

ACCREDITATION INFORMATION FORM

General Information:

CMEsolutions, LLC is dedicated to education and certification for physicians, pharmacists, and others involved in the health care field. Our mission is to provide high-quality continuing medical education opportunities that promote lifelong learning for practicing physicians, pharmacists and other health care professionals.

The Joint Sponsor must review this entire document and contact *CMEsolutions* when planning the educational activity. The completed application, planning committee forms (completed disclosures and biographical data sheets, documentation to support the identified performance gap, and tentative agenda (session titles, faculty names, time frames, description and learning objectives) must be received **60-days prior to the proposed activity date**. If you have questions, please contact us at (520) 477-7457 or info@cmesolutions.org.

***CMEsolutions* is responsible for ensuring compliance** with the Accreditation Council for Continuing Medical Education (ACCME) and the Accreditation Council of Pharmacy Education (ACPE) Standards for Commercial Support, Standards to Ensure Independence in CME, and the Essential Areas and policies. The American Medical Association (AMA) and six other ACCME member organizations have entrusted the ACCME with maintaining the quality of CME in the United States. *CMEsolutions* is required to demonstrate direct involvement in joint sponsorship activities. A member of *CMEsolutions'* CME Committee must be involved from the initial stages to ensure all requirements are in compliance. *CMEsolutions* will monitor the activity to ensure ACCME compliance and remain involved through the post-activity evaluation. All documentation must be received as requested in a timely manner. *CMEsolutions* can assist you in completing the documents for an additional fee (See Step 12). Arrangements must be made in advance for *CMEsolutions'* assistance. Please contact *CMEsolutions* for more information regarding this service.

Joint Sponsorship is a process in which an accredited provider and a non-accredited organization collaborate to plan and implement a continuing education activity. *CMEsolutions* is an accredited continuing medical education (CME) provider by the Accreditation Council for Continuing Medical Education (ACCME) to provide **AMA PRA Category 1 Credit™** for physicians, and accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education. *CMEsolutions* can also assist the Joint Sponsor in obtaining accreditation for nurses through the Arizona Nurses Association and in obtaining other types of society accreditations, if contracted to do so.

This interactive document is designed to assist planners in obtaining the documentation required by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and if requested, in applying to the Arizona Nurses Association for nurse continuing education, and/or other national society accrediting organizations.

Instructions for Submitting Form:

Email completed Form to:

info@cmesolutions.org

ACCREDITATION PLANNING DOCUMENT

Joint Sponsor Name:

Primary Contact:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Proposed Title of Activity:

Activity Date(s):

Activity Time(s):

Location of Activity: (Street Address, City, State, Zip and Telephone Number)

Hours of Credit requested:

Type of credit requested:

Physician CME

Pharmacist CEU

Nurse CEU¹

Other Society CEU² (Please identify)

(¹ Through the Arizona Nurses Association. ² Application made through appropriate accrediting organization for CEU type identified above, i.e., radiology technologists – ASRT).

Anticipated number of attendees:

Physicians:

Pharmacist:

Nurse:

Other as identified above:

Number of Faculty:

Number of Sessions:

Do you anticipate any Commercial Supporter(s): YES

NO

(See Step 8 for a definition of Commercial Support)

Registration Fee: YES

NO

All persons who are in a position to control CME content must disclose any relevant financial relationships (The ACCME defines relevant financial relationships as “financial relationships in any amount occurring within the past 12 months that create a conflict of interest”) or the lack thereof with a commercial interest to **CMEsolutions and the learners**. Mechanisms must be implemented to **identify and resolve all conflicts of interest** before any accredited activity occurs.

Anyone refusing/neglecting to provide a completed disclosure form cannot have control of, or responsibility for, the development, management, presentation, or evaluation of the CME activity and **will be required to withdraw in order to maintain accreditation**.

Planning Committee members must complete and submit their disclosure forms with the application as they have control over the content of the entire activity. Any irresolvable conflict of interest would prevent accreditation of the activity.

Planners: Completed disclosure forms are required with the application submission (see Addendum A for a blank disclosure).

	<p><i>List the planners and credentials along with contact information for this activity:</i></p>	
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Faculty must also complete and submit a disclosure form once confirmed to allow sufficient time to resolve any potential conflict of interest (see Addendum A for a blank disclosure). Any irresolvable conflict of interest or non-compliance would prevent the accreditation of their session(s).

Faculty: Completed disclosures must be received no later than two (2) weeks prior to the activity start day in order to allow sufficient time for resolution.

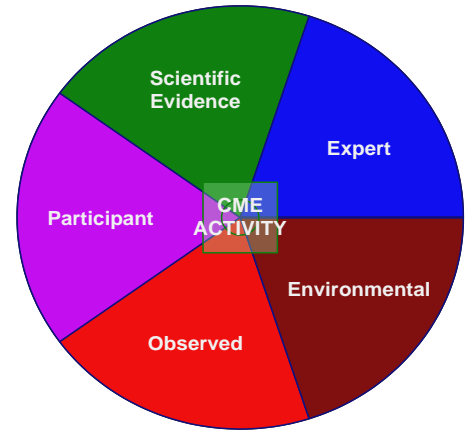
	<p><i>I will submit completed disclosure forms for all faculty:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
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STEP 1: IDENTIFYING THE EDUCATIONAL GAP(S)

CME activities sponsored by *CMEsolutions* are meant to foster the continuing professional development of physicians and other health care professionals. However, these activities are not simply meant to provide “education for education’s sake”. Rather, the **educational offerings are intended to increase competency, influence behavior, and/or improve patient outcomes**.

The planning process begins by the identification of at least one educational gap. An educational gap is expressed as the difference between current practice and best practice.

Educational gaps must include at least two different sources with supporting Documentation (e.g., scientific evidence from the literature; written opinion from clinical or scientific experts; the media and/or other environmental sources; observed data from local or national databases; and/or surveys from past participants or prospective learners).



