranging, and providing audiovisual equipment (most presentations use PowerPoint), and funding the honorarium and travel (if necessary) for the speaker.

**Application fee/submission instructions:**

Please email this completed application form, a copy of advertising and/or promotional material, and Bio-COI forms for activity planners to [CEApplication@aadenet.org](mailto:CEApplication@aadenet.org). Encore request form and Bio-COI forms must be submitted in Word format.

***For AADE use only***

**Date Received:**