

In partnership with



# MILESTONE

Advanced Practice Providers

## **RE: 2027/2028 MILESTONE-APP Initiative: Merging IBD Leaders Education to Standardize Training, Organize Networks, and implement EPAs for Advanced Practice Providers - Sponsorship Request**

On behalf of Activity Directors, **Benjamin Cohen, MD, MAS**, (Cleveland Clinic), **Angelina Collins, MSN, ANP-BC** (UCSD), **Christina Ha, MD** (Mayo Clinic AZ), and **Amy Stewart, CRNP** (Capital Digestive Care), we are requesting a sponsorship in support of the **2027/2028 MILESTONE-APP Initiative (Merging IBD Leaders Education to Standardize Training, Organize Networks, and implement EPAs for Advanced Practice Providers)** scheduled for **January 2027 through June 2028**.

**While the MILESTONE-APP Initiative was previously structured on a calendar-year basis, beginning in 2027 the initiative will transition to an academic-year model to better align with the broader MILESTONE program. The current 2026 program year will conclude December 2026 with Part I, with Part II taking place from January–June 2027. The 2027–2028 academic year will then run from July 2027 through June 2028.**

The **MILESTONE-APP initiative** is a longitudinal program designed for Advanced Inflammatory Bowel Disease APPs. The primary goal of the **MILESTONE-APP initiative** is to educate APPs to provide comprehensive and high-quality care for patients with IBD. The curriculum and format of the **MILESTONE-APP initiative** is adapted from the **MILESTONE initiative** (Merging IBD Leaders Education to Standardize Training, Organize Networks, and implement EPAs) developed by the authors of this submission to address gaps in advanced IBD physician fellowship training. The **MILESTONE initiative** is a unique longitudinal virtual learning curriculum where IBD experts' partner with specialty care experts to deliver content and moderate discussions covering topics and scenarios where multi-disciplinary IBD care is essential. Importantly, this occurs in an innovative flipped classroom and team-based learning approach utilizing self-directed learning plus case-based problem solving and deductive reasoning that prepares participants for their role as advanced IBD providers.

The **MILESTONE-APP initiative is currently in its 4<sup>th</sup> year and has successfully trained 129 APPs. The program** includes an intensive online educational experience incorporating a mixture of virtual clinical practice roundtable discussions, focus groups, didactics and team-based learning. The goal of each of these is to expose the attendee to IBD education in a nurturing environment that will allow them to develop new skills and interest in IBD. The online sessions serve as building blocks for providing hands-on care for IBD patients. The primary goal at the conclusion of the program is the attendees will feel increasingly confident and independent in recommending and discussing evidence-based goals of care with their IBD patients. As a result, the APPs will be able to perform at the highest level of their roles leading to effective partnering with the patients and their multidisciplinary team. The core curriculum and fostered discussions are the first steps along the pathway towards a career as an IBD healthcare provider for a growing population of IBD patients nationally who require specialized care. Additionally, this program will help grow a professional network of APPs with a special interest in IBD care and

provide them with access to peer and key opinion leader networking and mentorship. The **MILESTONE-APP initiative** will also foster the development of academic skills so that participants can help educate the APP community.

Topics that will be covered in the multidisciplinary, interactive format will include:

**Part I:** July – December 2027

- Orientation and Virtual Clinical Practice Roundtable Discussion
- Non-Invasive IBD Disease Monitoring
- Endoscopy in IBD Primer: Indications and Interpretations
- Managing Diet & Nutritional Health in the IBD Patient
- Management of Complex IBD in the Outpatient Setting
- IBD Clinical Practice Challenges

**Part II:** January – June 2028

- Extra-Intestinal Manifestations (EIMs) of IBD
- IBD Across the Ages: Special Considerations for Younger and Older Populations
- Management of Perianal Crohn's Disease
- Practical Tips for the Management of Patients with an Ileoanal Pouch and Rectal Cuff Disorders
- Psychosocial Care and Sexual Health in IBD
- Unmet Needs in IBD: A Roundtable Discussion

In order to support this unique initiative, we kindly request a sponsorship that will include the following benefits. *Please note that multiple industry sponsors will be involved with this program.*

**PLATINUM: \$125,000** (Available to three industry partners)

- Sponsor both **Part II** (January – June 2027) **AND Academic Year 2027/28 of the MILESTONE APP Initiative**
- Participate in **(3) 60 minutes Debrief Meeting (virtual) with MILESTONE – APP Activity Directors** and additional faculty to discuss educational needs of APPs and ways in which industry can effectively partner to meet these needs. (1) virtual meeting will take place during January – June 2027; with (2) virtual meetings scheduled during the 2027/28 Academic Year.
- **Attend live 2027/28 MILESTONE – APP Part I virtual roundtable discussions: Needs Assessment (July 2027) and IBD Clinical Practice Challenges (Dec 2027).** (2 regional marketing managers per session). Managers will also have the opportunity to meet with faculty during their assigned session (pre- or post- broadcast – 15 minutes max.).
- **Attend live 2027 MILESTONE – APP Part II sessions** scheduled from January – June 2027. (2 sessions total with 2 regional marketing managers per session). Managers will also have the opportunity to meet with faculty during their assigned session (pre- or post- broadcast – 15 minutes max.)
- **Attend live 2027 / 28 MILESTONE – APP Part II sessions** (2 sessions total with 2 regional marketing managers per session). Managers will also have the opportunity to meet with faculty during their assigned session (pre- or post- broadcast – 15 minutes max.)
- Secure **MILESTONE-APP participant roster.**
- Display your **company logo / website link and sponsorship recognition** on the MILESTONE-APP website.

**GOLD: \$85,000** (Available to three industry partners):

- Sponsor Academic Year **2027/28** of the **MILESTONE-APP Initiative**.
- Participate in **(1) 60 minutes Debrief Meeting (virtual) with MILESTONE – APP Activity Directors** and additional faculty during the 2027/28 Academic Year to discuss educational needs of APPs and ways in which industry can effectively partner to meet these needs.
- **Attend live MILESTONE – APP virtual learning sessions** - 2 sessions total with 2 regional marketing managers per session (Part I Roundtable discussions not included). Managers will also have the opportunity to meet with faculty during their assigned session (pre- or post-broadcast – 15 minutes max.).
- Secure **MILESTONE-APP participant roster**.
- Display your **company logo / website link and sponsorship recognition** on the MILESTONE-APP website.