Sources of Needs

Step #1	A. Define the educational gap(s), as explained above.	ACCME C2
	B. Provide at least 1 supporting document for each source indicated below showing how the gap(s) was identified. Only choose items that can be supported with documentation.	
	<p>Expert Consensus</p> <p><input type="checkbox"/> Faculty perception (i.e. documented conversations)</p> <p><input type="checkbox"/> Consensus of experts and education committee members (i.e. meeting minutes)</p> <p><input type="checkbox"/> Advice from authorities in the field (i.e. documented phone conversation)</p> <p>Participant Feedback</p> <p><input type="checkbox"/> Target audience survey</p> <p><input type="checkbox"/> Previous CME activity evaluation data</p>	

<p>Research Findings</p> <p><input type="checkbox"/> Data from outside sources (health statistics)</p> <p><input type="checkbox"/> Health Sciences library request data</p> <p><input type="checkbox"/> Patient care audits/QI data</p> <p><input type="checkbox"/> Institutional/Organizational mandate</p> <p><input type="checkbox"/> Medical literature review</p> <p><input type="checkbox"/> Mortality/morbidity data</p> <p><input type="checkbox"/> Other (specify): _____</p>	
<p>C. Provide the cause/reason the gap(s) exists.</p> <p><input type="checkbox"/> Knowledge deficit</p> <p><input type="checkbox"/> Competency (physician proficiency)</p> <p><input type="checkbox"/> Physician behavior (physician did something or failed to do something causing a potential adverse effect)</p>	ACCME C2, C3
<p>D. Identify potential barriers (i.e. roadblocks – financial, equipment, time, etc.) facing the targeted learners in closing the gap(s)?</p> <p><input type="checkbox"/> Cost</p> <p><input type="checkbox"/> Additional education/training required</p> <p><input type="checkbox"/> Lack of resources – equipment or staff</p> <p><input type="checkbox"/> Lack of consensus or professional guidelines</p> <p><input type="checkbox"/> Reimbursement/insurance issues</p> <p><input type="checkbox"/> Patient compliance issues</p>	ACCME C18-19
<p>E. Indicate how the CME activity will address the identified cause and close the gap(s). Training on new programming and Healthcare reform topics to assist providers in identifying medical issues and providing patient-centered care. Includes opportunities for peer-to-peer interaction and information-sharing in formal education sessions.</p>	ACCME C2

STEP 2: IDENTIFYING THE TARGET AUDIENCE

Step #2	<i>Who is the primary target audience, both general and specific, that will help close the identified educational gap(s)?</i>	ACCME C2, C4
	Physician (MD, DO): Include physician sub-specialty below	
	Other Health Care Professionals (RPh, PharmD, RN, NP, PA, ND, Other): Include sub-specialty below	

STEP 3: SPECIFYING THE PERTINENT ABMS/ACGME COMPETENCY

The American Board of Medical Specialties (ABMS)/ Accreditation Council for Graduate Medical Education (ACGME) and the Institute of Medicine (IOM) have determined that there are critical competencies that physicians must master in order to provide optimal clinical care. Similarly, the Accreditation Council for Continuing Medical Education (ACCME) has determined that **all CME providers must specify which of these competencies is being addressed in each of its sponsored activities.** The **3rd STEP** in the CME planning process is to specify which of the following competencies is most relevant to the gap(s) that has/have been identified. If you would like more information regarding the core competencies, please visit the following web sites:

- [American Board of Medical Specialties](#)
- [Institute of Medicine](#)
- [Accreditation Council for Graduate Medical Education](#)

Please indicate all that apply:

Step #3	<i>Which of the ABMS/ACGME competencies is most relevant to the gap(s) that were identified?</i>	ACCME C6
	<input type="checkbox"/> Patient care <input type="checkbox"/> Medical knowledge <input type="checkbox"/> Practice-based learning and improvement <input type="checkbox"/> Interpersonal and communication skills <input type="checkbox"/> Professionalism <input type="checkbox"/> Systems-based practice	
	<i>Which of the Institute of Medicine competencies is most relevant to the gap(s) that were identified?</i>	
	<input type="checkbox"/> Provide patient-centered care <input type="checkbox"/> Work in interdisciplinary teams <input type="checkbox"/> Employ evidence-based practice <input type="checkbox"/> Apply quality improvement <input type="checkbox"/> Utilize informatics	
	<i>What of the ABMS maintenance of Certification is most relevant to the gap(s) that were identified?</i>	
	<input type="checkbox"/> Professional standing <input type="checkbox"/> Commitment to lifelong learning <input type="checkbox"/> Cognitive expertise (need examination) <input type="checkbox"/> Performance in practice	

STEP 4: IDENTIFYING POTENTIAL PARTNERS AND ALLIES

Closing the identified gap may be a daunting task. Thus, it is prudent to consider whether other groups or organizations are working on the same issue. If so, joining forces with them may help you accomplish your common goal of closing the identified gap(s). Working with other groups may increase access to scarce resources, improve efficiency, and produce synergistic partnerships. Importantly, these **potential partners may be internal or external to your organization or unit.** **STEP 4** of the planning process involves identifying who these potential partners may be.

Step #4	<p>A. Are there other initiatives <u>within</u> the institution working on the same issue? Do you know of <u>other institutions</u> that could be potential partners in working on this issue? Please list them below if applicable.</p>	ACCME C18, C20
Step #4	<p>B. Could these internal and/or external groups help address or remove barriers? If so, how?</p>	ACCME C19

STEP 5: IDENTIFYING NON-EDUCATIONAL STRATEGIES

Numerous research studies have shown that CME interventions can increase competency, influence physician behavior, and/or improve patient outcomes. These findings were confirmed in a 2007 report by the Agency for Healthcare Research and Quality [Evidence Report / Technology Assessment; Number 149: AHRQ, 2007]. There are many non-educational strategies that may play a crucial role in improving quality of the CME intervention. This is especially true when one considers the gaps that can best be addressed by “system-level” interventions.

