

Complete this form to send to acmpe@mgma.com for review.

ACMPE CONTINUING EDUCATION ANNUAL APPLICATION FORM

The ACMPE Continuing Education Application Form is the application required to offer ACMPE Continuing Education from external organizations. This form must be submitted 30 days prior to your first offering or prior to the lapse of previous application. The purpose of the application is to determine if your organization understands and addresses the ACMPE continuing education requirements.

Events are described as any interactive learning programs that include relevant content aimed at improving management competence and medical practice management knowledge. Please review all qualifications required before submitting an application.

Please Note: you must receive confirmation of receipt, approval, executed agreement, and payment in order to promote or grant ACMPE continuing education to attendees.

Please fill out all fields below:

ORGANIZATIONAL INFORMATION

Organization name:

Organization mission:

Organization purpose:

Organization audience:

U.S. tax law classification:

Staff contact:

Email:

Phone:

Member/ Participation quantity in Organization who may participate in learning programs:

Expected educational types (please include all that apply from the below preapproved event type list):

EVENT TYPES FOR PREAPPROVAL OUTSIDE OF MGMA AND ITS AFFILIATES:

Blended learning programs

Asynchronous/ On-demand

Live (face to face or real time interaction)

Learning activity (readings)

Expected educational offering content purpose: (Ex.: Will content be aimed a leadership, medical practice knowledge, etc.)

Please provide link or attach current listing or catalog of learning programs offered:

To ensure your organization has reviewed the Standards, please complete the following:

I understand education must be related to healthcare management and or leadership competencies.

Yes No

I understand all events must have a level of interactivity.

Yes No

I understand I will need to calculate continuing education based on hour for hour.

Yes No

I understand I will need to complete a six-month preliminary event review for the first year.

Yes No

I understand I will need to complete year end reporting within 30 days after the end of agreement date.

Yes No

I understand I must comply with all marketing requirements.

Yes No

Complete this form to send to acmpe@mgma.com for review. Once the online application is submitted, please allow 7-10 business days for review.