

Mesa County Physicians IPA
REWARD FOR PARTICIPATION EDUCATION POINTS APPLICATION

Name of MCPIPA member applying for credit: _____

Name of EDUCATION PROGRAM: _____

Date of EDUCATION PROGRAM: _____

Presenter: _____

EDUCATION PROGRAM sponsor (**Select one**): RMHP___ MCPIPA___ CH___
SMHMC___ QHN___ OTHER_____

Is there any other financial support for this program? Yes No

If yes list source _____

Location of presentation: _____

Target population: _____

Application for (**Select one**): Attendance points___ Presentation points___

Development of NEW PRESENTATION___ Update of EXISTING PRESENTATION___

Total Preparation time_____ Presentation time_____

Is this EDUCATION presentation open to all Mesa County physicians? Y N

Does this EDUCATION PRESENTATION meet one or more of the MCPIPA PRC approved goals: (**Circle those that apply**)

1. Improve the affordability and efficiency of quality health care in this community
2. Promote patient education about quality services and cost effective choices that promote informed medical decision making
3. Supply information technology infrastructure to our members that will support integration of services between healthcare providers.
4. Promote programs that enhance Evidence Based Medicine
5. Support community wide initiatives for quality management of acute and chronic disease states.

EDUCATION PROGRAM is approved for the following Continuing Medical Education Award:
(**Circle those that apply**)

AMA AOA AFP other (list)_____

Please list EDUCATION PROGRAM objectives below or attach objectives.

Mesa County Physicians IPA
QUALITY PROJECT POINTS APPLICATION

Name of MCPIPA member applying for credit: _____

Quality Projects must be sponsored/initiated by (Select):

MCPIPA member physician ___ *MCPIPA* ___ *RMHP* ___ *QHN* ___

Title of Quality Project: _____

Names of Physician participants (Specify role in project for point award):

Development/Design (Lit searches, Study design, Preparation, Consultation):

Implementation/Monitoring

Process for reporting/sharing outcomes back to MCPIPA membership/specialty group/community: _____

Does this QUALITY PROJECT meet the following criteria?

(Circle those that apply)

1. Improve efficiencies and quality in patient care delivery
2. Promote and support Evidence Based Medicine

Quality Project projected Timeline: _____

Resource allocation projections (time per physician/costs/in-kind donations, etc)

Is there any other financial support for this project? Yes No

If Yes, list source/s of support _____