Step #5	<p>Are there non-educational strategies (e.g., patient reminders, order sets, computer decision support systems, guidelines, etc.) that are currently being used to close the identified gap(s)? If yes, please list.</p> <p>If no, please consider what kind of non-educational strategies could be created or used.</p>	ACCME C17

STEP 6: DETERMINING THE APPROPRIATE EVALUATION METHODOLOGY

In order to determine whether the identified gap(s) has/have been closed, the CME activity must be evaluated. Outcomes research (understanding the end results of practices and interventions) has become the key to developing better ways to monitor and improve the quality of care. With this goal in mind, **the evaluation methodology must match the type of gap that was initially identified in STEP 1.** For example, an activity designed to change the

behavior of a physician **cannot be limited to** a post-activity survey that only asks whether participants were satisfied with the quality of the handout materials.

CMEsolutions refers joint sponsors to Moore’s seven outcome levels as the framework in developing their assessment tool. **The seven levels are as follows:**

Level 1	Participation, i.e. evaluation
Level 2	Satisfaction, i.e. evaluation
Level 3A	Learning: Declarative Knowledge (Knows), i.e. evaluation, survey, pre/post test
Level 3B	Learning: Procedural Knowledge (Knows How), i.e. evaluation, survey, pre/post test
Level 4	Learning: Competence (denotes strategy to implement), i.e. self-reported learner behavior change / what will be implemented or why not
Level 5	Performance (Does), i.e. follow-up data (e.g. 3 month later) to compare to initial to see if changes remain implemented, measurement of learner behavior change
Level 6	Patient Health, i.e. measurement of impact on patient
Level 7	Community Health, i.e. measurement of impact on populations

STEP 6A specifies which level(s) of educational evaluation would determine that the CME activity has closed the identified gap(s). **STEP 6B** involves the selection of one or more tools that will be used to demonstrate whether the gap(s) has/have been closed after the event’s conclusion.

Step #6	A. Which of the seven levels described above, will best determine whether your activity has closed the identified gap(s)? CMEsolutions requires that CME activities measure Level 1 (participation) and at least one of the remaining levels as specified below. Select all that apply.	ACCME C11
	<input type="checkbox"/> Level 1 <u>Participation</u> <input type="checkbox"/> Level 2 <u>Satisfaction</u> <input type="checkbox"/> Level 3A <u>Learning: Declarative Knowledge</u> <input type="checkbox"/> Level 3B <u>Learning: Procedural knowledge</u> <input type="checkbox"/> Level 4 <u>Learner competence</u> <input type="checkbox"/> Level 5 <u>Documented learner change in behavior</u> <input type="checkbox"/> Level 6 <u>Impact on individual patients</u> <input type="checkbox"/> Level 7 <u>Impact on patient populations</u>	

	<p>B. What type of assessment tool(s), as indicated in the level definitions stated above, will you use to determine whether the identified gap(s) have been closed? The tool(s) must be able to measure Level 1 and at least one other level chosen above.</p>	
	<p>Do you plan on using this tool(s) on every participant or a sample of the learners?</p>	

CMEsolutions requires that an online evaluation/credit issuance portal be used by all attendees requesting credit. The evaluation portal complies with levels 1, 2, 3B and 4. This site allows the participant to print their continuing education certificate and provides CMEsolutions with data for regulatory compliance.

CMEsolutions also requires a completed attendance sign-in sheet be received within 30 days post activity.

STEP 7: DETERMINING THE DESIRED RESULTS, WRITING THE LEARNING OBJECTIVES AND DEVELOPING THE CONTENT

Desired results are expected outcomes in terms of changed physician / clinician strategy, performance in practice and/or patient health status based upon the underlying cause of the performance gap.

This step has been deliberately placed at this stage in the planning process to ensure the identified gap(s), non-educational interventions, potential allies, method of evaluation (as identified in previous steps) be considered BEFORE the learning objectives and educational content are decided.

Learning objectives are designed to provide participants an overview of the educational content. Well thought out learning objectives serve as a guide to instructors, so they create content that will help learners close the identified gap(s). Objectives should begin with measurable action verbs (**see Resource A for examples**) and help the learners close the identified gap by addressing the need to improve knowledge, enhance competence, influence behavior, and/or improve patient outcomes. **Planners should present these learning objectives to instructors and authors, not vice versa.**

Commercial interests can have NO influence/input in the development and/or presentation of any educational content (See step # 8 for further clarification).

Step #7	A. State the desired results of the CME activity, based on the identified gap(s) as well as the cause for the gap, as noted in STEP 1.	ACCME C3
	B. How does the program agenda and content relate to the practice of the target audience.	
	C. List all objectives based on the identified gap(s) and the desired result(s).	
	D. Indicate how the objectives will be communicated to the attendees and provide a copy of each source used.	
	<input type="checkbox"/> Written materials in advance of activity (e.g. brochure/flyer) <input type="checkbox"/> Written materials given during the activity (syllabus or other handout materials) <input type="checkbox"/> Other (please specify): Electronic materials given in advance of the activity (event website) <input style="width: 150px;" type="text"/> <input type="checkbox"/> Other (please specify): Electronic materials given during the activity (event website, mobile program) <input style="width: 150px;" type="text"/>	

STEP 8: STANDARDS FOR COMMERCIAL SUPPORT (CS)

The creation of CME content must strictly adhere to all ACCME Essential Areas and Elements, as well as the [ACCME Standards for Commercial Support](#). CMEsolutions' sponsors CME activities that promote improvements in quality health care and not the proprietary interests of any **commercial** organization.

A commercial interest is not eligible for ACCME accreditation, but may support an activity within the strict guidelines of the ACCME. “An entity that produces, markets, resells, or distributes health care goods or services consumed by, or used on, patients” is considered a commercial interest as defined by the ACCME. Disclosure to CMEsolutions prior to requesting the grant/funding of any potential financial relationships with a commercial interest is mandatory.

