

## APPLICATION FOR APPROVAL OF CULTURAL COMPETENCE ACTIVITY

## **ACTIVITY DETAILS**

Activity name:			
Activity Provider name:			
Program/URL:			
Duration:			
Have you already completed an this activity?:	d recorded No	Yes 🔲 I	Date of completion :

## TYPE OF ACTIVITY (Select at least 1 category)

Self-Directed Learning: (activities conducted individually or are self-managed)
Group Learning: (majority of sessions are didactic in nature i.e. conference or lecture)
Group Learning: (majority of sessions are interactive i.e. facilitate participant feedback as peer review)
Group Learning: (sessions are interactive procedural skills based i.e. workshop)
Teaching, Research & Educational Development: (activities related to education in emergency medicine)

Outline the learning outcomes which will contribute to cultural competence?

## INDIGENOUS HEALTH COMMITTEE (IHC) ADMINISTRATION

(INTERNAL USE ONLY)

This activity is recommended as a cultural				
competence activity by the IHC:	Yes	No	Date :	

Outline your rationale as to why this activity has been recommended as an approved cultural competence activity:

CPD UNIT ADMINISTRATION
This activity has been accredited for CPD: Date of accreditation :
If this activity has not been accredited for CPD complete the following:
REQUIRED ELEMENTS OF AN APPROVED CULTURAL COMPETENCE ACTIVITY:
• How does this activity align to the <b>Health Advocacy</b> domain of the <u>ACEM Curriculum Framework</u> ?
Activity has been recommended for approval by the Indigenous Health Committee (IHC)
Activities align to the Health Advocacy domain of the ACEM Curriculum Framework
Educational activity and learning outcomes are clearly stated
Participants' needs are taken into consideration
Activity is evidence based
Clinical and ethicl standards are maintained throughout
Face-to-face activity include adequate time for interaction and discussion
Participants may evaluate and provide feedback on the approved cultural competence activity
Participants are issued with a certificate of completion/attendance, which clearly states the name of the participant
along with the name and date/duration of the activity.
This activity is approved for the purpose of mandatory Specialist CPD cultural competence:

Comments: