CPCHE CE Approval Application

November 2025

ihi.org/cpche

CPCHE CE Approval Application

- Complete the form below and attach requested program information
- Pay the applicable fee online here
- Submit complete application via email to certification@ihi.org

Only completed applications with payment can be processed. Please submit application information at least 6 weeks prior to your program.

Questions? Contact us at certification@ihi.org or 617.391.9927

Application Form

Name of Organization: _____

Staff Contact: _____ Job Title: _____

Email Address: _____ Phone Number: _____

Organization/Program website: _____

Program Title: _____

Was a current CPCHE involved in program planning/review? ☐ Yes ☐ No

If yes, please provide name, credentials, and contact email/phone:

Has your program been approved by other CE providers? ☐ Yes ☐ No

If yes, please list and include hours approved:

If approved, would you like your program to be publicly listed on ihi.org/cpche? ☐ Yes ☐ No

If yes, please provide listing details (title, date, registration information and link (if applicable):

Submission Requirements:

> Organization/Program information (above)

> Complete table and include supporting documentation (next page)

> Fee payment ([online](#))

I hereby verify that the information contained in this application is true and accurate and affirm that my organization has responsibility for control over all aspects of the program(s) to ensure educational objectives and standards are met.

Print Name: _____   Job Title: _____

Signature: _____   Date: _____

CE Program Documentation

Title and Brief Description of Activity	Date of Activity or Enduring	Content Code (1-3)	CE Requested	Documentation
				☐ Timed Agenda ☐ Objectives ☐ Faculty bios
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CPCHE Content Codes

1. Health Systems and Context
2. Equitable Health Care Assessment and Design
3. Health Data and Information

Clinical Health Equity: Examination Content Outline

1	Health Systems and Context	21
1A	Historical Context	
1A1	History and Impacts of Systems of Oppression and Bias in Health Care and Research	
1A2	Practices and Approaches (e.g., Restorative Justice, Consensus, and Intersectionality)	
1B	System Context	
1B1	Challenges and Barriers to Health Equity	
1B2	Structural and Systemic Drivers of Inequities	
2	**Equitable Health Care Assessment and Design**	**53**
2A	Individual-Level Factors for Health Care Workforce	
2A1	Bias Recognition, Internalized Systems of Oppression and Privilege	
2A2	Power Dynamics and Co-production	
2A3	Socio-ecological Model	
2B	Health System Infrastructures and Operations	
2B1	Structural Racism and Bias	
2B2	Social Drivers/Determinants of Health and Resources	
2B3	Trauma-Informed and Inclusive Care	
2B4	Health Care Systems, Policy, and Financing Fundamentals	
2B5	Organizational Advocacy	
2C	Quality Improvement and Change Management	
2C1	Program Planning and Evaluation	
2C2	Human Centered Design and Co-Design	
2C3	Quality/Safety Improvement (e.g. methods, approaches, testing)	
2C4	Change Management Frameworks and Implementation	
3	**Health Data and Information**	**26**
3A	Democratization of Data and Community Co-Ownership	
3A1	Research Methods and Design (e.g., participatory, community-partnership, community assessment)	
3A2	Equitable Data Processes (e.g., collection, stratification, analysis, and use)	
3A3	Qualitative Practices and Person-centered Perspectives (e.g., ethical storytelling, additional ways of knowing)	
3A4	Collaboration, Co-design, and Interpretation of Findings	
3A5	Dissemination/Translation of Information	
3A6	Bioethics and Ethics	

Secondary Classifications

1. Advocate for and promote the positive impact of health equity on individuals, communities, organizations, and systems.
2. Recognize bias and practice cultural humility to identify areas of health care improvement.
3. Assess an organization's processes, policies, governance, work environment, and structure to make recommendations to improve equitable health outcomes and practices.
4. Identify historical, cultural, and community context (including trauma) to provide person-centered clinical care and equitable outcomes.
5. Identify system factors, power dynamics, entrenched systems of power, external and internal factors affecting health equity including using improvement methods to identify drivers and change ideas.
6. Identify internal and external policies, procedures, and resources that may be barriers to providing equitable care.
7. Co-design interventions with key parties, including persons, families/guardians, care partners, communities, and staff, for equitable health outcomes.
8. Work in interdisciplinary teams/collectives to collaborate among individuals with diverse expertise, lived experience, and perspectives to address culture, care, and outcomes.
9. Support Diversity, Equity, and Inclusion (DE&I) initiatives to improve health outcomes.
10. Support internal cultural change towards shared ownership for equity.
11. Measure the impact of equity work on the perceptions of staff, care providers, and patients.
12. Use metrics to measure health outcomes within an organization or community, including identifying inequities and improvements in outcomes.
13. Measure and monitor the impact of health equity improvement initiatives.
14. Advocate for resources needed to improve health equity.
15. Apply a health equity lens to anticipate resource distribution for strategic initiatives and goals.
16. Support workforce/partner education strategies to advance equitable health services and outcomes.
17. Implement change strategies/initiatives/plans to support equitable health services and outcomes.
18. Collaborate with and support community change efforts to address structural and social drivers/determinants of health.
19. Design, interpret, and present local health and community data/information to identify gaps and biases.
20. Engage with community to work in partnership on health equity improvements.
21. Incorporate qualitative practices and methods including person-centered perspectives (e.g., ethical storytelling, additional ways of knowing).

22. Apply basic research knowledge and principles (e.g., methods, design, dissemination, translation) to support equity work.
23. Apply bioethics and ethics to the design and dissemination/translation of information.
24. Apply health equity standards of practice for accrediting, regulatory, and/or governing bodies.