ACCME
C7, C8, C9, C10

Commercial interests can have NO influence/input in the development and/or presentation of any educational content.

Non-compliance with this component will cause the activity's accreditation to be revoked.

Providers of clinical service directly to patients are not considered to be commercial interests. Within the context of this definition and limitation, the following types of organizations are free to control the content of CME:

- 501(c) Non-profit organizations (Note: 501(c) organizations are screened for eligibility. A 501(c) organization, as an advocate for 'commercial interests', is not eligible to serve in the role of joint sponsor, but can be a commercial supporter.)
- Government organizations
- Non-health care related companies
- Liability insurance providers
- Health insurance providers
- Group medical practices
- For-profit rehabilitation centers
- For-profit nursing homes
- Blood banks
- Diagnostic laboratories

Everyone in a position to control the content of an educational activity must disclose all relevant financial relationships with any commercial interest. The ACCME defines relevant financial relationships as “financial relationships in any amount occurring within the past 12 months that create a conflict of interest.”

Anyone refusing to disclose relevant financial relationships will be disqualified from being a planning committee member, teacher, and/or an author of CME, and cannot have control of, influence over, or responsibility for, the development, management, presentation, or evaluation of the CME activity.

The management of all commercial support, defined by the ACCME as “financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of an accredited activity”, must strictly adhere to the Standards for Commercial Support. This includes a fully executed (signed) agreement between the commercial interest and CMEsolutions (the accrediting body) containing the terms, conditions and purposes of the commercial support/in-kind donation, and name of commercial interest.

In the interest of balanced and unbiased scientific presentations, **CMEsolutions requires all educational activities supported in whole or in part by an educational grant be in strict compliance with ACCME Standards for Commercial Support (SCS).** All commercial support funds (not exhibit and/or marketing funds) solicited on behalf of the activity must be received by CMEsolutions unless otherwise approved in advance by CMEsolutions. The joint sponsor may develop a grant proposal under the direction of CMEsolutions; however, as the accredited provider, CMEsolutions is responsible for appropriate management of these grants according to the ACCME's SCS.

In all cases, education must be physically separated from promotion. Disclosure to the learners of relevant financial relationships and any commercial support of the activity must occur prior to the onset of the educational content and cannot include the use of a trade name or a product-group message.

If more than one (1) commercial supporter is being submitted, please provide separate documentation for each supporter including the requested information below. (See Addendum D for commercial support written agreement)

Step #8	<p>A. Do you anticipate any commercial support?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (continue to section e below)</p>	ACCME C3
	<p>B. If yes, please provide the contact information regarding the commercial interest (i.e. name, website, email, etc.)</p>	
	<p>C. What type of commercial support is being provided?</p> <p><input type="checkbox"/> Monetary (this would include lunch/breaks/meals whether there is an educational component or not)</p> <p><input type="checkbox"/> In-kind donation - resources and/or services with cash value donated or loaned for use during an educational session (i.e. equipment loan, brochure distribution, provision of staff time to work in or for your program, provision of meeting space, etc.)</p>	ACCME C3
	<p>IMPORTANT: Exhibits are NEVER a condition for the receipt of an educational grant (commercial support). Should an exhibit be requested or any other marketing arrangements, a separate agreement must be entered into with the appropriate party from the commercial interest.</p>	

	<p>D. Have you attached your fully executed (signed by all parties involved – e.g. commercial interest and accredited provider) commercial support written agreement?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	ACCME C3, C4, C5
	<p>E. Product promotion material or product specific advertisement of any type is prohibited and cannot be displayed or distributed in the education space immediately before, during, or after a CME accredited activity. Live or enduring promotional activities must be kept separate, both financially and physically (location), from the CME activity. Product promotion can occur in exhibit areas/halls which do not impede a participant's path to the educational space.</p> <p>Educational materials as part of the accredited activity, such as slides, abstracts, and handouts, cannot contain any advertising, trade name, or product-group message.</p> <p>I will comply with the above regulation: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
	<p>F. Disclosure of Commercial Support to Learners:</p> <p>The accredited provider and joint sponsor will ensure that the source of support from the commercial interest, either direct or in-kind, is disclosed to the learners in program brochures, syllabi, other program materials and/or at the time of the activity. This disclosure will not include the use of a trade name or a product group message. The acknowledgement of commercial support may state the name, mission and clinical involvement of the company or institution and may include corporate logos or slogans, if they are not product promotion in nature.</p> <p>I will comply with the above regulation: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
	<p>G. Budget and Reconciliation</p> <p>Joint Sponsor must complete and submit an estimated budget with the application. Reconciliation is required within 45 days of the activity's completion.</p> <p>I will comply with the above requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

STEP 9: SELECTING THE APPROPRIATE EDUCATIONAL METHODOLOGY

The educational methodology should reflect the information identified in STEP 1, STEP 6, and STEP 7. Adult learning principles should be taken into account when selecting appropriate educational methodology.