Enclosed is the MILESTONE-APP proposal, signed W-9 form and a non-CME agreement for commercial support. The agreement for commercial support needs to be completed, signed and returned along with the sponsorship approval. We would appreciate your decision no later than **August 4th, 2026**. To ensure proper acknowledgment of your sponsorship, please return a completed copy of the commercial support agreement. Please make check payable to Cleveland Clinic Educational Foundation, (Tax ID # 34-0714553) and mail to:

**Cleveland Clinic Educational Foundation**

(reference – MILESTONE APP\_ENEC002)

PO Box 931653 (MILESTONE APP)

Cleveland, Ohio 44193

Physical address for overnight delivery:  
Cleveland Clinic Educational Foundation  
Attn: Lockbox 931653  
4100 West 150th Street  
Cleveland OH 44135

We thank you in advance for your consideration. If you have specific questions or require additional information, please feel free to contact me directly at [bristoc2@ccf.org](mailto:bristoc2@ccf.org) or 440.328.9364.

Sincerely,



Carrie Bristor | Program Coordinator II  
Digestive Disease Institute | Cleveland Clinic  
[bristoc2@ccf.org](mailto:bristoc2@ccf.org) | 440.328.9364

**The MILESTONE-APP initiative: Merging IBD  
Leaders Education to Standardize Training, Organize Networks, and implement EPAs for  
Advanced Practice Providers**

Proposal submitted by: Benjamin L. Cohen, MD,  
MAS, Angelina Collins, MSN, ANP-BC, Christina Ha,  
MD, and Amy Stewart, CRNP

## The MILESTONE-APP initiative: Merging IBD Leaders Education to Standardize Training, Organize Networks, and implement EPAs for Advanced Practice Providers

### **Co-Principal Investigators:**

Benjamin L. Cohen, MD, MAS  
Angelina Collins, MSN, ANP-BC  
Christina Ha, MD  
Amy Stewart, CRNP

Cleveland Clinic  
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Cleveland, OH, 44195

### **Abstract:**

Advanced practice providers (APPs) are pivotal members of the IBD multi-disciplinary care team, and oftentimes, the first point of care contacts for patients. The APP network needs to be well-versed in the diagnosis, management and monitoring of IBD. However, there is a significant educational gap in providing APPs the tools to assess and manage these increasingly complex patients in terms of IBD related knowledge and effective clinical practice guidance. To address this need, we created the **MILESTONE-APP initiative**, a uniquely designed program for APPs who provide care for IBD patients. The aims of this program will be: 1) Develop a state-of-the-art virtual educational program primarily for gastrointestinal APPs dedicated to IBD through shared learning experiences based on the advanced IBD EPAs to create high quality uniformity in APP practice 2) Conduct APP focus groups to guide knowledge based and clinical practice based educational content development 3) Build career networks for gastrointestinal APPs dedicated to IBD through a shared longitudinal mentoring and learning experience and 4) Train APPs in academic skills so that they may effectively educate the APP community.

### **GOALS AND OBJECTIVES:**

The complexity of inflammatory bowel disease (IBD) care has increased exponentially over the last decade as treatment paradigms have changed and therapies utilizing new mechanisms of action have been developed. With the escalating health care needs of IBD patients, advanced practice providers (APPs) are essential members of the multi-disciplinary IBD care team. Their roles include patient education, psychosocial support, health systems navigation, clinical assessment and rapid access for patients during acute flares.<sup>1</sup> Studies have demonstrated improved quality of care and cost effectiveness when clinical practices have an inflammatory bowel disease (IBD) nurse specialist assisting with patient support and follow-up care.<sup>2</sup> The management of the inflammatory bowel diseases has become more nuanced with an emphasis on early recognition of disease flares, therapeutic monitoring with treat to target strategies and preventive care.<sup>3</sup> As they are often the first point of care contacts for the IBD patients, the APP network needs to be well-versed in the diagnosis, management and monitoring of IBD. However, there is a significant educational gap with providing the tools to assess and manage these increasingly complex patients in terms of IBD related knowledge and effective clinical practice guidance.<sup>4</sup> Currently, there are limited online resources available to provide guidance beyond the fundamentals of IBD care to these pivotal IBD team members. Given the rapid shift towards telemedicine-based care since the global COVID-19 pandemic, this important group of IBD providers

would also benefit from APP focused practical tips and tricks for how to maintain similar quality care with telemedicine-based platforms as would be delivered with in-person visits.

We have identified a specific need for an innovative APP educational program geared towards care of the patient with IBD. To address this need, we will develop **the MILESTONE-APP initiative (M**erging IBD **L**eaders **E**ducation to **S**tandardize **T**raining, **O**rganize **N**etworks, and implement **E**PAs for **A**PPs), a uniquely designed program for APPs who provide care for IBD patients. This distinctive program will focus exclusively on providing educational content geared towards bringing APPs the knowledge and skills they need to provide comprehensive and up-to-date care for IBD patients. The interactive team-based learning approach will also form the foundation of a professional APP network resulting in future collaborations. The **MILESTONE-APP initiative** will also focus on developing academic skills so that program participants can grow as effective peer educators within the APP field.

The curriculum and format of **the MILESTONE-APP initiative** will be adapted from the MILESTONE Advanced IBD Fellows initiative (**M**erging IBD **L**eaders **E**ducation to **S**tandardize **T**raining, **O**rganize **N**etworks, and implement **E**PAs) developed by the authors of this submission to address gaps in advanced IBD physician fellowship training. The MILESTONE initiative is a unique longitudinal virtual learning curriculum where IBD experts' partner with specialty care experts to deliver content and moderate discussions covering topics and scenarios where multi-disciplinary IBD care is essential. Importantly, this occurs in an innovative flipped classroom and team-based learning approach utilizing self-directed learning plus case-based problem solving and deductive reasoning that prepares participants for their role as advanced IBD providers. The **MILESTONE Advanced IBD Fellows initiative** is currently in its 5<sup>th</sup> year and has quickly become a capstone experience for IBD fellows throughout the country with nearly twice as many applications as there are spots each year. The success of the program was rewarded with a 3-year grant by The Leona M. and Harry B. HELMSLEY Charitable Trust in 2022.

The MILESTONE-APP initiative is now entering its 4th cycle with similar success and interest from APPs. Applications for the program have been very competitive with more than twice as many applicants as spots each cycle, demonstrating the need for IBD APP targeted education. Similar to the **MILESTONE initiative**, the curriculum for **the MILESTONE-APP initiative** will focus on essential objectives selected from the entrustable professional activities (EPAs) for advanced IBD fellowship training developed by an American College of Gastroenterology (ACG) and the Crohn's & Colitis Foundation task force (ACG-Foundation Task Force). EPAs are defined as the comprehensive set of tasks or responsibilities that any practicing subspecialist should be capable of performing in their particular field.<sup>5</sup> EPAs are critical to guiding curriculum development as they offer tangible goals for aligning teaching and training within clinical practice.<sup>6</sup> Following a rigorous multistep approach to development, the ACG-Foundation Task Force, led by the authors on this submission, published ten EPAs which serve to define the core expertise of an advanced IBD provider and provide focus to fellowship programs in developing IBD centered modules/didactics to ensure trainees more uniformly reach competency milestones. The authors of the advanced IBD EPAs highlighted that they may also guide the development of educational curricula for APPs focusing on IBD as well as physicians.<sup>7,8</sup> Specifically, the knowledge, skills, and attitudes outlined in the advanced IBD EPA document serve as curricular milestones and contain more granular language for observable outcomes that programs can use to assess competence. The knowledge, skills, and attitudes outlined in the EPAs intentionally are kept flexible to meet the needs of the individual training programs allowing for program-specific assessment recognizing that some programs may have different strengths than others. They also facilitate programs identifying gap areas that may need to be addressed with supplemental modules through innovative education programs or self-directed learning by the fellows.<sup>7,8</sup> The EPA statements were written to be enduring descriptions of

the work performed by IBD experts despite the evolving therapeutic landscape. However, the knowledge, skills, and attitudes are intended to be dynamic and revised over time to reflect updates in care patterns.

The goal of the proposed program is to address these educational gaps for APPs with the following interrelated objectives:

1. Develop a state-of-the-art online educational program primarily for gastrointestinal APPs caring for IBD patients through shared learning experiences based on the advanced IBD EPAs to create high quality uniformity in APP practice.
2. Conduct APP focus groups to guide knowledge based and clinical practice based educational content development
3. Build career networks for gastrointestinal APPs caring for IBD patients through a shared longitudinal mentoring and learning experience
4. Develop academic skills that will enable gastrointestinal APPs to be effective peer educators

### **TARGET AUDIENCE:**

The target audience for this program are gastrointestinal APPs who provide care for IBD patients. Targeted education for this critical group of IBD providers will not only have direct benefit to them, but significant downstream benefit to patients under their care. It will also have benefit to the members of the health care team who work alongside them. Participants in the **MILESTONE-APP initiative** represent a high potential group of gastrointestinal APPs who can serve as future leaders and effective peer educators of the gastrointestinal APP community. We will aim to strategically partner with professional societies and foundations by which APPs are represented and with whom the co-investigators have had strong prior working relationships. The investigators all have served on professional education and patient education committees of either the American College of Gastroenterology (ACG) or Crohn's and Colitis Foundation; both of which have sub-committees dedicated to APPs. The steering committee members have worked closely with the head of the American Academy of Physician Assistants (AAPA) specialty interest group, Michele Kissous-Hunt. Additionally, the American Association of Nurse Practitioners (AANP) has a gastroenterology specialty practice group that has partnered with both the gastrointestinal societies on continuing education activities. The Cleveland Clinic APP manager for gastroenterology and co-director of the Cleveland Clinic IBD APP Fellowship with Dr. Cohen, Jessica Crimaldi, is a faculty advisor and speaker for Gastroenterology & Hepatology Advanced Practice Providers (GHAPP). Through our contacts with these organizations, the investigators can reach a broad audience of potential participants. Given the team-based, intensive hands-on learning approach of the **MILESTONE-APP initiative**, the program will be limited to 20 participants.

### **PROJECT DESIGN AND METHODS:**

The **MILESTONE-APP initiative** will consist of two separate parts consisting of 6 sessions each with different curricula. Applicants will be able to apply to each part separately. They may be completed in any order.

#### **Part I:**

The **MILESTONE-APP initiative** Part I will focus on the introduction to MILESTONE-APP. We will conduct two "Virtual Clinical Practice Roundtable Discussions" that will serve as focus groups with the

APP's to assess their educational needs. The scope of the focus groups will be the following:

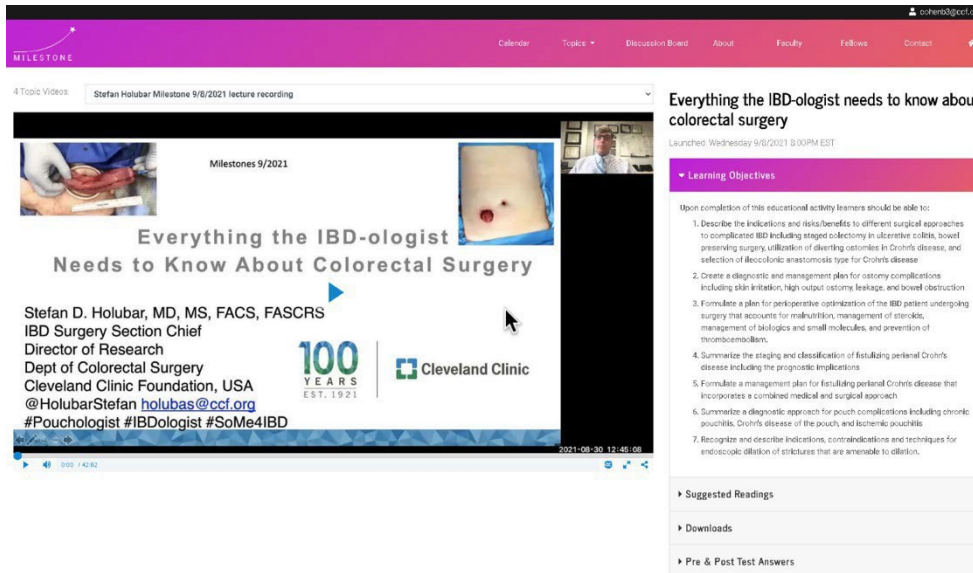
- 1) Introduction to MILESTONE and IBD education needs assessment
  - a. APP ice breakers
  - b. Review of the IBD EPAs with feedback on need areas
  - c. Discussion about preferred learning methods of the APPs
- 2) Clinical practice challenges
  - a. Navigating prior authorizations
  - b. Documentation
  - c. Communicating risks, benefits, and alternatives to patients
  - d. Assessing resources in practice

High need areas identified in the focus groups will be incorporated into the virtual learning sessions.

The virtual learning sessions will focus on “The Multi-disciplinary Approach to Advanced IBD Care for APPs” as this is the defining feature of advanced care for IBD patients in real world settings highlighted in the EPAs. This educational curriculum will be structured to cover key IBD EPAs over 4 sessions with particular focus on EPAs with core competencies that have been identified as needing additional attention through prior work of the steering committee such as managing adverse events and complications of therapy, managing IBD in special populations, recognizing the importance of psychobehavioral health and implementing psychosocial support strategies, evaluating and managing nutritional health status and evaluating and managing postoperative care in IBD patients.<sup>9</sup> We will utilize different methods of instruction to maximize the learner experience.

