

| PROGRAM INFORMATION | | | | | | | | | | | |
|--|---|--|-------------|------------------|---|---|--|--|--|--------------|----|
| Activity Title | | | | | Date(s) | to | | Individual CME Activity New Regularly Scheduled Series (RSS) RSS Renewal | | | |
| Type | Grand Rounds (<i>RSS only</i>) Journal Club (<i>RSS only</i>) Tumor Board (<i>RSS only</i>) Case-base conference (<i>RSS only</i>) | | | | ABPath MOC (Pathology) ABP MOC (Pediatric) ABIM MOC (Internal Med) ABS MOC (Surgery) | | Conference / symposium Live webinar Enduring materials Other: | | | | |
| Frequency (<i>RSS only</i>) | Weekly | Monthly | Bi-monthly | Quarterly | Other: | | | | | | |
| Day(s) of the Week (<i>RSS only</i>) | Mon | Tues | Wed | Thurs | Fri | Time of Day | | Start | | AM | PM |
| | | | | | | | | End | | AM | PM |
| If monthly or bi-monthly, please specify the week of the month the activity is held (<i>RSS only</i>): | | | | | | | | | | | |
| First week | Second week | Third week | Fourth week | Every other week | Other: | | | | | | |
| Duration: Months during the year the activity is available [i.e., July-June] (<i>RSS only</i>) | | | | | | | | | | | |
| Location [i.e., conference room, facility, virtual platform] | | | | | | | | | | | |
| PROVIDER | | | | | | | | | | | |
| Direct Provider – SR-AHEC only | | If this activity is continuing professional development (CPD) with another department, please identify: | | | | | | | | | |
| Joint Provider [Non-accredited CME educational partner] | | If this activity is jointly provided, please identify the educational partner below and be aware that a Joint Provider Agreement (MOA) must be completed prior to activity start / series renewal. | | | | | | | | | |
| | | Organization Name | | | | Contact Name | | | | Phone Number | |
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| CONTACT INFORMATION | | | | | | | | | | | |
| Identify the physician primarily responsible for planning and conducting this activity on an on-going basis. | | | | | | Identify the CME coordinator, or someone within the department responsible for submitting activity session reports to SR-AHEC on an on-going basis. | | | | | |
| Course Medical Director | | | | | | CME Coordinator | | | | | |
| Title | | | | | | Title | | | | | |
| Organization | | | | | | Organization | | | | | |
| Dept / Div / Other | | | | | | Dept / Div / Other | | | | | |
| Address | | | | | | Address | | | | | |
| Address 2 | | | | | | Address 2 | | | | | |
| City / State / Zip | | | | | | City / State / Zip | | | | | |
| Telephone | | | | | | Telephone | | | | | |
| Email | | | | | | Email | | | | | |
| Secondary Contact | | | | | | Secondary Contact | | | | | |

EDUCATIONAL PLANNING AND DESIGN

Continuing education activities must be planned and implemented in accordance with the Accreditation Council for Continuing Education (ACCME) Accreditation Criteria, Standards for Integrity and Independence, and Policies as follows:

- **Educational Needs:** An appropriate **NEEDS ASSESSMENT** is used that identifies the professional learning “gap(s)” to be addressed in the CME activity. What is the practice based problem you wish to address? How do you know it is a problem?
- **Designed to Change:** The **GOALS AND/OR OBJECTIVES** are derived from the identified need(s) or gap(s) in knowledge, competence or performance and are **COMMUNICATED** to the learner prior to the activity. State what the CME activity was designed to change in terms of learners’ competence or performance or patient outcomes.
- **Appropriate Formats:** Explain why this **EDUCATIONAL FORMAT** is appropriate to meet the needs of the learners.
- **Analyzes Change:** An appropriate activity **EVALUATION** mechanism is used that links the stated goals and/or objectives to the overall effectiveness of the activity.

The activity MUST comply with the ACCME Standards for Integrity and Independence in Accredited Continuing Education.