The Joint Sponsor must include a DRAFT agenda with this application. The DRAFT agenda must include the times, session titles, summary for each session, tentative speakers, and instructional methods. **Final agenda is required within 4 weeks of activity start date.**

Step #9	<p>A. What educational format will be used for the activity?</p> <p><input type="checkbox"/> Live activity</p> <p><input type="checkbox"/> Enduring material (a printed, recorded, or computer-presented CME activity that 'endures' over a specific period of time)</p> <p>Internet/web-based</p> <p style="padding-left: 40px;"><input type="checkbox"/> <i>Enduring</i></p> <p style="padding-left: 40px;"><input type="checkbox"/> <i>Live</i></p> <p><input type="checkbox"/> Performance improvement (a CME activity in which a provider has established a process by which a physician identifies an educational need through a measure of his/her performance in practice, engages in educational experiences to meet the need, integrates learning into patient care and then re-evaluates his/her performance.)</p>	ACCME C3, C5
	<p>B. What will be the educational design of the activity</p> <p><input type="checkbox"/> Didactic presentation</p> <p><input type="checkbox"/> Case-based presentation</p> <p><input type="checkbox"/> Round table discussion</p> <p><input type="checkbox"/> Simulation / demonstration</p> <p><input type="checkbox"/> Pre/Post test</p> <p><input type="checkbox"/> Interactive computer response system (CRS)</p> <p><input type="checkbox"/> Panel discussion with question & answer</p> <p><input type="checkbox"/> Other: (Explain below)</p>	ACCME C3, C5
	<p>C. How are the educational format and design appropriate to the setting, objectives, and desired result(s)?</p>	ACCME C5

STEP 10: SELECTING INSTRUCTORS

Instructors and authors should be selected only after the content has been chosen and the educational methodology has been determined. You should select instructors and authors that are best prepared to teach the activity that you have planned, not vice versa. Criteria to consider when selecting instructors are: demonstrated expertise in the content area selected; ability to communicate effectively with the target audience; and willingness to meet the educational needs that the planning committee has identified. In the end, the instructors and authors should understand what the purpose of the CME activity is (i.e., to improve competence, influence behavior, and/or to improve patient outcomes) and the intended purpose of their presentation (i.e. transfer of information - i.e., lectures and monographs, techniques to overcome gaps in competence - e.g., algorithms and case-based discussions, or strategies to overcome system problems - e.g., guidelines, policies, and toolkits).

CMEsolutions will consider assisting you in obtaining faculty disclosure forms, CV/Bio's and presentations. Contact CMEsolutions to request assistance in obtaining required faculty documents. Arrangements must be made a minimum of 30 days in advance of the activity start date. Additional fees will apply (**See STEP 12**).

Step #10	<i>List the faculty, indicate the criteria used in selecting and provide documentation to support (i.e. biographical sketch), including complete contact information (i.e. mailing address, email address, etc.)</i>	ACCME C3, C5

Honoraria and Reimbursement Policy

Upon conclusion of the activity, the Joint Sponsor must submit a completed honoraria and reimbursement reconciliation with post-activity documentation.

Will you use the *CMEsolutions* Honoraria and Reimbursement Policy?

Yes No

Will you use your own Honoraria and Reimbursement Policy*?

Yes No

** If using your own policy, please provide a copy of your policy with the application. See Addendum E for a copy of CMEsolutions' Honoraria and Reimbursement Policy*

STEP 11: DESCRIBE YOUR CME/CEU ACTIVITY

Describe the CME Activity:

STEP 12: ACCREDITATION ANNOUNCEMENTS AND FEES

a) Accreditation Announcement

CMEsolutions must approve all activity announcements, including save the date type notifications, PRIOR TO BEING RELEASED and/or PRINTED to ensure proper accreditation statements have been included. If the Joint Sponsor is advertising CME/CEU credits, all promotional materials must include the following elements:

- Statement of overall objectives for the activity
- Session descriptions (this area may include the objectives)
- List of faculty
- Agenda/schedule to include date and times
- Clear information concerning fees, and, if appropriate, what the fee covers
- Statement of commercial support
- Accreditation and designation statements that clearly identify the accrediting provider (*CMEsolutions*)

b) Accreditation Fees

Once the activity is reviewed and approved for continuing education, *CMEsolutions* will advise of the final accreditation fee. After the accreditation fee is established, *CMEsolutions* will determine the appropriate payment schedule and we only proceed with the accreditation process upon receipt of payments per the schedule.

Additional Fees

CMEsolutions may provide additional support if requested, at \$55.00 per hour.

c) Representation

I have completed the Accreditation Information Form and will abide with the application requirements to maintain compliance with the ACCME Essential Areas and policies, as well as the Standards for Commercial Support. I agree to follow all *CMEsolutions'* policies/requirements associated with the provision of continuing education credit for this activity.

CMEsolutions reserves the right to withdraw sponsorship of this activity, at any time, if the requirements have not been fulfilled.

Printed Name of Representative / Title

Date

Thank you for your diligence and dedication in planning this activity.



Please submit the completed accreditation information form:

Email:

info@cmesolutions.org

Fax:

520-838-8092

Mail:

CMEsolutions, LLC

PO Box 68680

Tucson, AZ 85737

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ADDENDUM A

FACULTY/PLANNER DISCLOSURE FORM

As a sponsor accredited by the Accreditation Council for Continuing Medical Education (ACCME) and the Accreditation Council for Pharmacy Education (ACPE), *CMEsolutions* must insure balance, independence, objectivity, and scientific rigor in all its individually sponsored or jointly sponsored educational activities. All faculty, planners and advisors involved in a sponsored activity are expected to disclose to the activity audience any significant financial interest or other relationship with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in an educational presentation. This disclosure is valid until the end of the current calendar year with the explicit understanding the faculty, planner and/or advisor will notify *CMEsolutions* and/or the activity host of any changes and the need for a corrected disclosure attestation.

Name:

Title of your presentation:

Date of Activity:

Activity Host:

Your role in this CME activity: Presenter Author Moderator Panel
 Planner Advisory

DISCLOSURE

The intent of this disclosure is not to prevent a speaker with a significant financial or other relationship from making a presentation, but rather to provide listeners with information from which they can make their own judgments. It remains for the audience to determine whether the speaker's interests or relationships may influence the presentation with regard to exposition or conclusion. Conflict exists when you have a financial interest in a company and the opportunity to affect the CME content about that company's product or service **as related to your control over the educational content at this activity.**

Have you (or your spouse/partner) had a personal financial relationship in the last 12 months with the manufacturer of the products or services that will be discussed in this CME activity?