These sessions will utilize a hybrid flipped classroom and team-based learning model to enhance the educational experience for the APPs (90 minutes each). In this series, the didactic lecture will be pre-recorded by an IBD expert faculty together with the expert specialist (e.g., surgeon, dietitian, and psychologist). The content will be clinical-practice focused with high-yield slide content mapped to the EPAs that the APPs will readily be able to reference for application in appropriate scenarios. The closing slides of each lecture will contain key take-home points, clinical pearls based on experience, and key references related to the topic. The APPs will view this content along with selected key topic articles on their own time prior to the virtual group sessions.

During the virtual sessions, APPs will be assigned to small groups and provided with complex IBD cases centered on the multi-disciplinary topic created by the expert moderators. As a team, the APPs will work through the case in virtual breakout rooms to craft a differential diagnosis, propose diagnostic, treatment and management strategies (30 minutes) with an IBD faculty facilitator to help guide the discussion when needed. Then, the groups will assemble for case



discussion with the expert moderators (Dr. Cohen or Dr. Ha paired with an IBD APP) and IBD faculty to compare and contrast plans of care highlighting evidence-based strategies and principles of shared decision making (60

minutes). This hybrid learning style is ideal for practicing APPs as it allows for self-directed learning and application of acquired skills necessary for problem solving and decision-making in complex IBD scenarios using a format that requires active participation in the educational experience. These are essential tools needed for clinical practice. The instructional design of the team-based learning approach also fosters networking amongst APPs and faculty during the year. Each faculty lecturer will create 1 board-style question to serve as pre- and post- assessments for the APPs.

All educational materials will be housed on the program website along with community discussion boards for the APPs to ask additional questions regarding the didactics, post challenging clinical cases, ask for career advice, and for faculty to post job, academic or research opportunities. An example session page is shown in Figure 1.

The proposed virtual learning sessions for the MILESTONE-APP initiative Part I are the following:

- 1) IBD disease monitoring
  - a. IBD expert to describe the new AGA guidelines for incorporating clinical symptom assessment and biomarkers into the monitoring of Crohn's disease and ulcerative colitis. The role of therapeutic drug monitoring (TDM) in IBD will be reviewed and APPs will recognize when they may incorporate proactive and reactive TDM.
  - b. IBD expert to describe the role of endoscopy in monitoring IBD focusing on appropriate timing of assessments as well as how to interpret endoscopy reports and endoscopic disease activity scores.
- 2) Endoscopy in IBD Primer: Indications and Interpretations
  - a. IBD expert to provide an overview of the indications and intervals for colonoscopy for Crohn's disease and ulcerative colitis including disease activity assessment/monitoring and dysplasia surveillance.

- b. IBD expert to summarize the keep endoscopic findings of disease activity in Crohn’s disease and ulcerative colitis to recognize when reviewing colonoscopy reports with patients.
  - c. IBD expert highlights key findings on pathology that are important for clinical decision making.
- 3) Management of complex IBD in the outpatient setting
  - a. Colorectal surgeon to discuss indications for surgery, post-operative complications, and pre-operative optimization
  - b. IBD expert to discuss treat to target, monitoring for response and adverse events, and communicating short and long-term goals of care
- 4) Managing Diet and Nutritional Health in the IBD Patient
  - c. Registered dietitian to discuss how to formulate a practical algorithm for nutritional assessment and repletion in practice as well as how to implement the anemia care pathway for IBD into practice
  - d. IBD expert to discuss the environmental impact of diet on IBD, review evidence for dietary strategies on management of IBD, and describe how to communicate with patients about incorporating dietary strategies into their treatment plan

Part II:

The **MILESTONE-APP initiative** Part II will follow the same format as the virtual learning sessions from Part I. While applicants are welcome to complete the program in any order, there will be a natural progression from Part I to Part II building on concepts and teaching methods developed in Part I. A roundtable discussion on unmet needs in IBD and a virtual “Train the Trainer” academic skills workshop will complete Part II of the **MILESTONE-APP initiative**.

The proposed virtual learning sessions for the **MILESTONE-APP initiative** Part II are the following:

- 1) Extra-Intestinal Manifestations (EIMs) of IBD
  - a. Dermatologist to discuss treatment strategies for cutaneous/dermatologic EIMs of IBD, identify dermatologic complications and risks of IBD therapies, and summarize recommended screening and surveillance intervals for patients with non-melanoma skin cancer and melanoma
  - b. IBD expert to discuss positioning of therapies based on the presence/absence of EIMs, appropriate diagnostic workup by the GI provider and when to refer
- 2) IBD across the ages: special considerations for younger and older populations
  - a. Pediatric IBD expert to summarize practical considerations for effective transitions of care from pediatric to adult IBD teams. APPs will recognize common barriers to adolescent compliance, the role of self-efficacy and family engagement in transitions and the psychological impact of transitions of care.
  - b. Adult IBD expert to discuss special considerations in the management of IBD in the older patient highlighting patient, disease, and financial factors that impact therapeutic decision making and monitoring.
- 3) Management of perianal Crohn’s disease
  - a. IBD surgeon to describe the role of multi-disciplinary management in the care of patients with perianal disease, highlighting the management of setons, role for fistula surgery, and the key aspects of an office based perianal exam
  - b. IBD expert to describe the new classification schemes for perianal Crohn’s disease as

well as strategies for medical management of Crohn's disease in the setting of perianal fistula.

