



Community Health Aide Program Certification Board Request for Continuing Education Approval

The submission deadline for the Request for Continuing Education Approval will be due by the 15th of each month. The Academic Review Committee Continuing Education Subcommittee will review the Request for CE Approval on the first Tuesday of each month.

This form is to be used for all classes and courses unless other arrangements for CE approval have been made.

Approval for CE does not confer CHAPCB approval to the CHA/P to perform the skill or procedure.

Name / Title of Applicant: Anne Fleetwood, MS, RDN, CDCES

Address: 3900 Ambassador Drive

City: Anchorage State: AK Zip: 99508

Phone Number: 9077291128

Email address: amfleetwood@anthc.org

Course Title: 39th Annual Alaska Native Diabetes Conference

Sponsor: N/a or ANTHC Diabetes Program

Dates Offered: 10/03/2023 – 10/05/2023
MM/DD/YY

Number and type of CE Hours Requested:

	Hour(s)		Hour(s)
<input checked="" type="checkbox"/> Medical	17.75	<input type="checkbox"/> Emergency	
	(live)		
	16.5		
	(recorded)		

This course must meet Board Standard Section 3.10.100 for Community Health Aide CE:

- List the Community Health Aide skills and competencies on which this class focuses:
- This activity is being planned to provide an update on the best practices in caring for patients with diabetes. We hope to provide an affordable means to receive CE credit to healthcare professionals across the state of AK, while maintaining an exceptional agenda and speaker list. Cardiovascular disease, obesity medications, kidney disease, behavior change, nutrition, skin disorders, liver disease, and exercise are some areas we have identified that we would like to address this year at the conference.



**Community Health Aide Program Certification Board
Request for Continuing Education Approval**

Attach:

Class objectives

Schedule

85% of participants will report the education provided in this conference as providing information which enhances, validates or causes a change in practice regarding risks, complications, management &/or community outreach and support regarding diabetes mellitus.

3. Describe method of delivery ("face to face", online, etc.):

Face to face and recorded for later view and CE

4. Describe how the Community Health Aide will be evaluated (test, return demo, participation, attendance, other):

Electronic evaluations using survey monkey

Attach:

Any final tests and evaluation tools used. – no

5. Describe how the class/course will be evaluated by the students:

Comments, likert scale

Attach:

Class evaluation tool.

6. List instructor's name and credentials.

Several – can send speaker CVs if needed. See attached agenda for list of instructors

Attach:

Short biography, describing instructor's training and/or experience in this topic.

Please use additional pages or attachments as needed.

Please contact the CHAPCB office if you have any questions. Forms may be submitted by mail, fax or email.

**Alaska Native Tribal Health Consortium
Community Health Aide Program Certification Board
4115 Ambassador Drive, 3rd Floor
Anchorage, AK 99508**

Phone: (907) 729-3624, Fax: (907) 729-3629, Email: chapcb@anthc.org