NO - Skip to Declaration **YES - Please list your disclosures below and complete resolution section**

Commercial Interest	Nature of Relevant Financial Relationship (Include all those that apply)	
	What was Received Salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.	For What Role? Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and 'other activities (please specify).

RESOLUTION OF CONFLICT OF INTEREST- Please indicate below how the conflict of interest will be resolved.

- I will support my lecture and clinical recommendations with the “best available evidence” from the medical literature.
- I will refrain from making recommendations regarding products or services, e.g., limit talk to pathophysiology, diagnosis, research findings and/or limit talk to comparison of products.
- I will recommend an alternative speaker for this topic for the planning committee’s consideration.
- I will submit my talk in advance to allow for adequate peer review.
- I will divest myself of this financial relationship.
- As an advisory and/or planning member, to the best of my ability, I will ensure that any speakers or content I suggest is independent of commercial bias.

DECLARATION: I will uphold academic standards to insure balance, independence, objectivity and scientific rigor in my role in the planning, development or presentation of this CME activity. In addition, I agree to provide verbal disclosure prior to my presentation at the activity.

Signature: _____

Date: _____

Glossary of Terms

Commercial Interest

The ACCME defines A ‘commercial interest’ is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

Financial relationships

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

Relevant financial relationships

ACCME focuses on financial relationships with commercial interests in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME defines “relevant’ financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

Conflict of Interest

Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.

ADDENDUM B

FACULTY CONTACT FORM

Please complete the contact information below:

Name:	
Title and Affiliation: Work Address: Home Address:	
Business Phone: Fax: E-Mail: Home Phone: Cell Phone:	
Tax ID or SS # (For Honoraria)	

Return to CMEsolutions
 P.O. Box 68680
 Tucson, AZ 85737
 info@cmesolutions.org

ADDENDUM C

Faculty Letter of Agreement

A. Between:

Accrediting Institution:
(Herein "CMEsolutions")

CMEsolutions
P.O. Box 68680
Tucson, AZ 85737

Faculty:
(Herein "The Faculty")

B. Regarding:

Activity Title:

Type of Activity:

Activity Date:

CMEsolutions Contact:

Shirlene DeHart

Honoraria:

\$

This letter is written to affirm an agreement between *CMEsolutions* and _____ in regards to the aforementioned CME Activity. The conditions of this agreement are outlined below and all parties agree that:

1. **Statement of Purpose:** This activity is for scientific and educational purpose only and will not promote any company products directly or indirectly. The program will be developed by *CMEsolutions* in compliance with the ACCME Essential Areas and Their Elements, ACPE Guidelines, the AMA Ethical Opinion on Gifts, any known relevant FDA or AMA policies, including the FDA or AMA policies, and *CMEsolutions'* CME mission and goals.
2. **Disclosure of Financial Relationships:** The audience will be informed of the existence of any financial support of the program. This support will also be recognized, wherever possible, on brochures prepared for the program. At the beginning of the program, the audience will be informed of the existence of any relevant financial interest and/or other relationship(s) [e.g., employee, consultant, speaker's bureau, grant recipient/research support, etc.] a faculty member has to include the following information: The name of the individual, the name of the commercial interest, the nature of the relationship the individual has with each commercial interest.
3. **Involvement in Content:** There will be no "scripting" or targeting of content for emphasis or direction by the commercial support company or its agents.
4. **Ancillary Promotional Activities:** No promotional activities will be permitted in the same room or oblique path as the educational activity. No product advertisements will be permitted in the educational activity.
5. **Objectivity & Balance:** *CMEsolutions* will make every effort to ensure that data regarding the commercial support company products (or competing products) are objectively selected and presented, with favorable and unfavorable information and balanced discussion of prevailing information on the product(s) and/or alternative treatments fairly represented.
6. **Limitations on Data:** When known, *CMEsolutions* will ensure, to the extent possible, meaningful disclosure of limitations on data and other information that is presented in the program - e.g. ongoing research, interim analysis, preliminary data, or unsupported opinion or assumptions.
7. **Discussion of Unapproved Uses:** *CMEsolutions* will require that the Faculty disclose when a product is not approved in the United States for the use under discussion.
8. **Educational Methods:** The Faculty shall use a method of delivery that shall allow for and encourage active participation and involvement on the part of the participants. During live activities, the Faculty shall provide for meaningful opportunities for discussion or scientific debate.
9. **Clinical Content:** All recommendations involving clinical medicine must be based on evidence that is accepted within the profession of medicine as adequate justification for the indications and contraindications in the care of patients.
10. **Sponsor Use of Contributed Funds:** *CMEsolutions* shall pay the Faculty honoraria from the educational grant. No other funds from the commercial support company will be paid to the Faculty.
11. **Program Records of Live Meetings:** Videotapes, audiotapes, or other forms of recording media shall not be made without

the prior written consent of *CMEsolutions*.

12. **Scientific Research:** All scientific research referred to must conform to the generally accepted standards of experimental design, data collection, and analysis and must promote improved patient care.
13. **Withdrawal of Credit:** If the ACCME Essential Areas and Their Elements, the ACPE Guidelines, and the Standards for Commercial Support are not followed, *CMEsolutions* reserves the right to withdraw CME credit designation.

By signing and returning this document to *CMEsolutions*, you are affirming your concurrence in all of the above.

Faculty

_____ (Print Name) _____ (Date)

_____ (Signature)

Faculty Tax I.D. or S.S.

CMEsolutions

_____ (Print name) Date _____

_____ (Signature)

Return to CMEsolutions

**P.O. Box 68680
Tucson, AZ 85737
info@cmesolutions.org**

ADDENDUM D

WRITTEN AGREEMENT FOR COMMERCIAL SUPPORT

CMEsolutions, LLC is committed to presenting CME / CEU activities that promote improvements in the quality of health care and are independent of the control of commercial interests. As part of this commitment, CMEsolutions has outlined in this written agreement the terms, conditions, and purposes of commercial support for its CME / CEU activities. Commercial Support is defined as financial, or in-kind, contributions given by a commercial interest which is used to pay all or part of the costs of a CME / CEU activity.