- 4) Practical tips for the management of patients with an ileoanal pouch and rectal cuff disorders
  - a. IBD expert to describe expectations for pouch function during the first year following the creation of an ileal pouch anal anastomosis in terms of stool frequency, consistency, and role of supportive care agents. APPs will recognize common pouch related complications including pouchitis and cuffitis and formulate a diagnostic and management plan
  - b. IBD registered dietitian (RD) to outline recommendations and special considerations for hydration and diet in patients living with a pouch. The RD will also cover special considerations for ostomy during the stages of pouch surgery
- 5) Psychosocial Care, Family Planning and Sexual Health in IBD
  - a. Psychologist to describe prevalence and impact of common psychiatric disorders in patients with IBD, review behavioral strategies for IBD patients with anxiety, depression, or other post-traumatic stress disorders as well as review behavioral strategies for patients with chronic pain.
  - b. IBD expert to describe preconception assessment and counseling of the male and female IBD patient, describe safety of IBD medications during conception and pregnancy, and describe how to communicate with IBD patients about sexual health and gender identity.
- 6) Unmet needs in IBD: a roundtable discussion
  - a. Invited faculty will include IBD experts with focus on wellness and burden of care as well as IBD PharmD
  - b. Objective to highlight the challenges in IBD care focusing on access to care teams, medications, and the costs of care
  - c. Objective to provide recommendations for patient-centered care plans utilizing the suggested guidance in a socioeconomically responsible manner

### **INNOVATION:**

The **MILESTONE-APP initiative** is the first comprehensive program based on the EPAs focused on the gastrointestinal APPs caring for IBD patients. The structure of this academic initiative is not only geared towards increasing clinical IBD knowledge, but to help provide the skills, resources, and mentorship to yield the future APP leaders of IBD. This initiative builds upon the **MILESTONE initiative**, as well as the established IBD EPAs and gaps in IBD education as identified in a needs assessment of GI trainees which were published under the leadership of the submission authors.<sup>7-9</sup>

The "Virtual Clinical Practice Roundtable Discussions" will serve as needs assessment focus groups to identify specific gap areas in APP IBD knowledge and clinical practice that may be addressed in the virtual learning sessions. This will also serve as a model for future APP educational program development. The academic skills workshop in Part II will provide focused training in how to formulate case-based education that can be delivered to an audience of APPs. Through this we will continue to develop a pool of high potential APPs that can educate the APP community.

Additionally, the didactic program also highlights interprofessional practice to foster multidisciplinary care in IBD (including but not limited to): nutrition, psychology, surgery, and others. The topics covered during these collaborative series of virtual sessions are often under-emphasized during training, relying on the IBD-ologist to provide the expertise rather than hearing the specialist perspective and learning

how the teams collaborate to identify best practices for patient care. The teaching methods proposed are novel for IBD APP educational curricula, as most courses are primarily lecture based and focused on one-way transfer of cognitive knowledge. This program uses cognitive, behavioral and social learning approaches to prepare a new group of IBD APP leaders. The discussion with peers and faculty will enhance clinical reasoning for challenging cases and help to mitigate cognitive bias when faced with challenging cases. It will also promote integration and application of learned materials to ensure that “the student becomes the teacher” for these future leaders in IBD.

### **EVALUATION AND OUTCOMES:**

The primary goal of **the MILESTONE-APP initiative** is to educate APPs to provide comprehensive and high-quality care for patients with IBD. Specific milestones for program success are detailed below.

The first 2 sessions of **the MILESTONE-APP initiative Part I** will be “Virtual Clinical Practice Roundtable Discussions” serving as an orientation as well as a virtual focus groups to better identify specific gap areas in APP IBD education. This will help guide interactive case development for the virtual multidisciplinary sessions as well as development of future educational programming specifically for APPs. The virtual focus group will be led by Drs. Cohen, Ha, and Brijen Shah.

**The MILESTONE-APP initiative** includes an intensive online educational experience incorporating a mixture of didactics and team-based learning. The goal of each of these is to expose the attendee to IBD education in a nurturing environment that will allow them to develop new skills and interest in IBD. The online sessions serve as building blocks for providing hands-on care for IBD patients. The primary goal at the conclusion of the program is the attendees will feel increasingly confident and independent in recommending and discussing evidence-based goals of care with their IBD patients. As a result, the APPs will be able to perform at the highest level of their roles leading to effective partnering with the patients and their multidisciplinary team. The core curriculum and fostered discussions are the first steps along the pathway towards a career as an IBD healthcare provider for a growing population of IBD patients nationally who require specialized care.

A rigorous evaluation program is a core feature of this program. Evaluation of the program will

- 1) assess the degree to which individual components of the program attain their objectives and
- 2) describe the overall impact of the program on the attendees in the immediate and longer term.

Evaluation data will be collected prospectively throughout the program. Evaluation of learning activities and learner assessment are for formative purposes to guide the learner and the program. Lectures will be assessed for satisfaction and reaction using an electronic standard format. APPs will complete pre- and post-knowledge questions for each lecture, which will allow for assessment of knowledge transfer. In this survey we will also query their feedback about each of the faculty members participating in the program. This evaluation will help **the MILESTONE-APP initiative** steering committee for decisions on the faculty for the following year and to provide feedback for the educators.

An end of program survey on changes in attitudes and the contribution of **the MILESTONE-APP initiative** on these changes will assist in quantifying the impact of being part of this community of practice. The end of program survey will include follow-up to the virtual focus group to assess future educational needs for APPs. The long-term impact of **the MILESTONE-APP initiative** will be assessed through longitudinal surveys of program graduates. Dr. Brijen Shah will serve as a consultant for the feedback and evaluations process as well as help moderate the virtual focus group. Dr. Shah is a clinician

educator and national leader in graduate medical education. He has been a key contributor to the GI Milestone 1.0 and 2.0 and the GI EPAs, as well as an expert reviewer and co-author of the IBD EPAs. He is a past chair for the Gastroenterology Training Exam. His role will focus on educational assessment.

Participants will be offered a small stipend as an incentive for participation in the focus groups and completion of surveys after each session.

### **PROVIDING A MULTI-FACETED EDUCATION EXPERIENCE:**

The cornerstone of the **MILESTONE-APP initiative** experience is an intensive interactive-teaching experience that entails close interaction with and mentorship by a nationally-renowned faculty and seasoned APP providers. The program leadership selects faculty based upon their proven ability to direct spirited discussion and expertise in IBD training. **Post program feedback from the first year of the MILESTONE-APP initiative demonstrated that 100% of the APP feel more confident practicing in a multi-disciplinary manner and 100% would recommend MILESTONE to future APPs.**

### **ANTICIPATED PROJECT TIMELINE:**

We will plan on initiating this project as soon as funding is provided – Anticipated timeline July 2027 – June 2028. Our steering committee will meet monthly to plan the didactic programming as well as review feedback and evaluations. The advertising is anticipated to start Fall 2026.