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|---|--|--|-------------------------|--|--------------------|---------------------------------------|----------|-------------------------------------|----------------------|--|-----------|--------------------------|--------|---------------|------------------|----------------------|
| 1. | Target Audience | For whom is this activity designed? | | | | | | | | | | | | | | |
| | | Please check all that apply: | | | | | | | | | | | | | | |
| | | <table border="0"> <tr> <td>Physicians</td><td>Nurse Practitioners</td><td>Pharmacists</td><td>Psychologists</td></tr> <tr> <td>Fellows</td><td>Nurses</td><td>Pharmacy Technicians</td><td>Social Workers</td></tr> <tr> <td>Residents</td><td>Certified Nurse Midwives</td><td>Other:</td><td>Case Managers</td></tr> <tr> <td>Medical students</td><td>Physician Assistants</td><td></td><td></td></tr> </table> | Physicians | Nurse Practitioners | Pharmacists | Psychologists | Fellows | Nurses | Pharmacy Technicians | Social Workers | Residents | Certified Nurse Midwives | Other: | Case Managers | Medical students | Physician Assistants |
| Physicians | Nurse Practitioners | Pharmacists | Psychologists | | | | | | | | | | | | | |
| Fellows | Nurses | Pharmacy Technicians | Social Workers | | | | | | | | | | | | | |
| Residents | Certified Nurse Midwives | Other: | Case Managers | | | | | | | | | | | | | |
| Medical students | Physician Assistants | | | | | | | | | | | | | | | |
| Estimated number of program participants: | | | | | | | | | | | | | | | | |
| 2. | Projected Credit Hour(s) | Please indicate desired credit and associated hours: | | | | | | | | | | | | | | |
| | | <p>AMA PRA Category 1 Credit(s)[™] [Physicians] Maintenance of Certification [Specialists] Nursing Contact Hours [Nurses & Nurse Practitioners] Accreditation Council for Pharmacy Education (ACPE) Credit [Pharmacists & Technicians] Contact Hours [Social Workers, Allied Health professionals, etc.] Continuing Education Units (CEUs) Behavioral Health Licensing Credits [i.e., NCPA, NBCC, NCASPPB, etc.] Other:</p> | | | | | | | | | | | | | | |
| 3. | Planning Process | Please review Standard 3: Identify, Mitigate, and Disclose Relevant Financial Relationships before identifying persons in control of contact [planners, teachers / instructors / faculty, authors, reviewers, and others]. | | | | | | | | | | | | | | |
| | | <ul style="list-style-type: none"> • <i>Standard 3.1</i> Collect information from all planners, faculty, and others in control of educational content about all their financial relationships with ineligible companies within the prior 24 months. • <i>Standard 3.2</i> Exclude owners or employees of ineligible companies. • <i>Standard 3.3</i> Identify relevant financial relationships. All involved in planning must complete a Disclosure Form and submit with the CME application. • <i>Standard 3.4</i> Mitigate relevant financial relationships. Steps for planners will likely be different than for faculty and would occur before planning begins. | | | | | | | | | | | | | | |
| | | Who is involved in the planning of this activity? | | | | | | | | | | | | | | |
| | | Please check all that apply: | | | | | | | | | | | | | | |
| | | <table border="0"> <tr> <td>Course Medical Director</td><td>Members of Interprofessional Teams (C23)</td></tr> <tr> <td>Planning committee</td><td>Patient / Public Representative (C24)</td></tr> <tr> <td>Reviewer</td><td>Student of Health Professions (C25)</td></tr> <tr> <td>Other:</td><td>Collaboration [with 1 or more organizations] (C28)</td></tr> </table> | Course Medical Director | Members of Interprofessional Teams (C23) | Planning committee | Patient / Public Representative (C24) | Reviewer | Student of Health Professions (C25) | Other: | Collaboration [with 1 or more organizations] (C28) | | | | | | |
| Course Medical Director | Members of Interprofessional Teams (C23) | | | | | | | | | | | | | | | |
| Planning committee | Patient / Public Representative (C24) | | | | | | | | | | | | | | | |
| Reviewer | Student of Health Professions (C25) | | | | | | | | | | | | | | | |
| Other: | Collaboration [with 1 or more organizations] (C28) | | | | | | | | | | | | | | | |