Please type or print legibly.

Title of CME Activity: _____

Location: _____

Date: _____

Name of Commercial Interest: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Fax: _____

Contact Person: _____

The above company wishes to provide commercial support for the named CME / CEU activity by means of:

1. An educational grant in the amount of \$ _____ for support of the CME / CEU activity.
2. An in-kind grant in the estimated amount of \$ _____
3. Describe the nature of this in-kind support _____
(e.g., equipment loan, brochure distribution, lanyards, etc.)

Terms, Conditions, and Purposes

Independence

1. This CME / CEU activity is for scientific and educational purposes only and will not promote any specific proprietary business interest of the Commercial Interest.
2. The accredited provider and joint sponsor are responsible for all decisions regarding the identification of educational needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of the CME, selection of education methods, and the evaluation of the activity.

Appropriate Use of Commercial Support

3. The accredited provider and joint sponsor will make all decisions regarding the disposition and disbursement of the funds from the Commercial Interest.
4. The Commercial Interest will not require the accredited provider/joint sponsor to accept advice or services concerning presenters, authors, or participants or other education matters, including content, as conditions of receiving this grant.
5. All commercial support associated with this activity will be given with the full knowledge and approval of the accredited provider and joint sponsor. No other payments shall be given to the director of the activity, planning committee members, presenters or authors, joint sponsor, or any others involved with the supported activity.
6. The accredited provider/joint sponsor will, upon request, furnish the Commercial Interest documentation detailing the receipt and expenditure of the commercial support.

Commercial Promotion

- 7. Product-promotion material or product-specific advertisement of any type is prohibited in or during the CME activity. The juxtaposition of editorial and advertising material on the same products or subjects is not allowed. Live or enduring promotional activities must be kept separate from the CME activity. Promotional materials cannot be displayed or distributed in the education space immediately before, during, or after a CME activity. Commercial Interests may not engage in sales or promotional activities while in the space or place of the CME activity.
- 8. The Commercial Interest may not be the agent providing the CME activity to the learners.

Disclosure

- 9. The accredited provider and joint sponsor will ensure that the source of support from the Commercial Interest, either direct or "in-kind," is disclosed to the learners in program brochures, syllabi, and other program materials, and at the time of the activity. This disclosure will not include the use of a trade name or a product-group message. The acknowledgment of commercial support may state the name, mission, and clinical involvement of the company or institution and may include corporate logos and slogans, if they are not product promotional in nature.

The Commercial Supporter and *CMEsolutions* agree to abide by all requirements of the Accreditation Council for Continuing Medical Education (ACCME) ***Standards for Commercial Support of Continuing Medical Education***.

Name of Accredited Provider: CMEsolutions, LLC
 Contact Person: Shirlene DeHart Email: info@cmesolutions.org
 Phone Number: (520) 477-7457 Fax Number: (520) 838-8092

Name of Commercial Interest:
 Address: _____ City, State, Zip: _____
 Contact Person: _____ Email Address: _____
 Phone Number: _____ Fax Number: _____

Joint Sponsor:
 Address: _____ City, State, Zip: _____
 Contact Person: _____ Email Address: _____
 Phone Number: _____ Fax Number: _____

Agreed by Authorized Representatives

Commercial Supporter

 Signature and Date

 Print Name and Title

Accredited Provider (*CMEsolutions*)

 Signature and Date

 Print Name and Title

Joint Sponsor

 Signature and Date

 Print Name and Title

ADDENDUM E

CMESOLUTIONS POLICY ON honoraria and reimbursement of expenses for planners, teachers, and/or authors. (*SCS 3.7-3.8*)

1. *CMEsolutions* makes all decisions regarding the disposition and disbursement of commercial support, but may allow Joint Sponsors to make disposition and disbursements of commercial support. If Joint Sponsor is offered such latitude, Joint Sponsor must provide *CMEsolutions* a Proposed Activity Budget prior to the activity start date and an Honoraria/Reimbursement Reconciliation at the conclusion of the activity.
2. *CMEsolutions* accepts no advice or services concerning teachers, authors, or participants, or other education matters, including content, from a commercial interest as condition of contributing funds or services for any CME activity.
3. All terms, conditions, and purposes of the commercial support are documented in a signed agreement between the commercial supporter and *CMEsolutions* and may be signed by any joint sponsors.
4. Each commercial support agreement specifies the commercial interest that is the source of commercial support. Each commercial support agreement is made with *CMEsolutions* and the commercial supporter.
5. *CMEsolutions* has written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers, and authors.
6. *CMEsolutions* pays all honoraria or reimbursement of out-of-pocket expenses directly to any teacher or author, unless *CMEsolutions* grants that responsibility to Joint Sponsor. (See #1 for details)
7. *CMEsolutions'* written policies and procedures prohibit any other payments to the director of any activity, planning committee members, teachers or authors, joint sponsor, or any others involved with the supported activity.
8. *CMEsolutions* allows teachers or authors listed on the agenda as facilitating or conducting a presentation or session to participate in the remainder of an educational event as a learner, but will be reimbursed for expenses and honoraria for their teacher or author role only.
9. *CMEsolutions* does not allow social events or meals at CME activities to compete with or take precedence over the educational events.
10. *CMEsolutions* does not allow the use of commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of any CME activity. *CMEsolutions* may allow use of commercial support to pay for travel, honoraria, or personal expenses for our employees and volunteers, joint sponsors, or educational partners.
11. All commercial support funding is accurately documented as to receipt and expenditure and copies are made available for the commercial support company, if requested.

Template copies of the Proposed Activity Budget and Honoraria/Reimbursement Reconciliation Form are available upon request.