#### **Part I Schedule:**

- July 2027 – Orientation and Virtual Clinical Practice Needs Assessment Roundtable Discussion #1
- August 2027 – Non-Invasive IBD Disease Monitoring
- September 2027 – Endoscopy in IBD Primer: Indications and Interpretations
- October 2027 – Managing Diet & Nutritional Health in the IBD Patient
- November 2027– Management of Complex IBD in the Outpatient Setting
- December 2027 – IBD Clinical Practice Challenges Roundtable #2

#### **Part II Schedule:**

- January 2028 – IBD Across the Ages: Special Considerations for Younger and Older Populations
- February 2028 - Practical Tips for the Management of Patients with an Ileoanal Pouch and Rectal Cuff Disorders
- March 2028 – Management of Perianal Crohn’s Disease
- April 2028 - Extra-Intestinal Manifestations (EIMs) of IBD
- May 2028 - Psychosocial Care and Sexual Health in IBD
- June 2028 – Unmet Needs in IBD: A Roundtable Discussion

This program is led by a group of national leaders in IBD care who have a strong track record of successfully executing projects centered on education of trainees. Together, the PIs have completed the first successful year of the MILESTONE initiative on which this proposal for APPs is based. Dr. Cohen (Co-PI, Cleveland Clinic) was Co-Chair and lead author for the multi-society ACG-Foundation task force that recently published the EPAs for Advanced IBD Fellowship training.<sup>7,8</sup> A central purpose of the EPAs task force was to create transparency and uniformity in advanced IBD training which is also a primary aim of this program. He has also served on the Professional Education Committee of the Crohn’s and Colitis Foundation, Education and Training Committee and Clinical Guidelines committee for the American Gastroenterological Association. Drs. Cohen and Ha were among the co-founders of Rising Educators,

Academicians and Clinicians Helping IBD (REACH-IBD), the first national IBD junior faculty network (<https://www.crohnscolitisfoundation.org/get-involved/become-member/professional-membership/early-career-membership>).<sup>10</sup> Under this umbrella the applicants performed the first needs assessment for IBD knowledge among both adult and pediatric GI fellows,<sup>9,11</sup> which was subsequently addressed by the IBD Clinical Practice Video Series; an educational video series based on the identified gaps in knowledge among GI fellows (<http://programs.rmei.com/IBDKnowledgegap/>). This program rendered an impressive number of viewers and is still frequently requested today. Dr. Ha has most recently built the first postgraduate course in IBD for the American Gastroenterology Association and Crohn's & Colitis Foundation, called IBD A to Z, which was exceptionally well received and is the current chair of the Professional Education Committee for the Crohn's and Colitis Foundation. Dr. Ha is also the director for the fellows program for Advances in IBD and the current director of the highly regarded GI post-graduate course of the ACG.

### **ORGANIZATIONAL INFRASTRUCTURE:**

The Cleveland Clinic Digestive Disease and Surgery Institute (DDSI) Continuing Medical Education (CME) team will manage the program. They will provide technical support for the virtual programming and help coordinate the on-site programming. Under the leadership of Rita Rys, the team consists of eight full-time caregivers with a combined 85 years of medical education experience. The DDSI CME team manages a wide array of quality CME opportunities for medical professionals throughout the world. In 2025 alone, the DDSI CME team managed over 200 events, providing education to nearly 60,000 healthcare professionals. Various programming includes both virtual and onsite events, such as IBD LIVE [Weekly one-hour interactive webcast discussions of notable cases from around the world hosted by Dr. Regueiro. CME credit available with MOC points]; LIVE from Cleveland Clinic [Updates in Digestive Diseases Interactive Live Webcast Series is offered on a monthly basis providing the latest updates in GI, IBD, Colorectal Cancer Care, Surgical Oncology and General Surgery]; Traditional live CME onsite events [include annual GI Update and MASH Summit]; Quarterly regional dinner meetings such as IBD Citywide Rounds; and National trainee multi-day programs

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4. Leary A, Mason I, Punshon G. Modelling the Inflammatory Bowel Disease Specialist Nurse Workforce Standards by Determination of Optimum Caseloads in the UK. *J Crohns Colitis*. Nov 15 2018;12(11):1295-1301. doi:10.1093/ecco-jcc/jjy106
5. Ten Cate O. Nuts and bolts of entrustable professional activities. *J Grad Med Educ*. Mar 2013;5(1):157-8. doi:10.4300/JGME-D-12-00380.1
6. Kwan J, Crampton R, Mogensen LL, Weaver R, van der Vleuten CP, Hu WC. Bridging the gap: a five stage approach for developing specialty-specific entrustable professional activities. *BMC Med Educ*. Apr 2016;16:117. doi:10.1186/s12909-016-0637-x
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The Cleveland Clinic Foundation

NON-CME COMMERCIAL SUPPORT & PARTICIPATION AGREEMENT

Title of Activity: \_\_\_\_\_
Activity Location: \_\_\_\_\_ Activity Date: \_\_\_\_\_
Company Name: \_\_\_\_\_ ("Company") Financial Support amount: \$ \_\_\_\_\_
Other type of support/equipment \_\_\_\_\_

WHEREAS The Cleveland Clinic Foundation and The Cleveland Clinic Educational Foundation (collectively "CCF") are committed to presenting educational activities that promote improvements or quality in healthcare, and

WHEREAS Company desires to provide financial and/or other support, for non-CME certified activities at CCF, and

NOW THEREFORE, Company and CCF hereby agree to the following terms, conditions and purposes for Company's commercial support for non-CME activities set forth in this agreement ("Agreement"):

Terms and Conditions

1. Appropriate Use of Commercial Support.

- a. "Commercial Support" is defined as financial contributions made, or equipment loaned or contributed in-kind ("Equipment"), by a business entity, company or organization, which is used to pay for all or part of the costs of a CCF non-CME activity ("Activity").
b. CCF will make all decisions regarding the disposition and disbursement of the funds from the Company. Any "in-kind" support or Equipment loaned or donated by the Company shall be mutually agreed upon between the Company and the lab/activity director.
c. All Commercial Support associated with the activity will be given with full knowledge and approval of CCF. No other payments shall be given to the director of the activity, planning committee members, teachers or authors, joint sponsor, or any others involved with the supported activity.
d. CCF will, upon request, furnish the Company documentation detailing the receipt and expenditure of the Commercial Support.

2. Disclosure of Funding.

- a. CCF will ensure that the source of support from the Company, either direct, "in-kind," or Equipment loaned is disclosed to the participants, in program brochures, syllabi, and other program materials, the time of the activity.
b. Disclosure Pursuant to Federal and State Laws. The parties acknowledge that certain state or federal laws now or in the future may require pharmaceutical, medical device and other companies to disclose information on compensation, gifts or other remuneration provided to physicians and other health care professionals. Company may report information about remuneration provided under this Agreement, as required by law. Once reported, such information may be publicly accessible.
c. Public Posting by Company. Notwithstanding any other provision in this Agreement, CCF understands and agrees that Company reserves the right to post on a website accessible to the public, information regarding funding under this Agreement, whether or not required by law, including the identity of the recipient, the monetary value of the funding, and the purposes for such funding, and other information as Company determines is appropriate.

