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| MOCA® PATIENT SAFETY COURSES |
| Educational Activity Application |
| **All fields are required.**  |
| DATE: |
| NAME OF ORGANIZATION: |
| NAME OF ACTIVITY: |
| CONTACT NAME: |
| CONTACT TITLE: |
| ADDRESS: |
| CITY: |
| STATE: |
| ZIP: |
| PHONE NUMBER: |
| FAX NUMBER: |
| EMAIL ADDRESS: |
| ORGANIZATION WEBSITE: |
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| ACTIVITY OVERVIEW |
| Briefly describe your activity: |
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| Who are your target audiences? |
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| What is the length of time your course has been available? |
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| Describe the strengths of your course and the benefits it will offer ABA diplomates: |
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| ACTIVITY AVAILABILITY |
| Explain where our diplomates can purchase your course: |
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| What would be the cost of the course to our diplomates? |
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| How long would it take our diplomates to complete the course? |
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| Describe the continuing medical education credits (if applicable) diplomates will receive upon successful completion of the course: |
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| ACTIVITY DEVELOPMENT |
| Describe how the course was developed, including the practice standards and reference materials used: |
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| Explain how the course is evaluated to determine the effectiveness of the educational offerings: |
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| Explain how you keep the course updated with current information: |
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| ACTIVITY CONTENT |
| Explain the course’s learning objectives: |
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| Describe how your course incorporates the key themes of patient safety: |
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| COURSE DATA |
| Explain how you will report completion of the activity to us on behalf of the diplomates: |
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