**ACLM Program Certification Application Questions**

The table below lists all the questions asked in the ACLM Program Certification application. You may use this template to prepare your responses

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| **Question topic**  **(\*scored)** | **Question** | **Response** |
| **Contact Information** | Please provide the business and point-of-contact information for your program. |  |
| **Program Name** | Please provide the name of the program or business name. |  |
| **Business Address** | Please provide the physical mailing address of the business. |  |
| **Geographic Area** | Please identify the geographic area served. If the program is virtually delivered and can be offered anywhere, please describe. |  |
| **Website** | Please provide the program or business website. |  |
| **Contact Name** | Please provide the point of contact for communicating with ACLM about this application. |  |
| **Contact Email** | Please provide the email address for the point of contact. |  |
| **Contact Phone** | Please provide the phone number for the point of contact. |  |
| **Business Phone** | This phone number will be the number listed publicly on your profile for your business, pending evaluation of your application. |  |
| **Program Overview** | Please provide an overview and summary of program development, history, structure and goals, target population, content, growth, current level of implementation, and unique contribution. (200-400 words) |  |
| **Year Established\*** | Please select the year this program was established with the first active treatment group. You can choose Jan 1 if you are not sure of the specific day. |  |
| **Founders** | Please list the names of the program founder(s) or designer(s) |  |
| **Founders - Training** | Please describe the training, experience, and credentials of the founder(s) that makes that individual(s) qualified to have designed this program. (150-300 words) |  |
| **Program description and alignment with 6 LM Pillars\*** | Please provide a detailed and clear description of the intervention/education product itself. The content should be evidence-based and supported by existing research. This response should paint a comprehensive picture of what happens in the program. This should include: (500-800 words)  \* Research-based background justifying the program approach in content and delivery (200-250 words) \* Objectives and targeted outcomes for participants (<100 words) \* Content delivered, including how this content relates to the 6 pillars of LM (200-300 words) \* Format, including, the setting (in-person/virtual/self-paced content) (<50 words) \* Type of interactions/live sessions (live, automated, self-paced curriculum, etc.) (<50 words) \* Facilitators/teachers and qualifications (<50 words) \* Duration, timepoints, and expected contact hours (<100 words)  While it is not necessary for a Certified program to address all of the domains of lifestyle medicine, Certification does require alignment with ACLM's position for those domains which are a focus of the program. Please be sure to describe the components of your program that address any of the following: (1) Whole food, plant-predominant dietary lifestyle, (2) Regular physical activity, (3) Restorative sleep, (4) Stress management, (5) Positive social connection, or (6) Avoidance of risky substances, . |  |
| **Side effects\*** | Are there any known side effects / negative sequelae from following the guidelines of this program? Such side effects of interest include chronic diseases and their recognized risk factors such as heart disease (blood cholesterol, blood pressure), diabetes (blood sugar), overweight/obesity, cancer, or other negative effects such as an increased need for medications. |  |
| **Completed participants\*** | Please enter the total number of current and former participants to date. Please enter a value greater than or equal to 1. |  |
| **Treatment supervision and medication management\*** | What is the protocol, if any, for health professional oversight and management of medications and/or symptoms? Please describe oversight performed by program staff, affiliated healthcare professionals, or, in the case of oversight not being performed by programs staff, the instructions or referrals provided to participants. (50-250 words) |  |
| **Evaluation\*** | Please list outcomes assessed. These should be relevant to the program goals and focus. How are metrics measured and by whom? Are objective measures, validated surveys, or non-validated methods used? If they are self-reported, what kind of instructions are given to participants? (50-400 words) |  |
| **Evaluation schedule\*** | How often are outcomes assessed (i.e beginning, 3 months, 6 months, 12 months, 24 months, etc.)? Are there follow-up assessments post-program end date to demonstrate longer-term effects, and if so, have you been able to document lasting effects at the 12-month post-program mark? (50-400 words) |  |
| **Research\*** | What evidence exists that this program is effective? Have papers demonstrating program efficacy or effectiveness been published in peer-reviewed journals? Please enter a brief summary (200-400 words) of the research that has been published on your program, and then upload PDFs of the full-text papers of your publications. | Please enter your 200-400 word response in the text field and then upload PDFs of your research papers.  Multiple files can be uploaded to this question. |
| **Scalability\*** | Is your program broadly scalable? Can it be replicated or implemented in multiple settings? Scalability is not required for treatment programs, but it must be feasible for education programs to be implemented at multiple sites, or for the program to be broadly disseminated virtually. |  |
| **Follow-Up** | Please describe any optional follow-up or maintenance component offered after completion of the required portion of the program. If some follow-up component exists, is there a cost to participate? If no follow-up exists, are participants provided with referrals or resources to outside programs? (50-250 words) |  |
| **Duration, live sessions, and contact hours** | Please describe the total duration of the active treatment program (days/weeks/months) from start to end of the program, the total number of contact hours, and the number of live sessions vs. self-paced activities or asynchronously delivered program content. Please distinguish between the active program and optional follow-up. (50-250 words) |  |
| **Facilitators/**  **teachers** | Who leads/manages the sessions (i.e. physician, dietician, community health worker, nurse, health coach, etc.) and what are their credentials/background/training? Are there staff or volunteers? If no live interaction is part of the program please describe. (50-250 words) |  |
| **Collaborations** | Are there organizations/institutions/corporations currently implementing the program or formally providing referrals to the program? If yes, please provide a history of these collaborations or referrals, including a timeline and descriptions of the nature and extent of collaboration or use. |  |
| **Reference endorsement** | Please provide at least one reference letters from a professional colleague or organization endorsing your program. If possible, include one from a company that has used your program. Please upload all documents as PDFs. | File upload – prepare in a separate document. Multiple files can be uploaded to this question. |
| **Languages** | In which languages is the program available? |  |
| **Testimonials** | Please upload a document of patient testimonials (can be anonymous). If you have not collected testimonials please explain why. Please upload all documents as PDFs. | File upload – prepare in a separate document. Multiple files can be uploaded to this question. |
| **Support** | Please describe the support the program has the capacity to provide when participant or facilitator questions and/or needs arise. (50-250 words) |  |
| **Health equity** | Please describe any efforts the program makes to address health equity. (50-200 words). |  |
| **Faith-based** | Is program faith-based or affiliated with another specific group? If it is faith-based, is it denominational? |  |
| **Cost to individuals** | What is the cost of the program to individual participants? |  |
| **Cost to organizations** | What is the cost of program to sponsoring organizations? |  |
| **For profit/nonprofit** | Is parent company a for-profit or nonprofit entity? |  |
| **Financial impact** | Have you evaluated any economic data (i.e. cost-effectiveness or return on investment) for the program? If yes, please describe your evaluation. If anything has been published in a peer-reviewed journal, be sure to include the paper in your response to the “Research” question. |  |
| **Comments** | Please share anything else you would like to tell us. (optional) |  |