3. Term and Termination. This Agreement shall become effective on the Activity Date above written ("Effective Date") and shall continue in full force and effect until \_\_\_\_\_ or until terminated as provided herein ("Term"). Either party may terminate this Agreement at any time with or without cause, by providing the other party thirty (30) days written notice.

4. Laboratory Protocol. All laboratory activities and protocols involving laboratory animals shall be reviewed and approved in advance by CCF's Institutional Animal Care and Use Committee (IACUC). Company representatives, personnel and guests attending laboratory activities involving human anatomic or animal specimens may only provide verbal instructions regarding the proper use of any Company Equipment, but may not actively engage in demonstrations of the Equipment or touch any specimens.

5. Equipment. If Company provides Equipment or other "in kind" products, Company shall, if the Equipment provided to CCF is to be donated at the conclusion of the laboratory activity, provide CCF with appropriate documentation of the donation. If the Equipment is a on loan, then at the conclusion of the activity Company shall remove, at its expense, the Equipment, in a manner mutually agreed by the parties.

6. Indemnity. Company shall defend, indemnify and hold CCF harmless from any and all damages, losses, costs and expenses (including, without limitation, reasonable attorneys' fees) arising out of any third party suit, action or proceeding for bodily injury,

death or property damage related any injury, death or damage is caused by any product, service, overt act or omission of Company; provided, however, that Company's obligations hereunder shall not apply in the event that any such injury, death or damage was caused in any manner by CCF or any of its directors, officers, employees, or agents. The term "cause" shall be meant to include, without limitation, CCF's failure to follow instructions and/or protocols issued by Company, CCF's failure to follow any applicable governmental or institutional requirements, or any acts of negligence or willful misconduct by CCF. If any settlement requires an affirmative obligation of, results in any ongoing liability to, or prejudices or detrimentally impacts CCF in any way, then such settlement shall require CCF's prior written consent. CCF may elect to have its own counsel in attendance at all proceedings.

Further, Company will defend or settle, at its own expense, any claim or suit against CCF alleging that CCF's use of Equipment infringes a United States patent, copyright, trade secret, tradename, service mark, or other law or regulation concerning intellectual property rights. Company will also pay the costs and damages that by final judgment may be assessed against CCF due to such infringement. Company's obligation as set forth herein is expressly conditioned upon the following: (a) that Company shall be notified promptly in writing by CCF of any claim or suit; (b) that Company shall have sole control of the defense or settlement of any claim or suit; (c) that CCF shall cooperate with Company in a reasonable way to facilitate the settlement or defense of any claim or suit; and (d) that the claim or suit does not arise from CCF modifications, from combinations of products provided by Company with products provided by CCF or others, or from the furnishing to CCF of any information, service, or applications assistance requested by CCF which results in a CCF-specific product or application. If the Equipment becomes, or in Company's opinion is likely to become, the subject of a claim of infringement, Company may, at its option: (i) procure for CCF the right to continue using the applicable Equipment; (ii) replace the Equipment with a non-infringing product substantially complying with the Equipment's specifications; or (iii) modify the Equipment so it becomes non-infringing and performs in a substantially similar manner to the original Equipment. THE ABOVE STATES THE ENTIRE LIABILITY OF COMPANY FOR INFRINGEMENT BY THE EQUIPMENT.

The provisions of this Section shall survive termination of the Agreement.

7. **Refund Policy.** If the Company cancels, or fails to provide the Equipment previously committed for the activity, CCF shall, in its sole discretion, refund any fees or Commercial Support previously paid to CCF, less amounts for any costs incurred by CCF in preparing for the Activity prior to such cancellation.

8. **No Transfer of Title.** At all times, any loaned Equipment shall remain the property of Company and no right, title or interest in the Equipment shall pass to CCF. Subject to CCF's compliance with and fulfillment of the terms and conditions of this Agreement, CCF shall have the right to maintain possession and use the Equipment during the Term of this Agreement.

9. **Labels.** CCF shall not remove any labels, signs, symbols or serial numbers affixed to the Equipment.

10. **Care and Service of Equipment.** CCF shall perform periodic inspections of the Equipment to ensure good working condition and shall notify Company immediately of any needed service. No one other than Company or its authorized representative may perform maintenance or service of the Equipment. Company shall, during the standard warranty period provide any necessary repairs to the Equipment at no charge to CCF. If this Agreement extends beyond the standard warranty, CCF shall be responsible for all costs of service and repair of the Equipment. CCF may, prior to the end of the standard warranty period, purchase an extended service agreement from Company on terms and conditions mutually agreed to by the parties.

11. **Risk of Loss.** CCF shall pay the cost of any damage to the Equipment caused by CCF's carelessness, abuse, alteration or improper use of the Equipment, or by any service performed by unauthorized personnel. If Company, in its sole discretion, decides that damaged Equipment is repairable, CCF shall pay the costs of repair. If Company determines that such item is irreparable, or if such item is lost or stolen, then CCF shall pay Company the current fair market value of the Equipment.

12. **Warranties.** Company represents and warrants that the Equipment will conform to the manufacturer's published specifications, and will be free from defects in materials and workmanship when and as delivered to CCF. Company further warrants that it has valid and enforceable ownership in, and all right, title and interest in and to, the Equipment.

13. **Insurance.** If during the term of this Agreement if Company provides Equipment on loan to CCF, Company shall maintain at its own expense, such commercial or self-insurance as is usually and customarily maintained for the type of equipment provided to CCF, including but not limited to property insurance and comprehensive general liability insurance.

14. **Confidentiality.** During the term of this Agreement, each party may learn certain confidential information about the other party's business and/or operations. Each party agrees that it will keep all such information strictly confidential, that it will not use such information for any purpose other than to perform its obligations hereunder, and that it will not resell, transfer, or otherwise disclose such information to any third party without the other party's specific, prior written consent. The provisions of this section shall survive termination of the Agreement.

