**Extending an AAP CME Activity Worksheet**

If you wish to extend the CME expiration date for an activity you must complete this worksheet. If you determine that you would like to extend the end date for this activity, **you must submit this worksheet within 30 days prior to the end date of the original activity** (ex: if

the end date for the activity is July 31, 2022, this worksheet would need to be submitted for review no later than July 1, 2022).

If you request a change of expiration date within 30 days of the current activity expiring, a new original application will need to be completed in its entirety to relaunch the activity.

**No extensions will be granted for more than 12 months**. After the 12-month extension, the activity must be relaunched as a new activity, a new application will need to be completed and submitted for review and approval prior to relaunch.

**Please note the following requirements for an extended activity:**

Prior to submitting this worksheet:

* original activity must be reviewed by a qualified individual to ensure content is still clinically valid and up to date.
* you must implement the collection and review of any new disclosures and mitigate all COIs for all people affecting the content of the extended activity (ie a new disclosure would need to be collected for the person assigned to review the original content for relevancy).

After approval is granted:

* You must update and continue to communicate all verification requirements for this activity to learners before they start the activity, including:
	+ date activity was reviewed and new expiration date, along with the original release and expiration date
	+ all “new” and “original” disclosures for the activity (original disclosures are those shared in the original activity, new disclosures are those you collect for the extended activity)
	+ all sources of commercial support for the “extended” and “original” activity.
* You must continue to follow, implement, and include documentation of all eval and MOC assessment requirements.
* You must submit a new set of screenshots with the updated verification requirements to the Accreditation Unit.
* You will continue to be required to submit the following items at the end of each calendar year: list of participants, evaluation results, and a reconciled budget for that year.

Contact Name: \_\_\_\_\_\_\_ AAP Dept/Div OR Chapter/Dist Name: \_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_ Activity URL (activity, reg, or mktg location):\_\_\_\_\_\_\_\_\_\_

Complete Title of this CME Activity: \_\_\_\_\_\_\_

Location (city/state): \_\_\_\_\_\_\_ Original Start Date of Activity: \_\_\_\_\_\_\_ Original End Date of Activity: \_\_\_\_\_\_\_

New End Date Being requested: \_\_\_\_\_\_\_

Select the original activity type: ☐Enduring Material ☐Internet Enduring Material ☐ Performance Improvement ☐Other, specify: \_\_\_\_\_\_

Any extension requests must include an expert review of the current activity (reviewer should be allied health professional or MD/DO) to determine that the content is still valid and remains appropriate to your target audiences. Please provide the name, title and role of the person who will attest that this has occurred (they must answer the following questions as part of their review and sign at the end of this document):

Name: \_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_ Role in this activity: \_\_\_\_\_\_\_

What is the reason for requesting an extension to the time this activity is available for CME credit? \_\_\_\_\_\_\_\_

Did/will you add or change any aspect of the original activity prior to this extension? ☐ YES ☐ NO If yes, describe: \_\_\_

List or attach a copy of the original learning objectives for this activity when submitting your request.

As part of extending this activity, do you plan to incorporate any additional or new:

* Learning objectives? (if yes please attach) ☐ YES ☐ NO
* Physician attributes (ACGME/ABMS/IOM competencies) ☐ YES ☐ NO If yes please indicate which ones:\_\_\_\_

Is there any new or additional financial support being used to extend this activity? ☐ YES ☐ NO

*If yes, you are required to submit the fully executed Letter of Agreement (LOA) for each supporter.*

Are there any additional marketing/advertising materials (or any documents on which you include the accreditation statements) being distributed about this extended activity? ☐ YES ☐ NO *If yes, submit copies for review, prior to distribution.*

**Approval information:**

If this extension request is approved, you will need to:

* **Provide your CME verification requirements to accreditation staff for review**.

Required documents include, but are not limited to, disclosure information (grid), financial support, learning objectives, faculty, etc.). Updated CME verification requirements must then be shown to learners prior to the start of the activity.

* **Provide year end data requirements:**

Participant numbers for that calendar year Detailed final budget with expenses

Participants list with AAP IDs Evaluation analysis of the overall activity

**DISCLOSURE INFORMATION:**

Disclosures should be collected for all persons affecting the content and implementation of this extended activity. Provide information for all staff, planners and/or others involved with this extension. *Note: All disclosures must be completed, reviewed and mitigated prior to the start of this extended activity. Direct providers should allow a minimum of 5 days for Dr. Haftel to review and mitigate.*

Who is responsible for reviewing and mitigating financial relationships that are disclosed for possible conflicts of interest for this extended activity? *(NOTE: this person will also be required to provide their disclosure.)*

Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To support your answers above, you must submit documentation that demonstrates how you implemented the above answers during the extension of this CME activity. Please check each item below that you will submit with this abstract:

☐ Roster of all individuals involved (name & role) ☐ Disclosures forms or Audit report for each person

**Content Reviewer Attestation:**

I attest to the review of the extended activity and that all answers provided above are true and correct.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submission Information**

Submit this extension request worksheet and all applicable documentation to Virginia Roldan at vroldan@aap.org. All requests for extension will be reviewed, allow a maximum of 30 days to receive your decision notice. *Please note this date as you will need to address any feedback and upload updated verification requirements to the activity before the start of the extension date.*

*(September 2021)*