RESOURCE TABLE OF CONTENTS

Resource A

Writing Learning Objectives

Resource B

Examples of Desirable Physician Attributes

RESOURCE A

WRITING LEARNING OBJECTIVES

As learning objectives should be measurable, they should begin with a verb that can be measured, e.g. understand is NOT on the list because one's understanding cannot be readily measured. The following list is designed to help you create your objectives. Try to be specific and vary the verbs. The columns on the left are the most frequently used, but try branching into the other columns for higher-level skills. Some basic examples include: **DESCRIBE** the following congenital wall anomalies: umbilical hernia, omphalocele, gastroschisis, and pentalogy of cantrell. **IDENTIFY** the essential components of an antenatal discussion with parents. **DELINEATE** initial therapy of abdominal wall anomalies.

Appropriate Verbs for Learning Objectives

KNOWLEDGE	Cite, Choose, Define, Label, List, Locate, Match, Name, Recall, Recognize, Record, Repeat, Select, State, Write
COMPREHENSION	Arrange, Associate, Clarify, Classify, Convert, Describe, Diagram, Draw, Discuss, Estimate, Explain, Express, Identify, Locate, Outline, Paraphrase, Report, Restate, Review, Sort, Summarize, Transfer, Translate
APPLICATION	Adapt, Apply, Catalogue, Chart, Compute, Consolidate, Demonstrate, Develop, Employ, Extend, Extrapolate, Generalize, Illustrate, Infer, Interpolate, Interpret, Manipulate, Modify, Order Predict, Prepare, Produce, Relate, Sketch, Submit, Tabulate, Transcribe, Use, Utilize
ANALYSIS	Analyze, Appraise, Audit, Break down, Calculate, Categorize, Certify, Compare, Contrast, Correlate, Criticize, Deduce, Defend, Detect, Diagram, Differentiate, Discriminate, Distinguish, Examine, Infer, Inspect, Investigate, Question, Reason, Separate, Solve, Survey, Test, Uncover, Verify
SYNTHESIS	Arrange, Assemble, Build, Combine, Compile, Compose, Conceive, Construct, Create, Design, Devise, Discover, Draft, Formulate, Generate, Integrate, Make, Manage, Organize, Plan, Predict, Prepare, Propose, Reorder, Reorganize, Set up, Structure, Synthesize
EVALUATION	Appraise, Approve, Assess, Choose, Conclude, Confirm, Criticize, Critique, Diagnose, Evaluate, Judge, Justify, Prioritize, Prove, Rank, Rate, Recommend, Research, Resolve, Revise, Rule on, Select, Support, Validate
RECEIVING	Accept, Acknowledge, Attend (to), Follow, Listen, Meet, Observe, Receive
RESPONDING	Agree, Allow, Answer, Ask, Assist, Attempt, Choose, Communicate, Comply, Conform, Cooperate, Demonstrate, Describe, Discuss, Display, Exhibit, Follow, Give, Help, Identify, Locate, Notify, Obey, Offer, Participate (in), Practice, Present, Read, Relay, Reply, Respond, Select, Try
VALUING	Adopt, Aid, Care (for), Complete, Compliment, Contribute, Delay, Encourage, Endorse, Enforce, Evaluate, Expedite, Foster, Guide, Initiate, Interact, Join, Justify, Maintain, Monitor, Praise, Preserve, Propose, Query, React, Respect, Seek, Share, Study, Subscribe, Suggest, Support, Thank, Uphold
ORGANIZING	Anticipate, Collaborate, Confer, Consider, Consult, Coordinate, Design, Direct, Establish, Facilitate, Follow through, Investigate, Judge, Lead, Manage, Modify, Organize, Oversee, Plan, Qualify, Recommend, Revise, Simplify, Specify, Submit, Synthesize, Test, Vary, Weigh
VALUE	Act, Administer, Advance, Advocate, Aid, Challenge, Change, Commit (to), Counsel, Criticize, Debate, Defend, Disagree, Dispute, Empathize, Endeavor, Enhance, Excuse, Forgive, Influence, Motivate, Negotiate, Object, Persevere, Persist, Praise, Profess, Promote, Promulgate, Question, Reject, Resolve, Seek, Serve, Solve, Strive, Tolerate, Volunteer (for)

RESOURCE B

EXAMPLES OF DESIRABLE PHYSICIAN ATTRIBUTES

Institute of Medicine Core Competencies

Provide patient-centered care

Identify, respect, and care about patients' differences, values, preferences, and expressed needs; relieve pain and suffering; coordinate continuous care; listen to, clearly inform, communicate with, and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health

Work in interdisciplinary teams

Cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable, Employ evidence-based practice—integrate best research with clinical expertise and patient values for optimum care, and participate in learning and research activities to the extent feasible

Apply quality improvement-

Identify errors and hazards in care; understand and implement basic safety design principles, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs; and design and test interventions to change processes and systems of care, with the objective of improving quality

Utilize informatics-

Communicate, manage, knowledge, mitigate error, and support decision making using information technology

ACGME/ABMS Competencies

Patient care

Is compassionate, appropriate, and effective treatment of health problems and the promotion of health.

Medical knowledge

About established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social behavioral) sciences and the application of this knowledge to patient care

Practice-based learning

Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

Interpersonal and Communication skills

Results in effective information exchange and teaming with patients, their families, and other health professionals

Professionalism

As manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population

Systems-based practice

As manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value

ABMS Maintenance of Certification

Professional standing

Evidence such as an unrestricted license, a license that has no limitations on the practice of medicine and surgery in that jurisdiction.

Commitment to lifelong learning

Evidence of involvement in a periodic self-assessment process to guide continuing learning

Cognitive expertise

Performance on an examination. That exam should be secure, reliable and valid. It must contain questions on fundamental knowledge, up-to date practice-related knowledge, and other issues such as ethics and professionalism

Performance in practice

Evidence of evaluation including the medical care provided for common/major health problems (e.g., asthma, diabetes, heart disease, hernia, hip surgery) and physicians behaviors, such as communication