15. **Publicity and Use of Name.** Neither party shall use the name, likeness or trademarks of the other party for any reason, including but not limited to advertising, marketing, media communications or endorsement purposes without the prior written consent of the other party for each such use.
16. **Non-Endorsement.** By entering into this Agreement, CCF shall not be deemed to directly or indirectly endorse Company or any of Company's products, whether directly or indirectly related to this Agreement. Company shall not, in any way, state or imply that this Agreement is an endorsement of Company's products by CCF.
17. **Jurisdiction and Venue.** This Agreement shall be governed by the laws of Ohio, without regard to conflicts of laws provisions, and any legal action concerning the provisions hereof shall be brought in the courts sitting in the State of Ohio, county of Cuyahoga.
18. **Changes in Law.** The parties recognize that the law and regulations may change or may be clarified, including in relation to certification and/or accreditation, and that terms of this Agreement may need to be revised, on advice of counsel, in order to remain in compliance with such changes or clarifications, and the parties agree to negotiate in good faith revisions to the term or terms that cause the potential or actual violation or noncompliance. In the event the parties are unable to agree to new or modified terms as required to bring the entire Agreement into compliance, either party may terminate this Agreement on thirty (30) days written notice to the other party, or earlier if necessary to prevent noncompliance with a deadline or effective date.
19. **Working Environment.** It is the policy of CCF to have a work place free of harassment, including but not limited to sexual harassment. Company acknowledges that CCF is committed to keeping its work place free of illegal drugs in accordance with the guidelines set forth in the Drug-Free Workplace Act of 1988, Pub. L. No. 200-690, codified at 41 U.S.C. Sec. 701, et. seq. Company's compliance with this drug prohibition is a condition of this Agreement and violators, in addition to such penalties as may be imposed under law, are subject to removal from CCF's premises. Accordingly, the unlawful use, manufacture, possession, sale, or transfer of illegal or controlled substances or abuse or unauthorized use of alcohol on or around CCF's premises is prohibited. Further, Company acknowledges that CCF maintains a smoke-free environment at its facilities and that smoking is prohibited on CCF's premises.
20. **Compliance with Laws.** The parties specifically intend to comply with all applicable laws, rules and regulations as they may be amended from time to time, including but not limited to (i) the federal anti-kickback statute (42 U.S.C. 1320a-7(b)) and the related safe harbor regulations; (ii) the limitation on certain physician referrals, also referred to as the "Stark Law" (42 U.S.C. 1395nn); (iii) laws and regulations pertaining to the promotion of products regulated by the FDA (21 U.S.C. §§ 201, et seq. and its implementing regulations), and (iv) federal and state privacy laws. Accordingly, no part of any consideration paid hereunder is a prohibited payment for the recommending or arranging for the referral of business or the ordering of items or services; nor are the payments intended to induce illegal referrals of business. In the event that any part of this Agreement is determined to violate federal, state, or local laws, rules, or regulations, the parties agree to negotiate in good faith revisions to the provision or provisions, which are in violation. In the event the parties are unable to agree to new or modified terms as required to bring the entire Agreement into compliance, either party may terminate this Agreement upon written notice to the other party.
21. **Conflict of Interest.** CCF maintains and adheres to a Conflict of Interest Policy. In that connection Company represents that no CCF employees, officers or directors are employees, officers or directors of Company or serve on any boards or committees of or in any advisory capacity with Company except as disclosed herein: \_\_\_\_\_. Any payments made to such parties listed herein are at fair market value for services rendered.
22. **Debarment.** By signing this Agreement, Company agrees that CCF shall have the right to automatically terminate this Agreement in the event that Company is debarred, excluded, suspended or otherwise determined to be ineligible to participate in federal care programs (collectively, "Debarred" or "Debarment"). Accordingly, Company shall provide CCF with immediate notice if Company (i) receives notice of action or threat of action with respect to its Debarment during the term of this Agreement; or (ii) becomes Debarred. Upon receipt of such notice from Company, this Agreement shall automatically terminate without further action or notice.
23. **Tax Exempt Status.** The parties recognize that the CCF is a non-profit, tax-exempt organization and agree that actions taken under this Agreement will take into account and be consistent with CCF's tax-exempt status. If any part or all of this Agreement is determined to jeopardize the overall tax-exempt status of CCF and/or any of its exempt affiliates, then CCF will have the right to terminate this Agreement immediately.
24. **Force Majeure.** Neither party will be liable for any delay in performance hereunder if such delay is due to causes beyond the reasonable control of such party. Such causes will include, without limitation, fires, floods, strikes or other labor disputes, war, criminal disturbances, power failure, acts of God and restrictions imposed by any governmental agency. In the event such delay or nonperformance extends beyond thirty (30) days, either party may, at its option, cancel any portion of this Agreement and/or extend any date upon which any performance is due, and neither party will assess any damages against the delaying party in such event.

25. **Entire Agreement.** This Agreement sets forth the entire understanding of the parties and may not be changed except by a written agreement signed by the parties hereto.

**For purposes of this Agreement, the parties intend and agree that a signed copy delivered by facsimile or electronically shall be treated by the parties as an original of this Agreement and shall be given the same force and effect.**

The Cleveland Clinic Educational Foundation  
Federal Tax ID #: 34-0714553  
9500 Euclid Ave JN5-01  
Cleveland, OH 44195  
Contact Person: Sarah Mendez  
Telephone: (216) 440-8741  
Email: mendezs@ccf.org  
Fax: (216) 445-8664

Name of Company: \_\_\_\_\_  
Federal Tax ID #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Fax: \_\_\_\_\_

**Agreed by Authorized Representatives**

**The Cleveland Clinic Foundation** \_\_\_\_\_

**Company**

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

**Please fax completed form to:**  
Cleveland Clinic \_\_\_\_\_  
Attn: \_\_\_\_\_

**Please reference \_\_\_\_\_ and mail check payable to:**  
Cleveland Clinic Educational Foundation (Tax ID #: **34-0714553**)  
P.O. Box 931653  
Cleveland, OH 44193

*If using Overnight Delivery, please send to:*

Cleveland Clinic Educational Foundation  
ATTN: Lockbox 931653  
4100 West 150<sup>th</sup> Street  
Cleveland, OH 44135

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
requester. Do not  
send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

<b>Print or type.</b> See <i>Specific Instructions</i> on page 3.	<b>1</b>	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)  THE CLEVELAND CLINIC EDUCATIONAL FOUNDATION		
	<b>2</b>	Business name/disregarded entity name, if different from above.		
	<b>3a</b>	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) §501(c)(3) EXEMPT ORGANIZATION	<b>4</b>	Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) <u>1</u>  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) <u>A</u>  <i>(Applies to accounts maintained outside the United States.)</i>
	<b>3b</b>	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>		
	<b>5</b>	Address (number, street, and apt. or suite no.). See instructions. 9500 EUCLID AVENUE, JJS2	Requester's name and address (optional)	
	<b>6</b>	City, state, and ZIP code CLEVELAND, OH 44195		
	<b>7</b>	List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

<b>Social security number</b>									
<b>or</b>									
<b>Employer identification number</b>									
3	4	-	0	7	1	4	5	5	3

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date <b>1/6/2026</b>
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they