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|---|---|---|--------------------|--|---------------------------|
| | | Please list all individuals involved in the planning of this activity: | | | |
| | | Planner Name | Affiliation | Role in Planning | Disclosure on File |
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| 4. | Planning Meeting | Please list MOC Reviewers (if applicable): | | | |
| | | Planner Name | Affiliation | Role in Planning | Disclosure on File |
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| 5. | Purpose / Course Description | Relevant financial relationships of planners must be identified and mitigated prior to the start of planning meetings. This process is documented with the form, Identification and Mitigation of Relevant Financial Relationships . | | | |
| | | Planning meeting start date: | | | |
| | | SR-AHEC CME representative present (<i>required</i>) Minutes and/or summary attached Identification and Mitigation of Relevant Financial Relationships form attached (<i>if applicable</i>) | | | |
| REQUIRED NEEDS ASSESSMENT: PROFESSIONAL PRACTICE GAP – OBJECTIVES – EVALUATION WORKSHEET | | | | | |
| 6. | Needs Assessment Methods, Practice Gap, and Educational Needs | What is the overall purpose for this activity? What do you hope to accomplish by offering this activity? | | | |
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| 6. | Needs Assessment Methods, Practice Gap, and Educational Needs | A needs assessment is the process of gathering information and using it to determine educational content that will address the professional practice gap . The needs assessment data is the basis for developing learning objectives for a CME activity [examples: updates or changes to guidelines, needs assessment, hospital/clinic data, morbidity/mortality data, health disparities, population health, social determinants of health, laws and regulations]. | | | |
| | | STEP 1: What is the source of your data? Attach any supporting data, copies of surveys, related articles, summary of results, etc. | | | |
| | | Please check all that apply: | | | |
| | | Surveys of potential learners Needed improvements in health outcomes Guidelines Clinical / environmental observation and data | | Evaluation data from past CME activities Identified new knowledge or skills Policy / regulation change Other: | |

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| | | STEP 2: Summarize the problem that your data identifies. |
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| | | STEP 3: State the educational need(s) as learning objectives. These objectives should address the professional practice gap(s) in terms of change in knowledge, competence, performance, or patient outcomes. Please be mindful that your objectives should correspond with the evaluation method(s). For resources on writing objectives, click here. |
| | | Please check all that apply: |
| | | Knowledge need [data on recent advances, basic science] |
| | | Please explain: <i>EX: Upon completion of this activity, participants will be able to review 2021 ACC/AHA key data elements and definitions for heart failure guidelines.</i> |
| | | Competence need [changes in skills, strategies, and approach] |
| | | Please explain: <i>EX: Upon completion of this activity, participants will be able to demonstrate strategies to implement 2021 ACC/AHA heart failure guidelines in the management of heart failure patients.</i> |
| | | Performance need [procedure, intervention, application] |
| | | Please explain: <i>EX: Upon completion of this activity, participants will assess heart failure patients utilizing new 2021 ACC/AHA heart failure guidelines.</i> |
| | | SR-AHEC CME Notes: |
| 7. | ACCME Criteria for Commendation | The Accreditation Council for Continuing Medical Education (ACCME) adopted new criteria for Accreditation with Commendation. The criteria promote team based education, public health priorities, skills based learning and educational leadership. To review the new criteria, please refer to Appendix 1 at the end of this application or the Menu of Criteria for Accreditation with Commendation . |
| | | The planning committee has reviewed the Criteria for Commendation adopted by the ACCME and has incorporated at least one criterion as reflected in the needs assessment and learning objectives. |
| | | The identified criteria <u>must</u> be reflected in the learning objectives and educational format. Please specify which criteria the activity will incorporate: |
| 8. | Educational Format | What educational format(s) will be used to achieve the overall goals / objectives for this activity? |
| | | Please check all that apply: |
| | | <div>Lectures / Q&A</div> <div>Enduring materials</div> <div>Blended learning</div> <div>Case presentations / discussion</div> <div>Small group activities</div> <div>Flipped classroom</div> <div>Skill-based</div> <div>Procedure demonstration / hands-on activity</div> <div>Team-based / IPE</div> <div>Simulated patient encounter</div> <div>Individual assignments / literature review</div> <div>Other:</div> |

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|---|--|--|------------------------------------|--|---|------------------------|-------------------------------------|---------------------------------|---------------------------------|---------------------------|--|---------------------------------------|-----------------------------------|---------------------------------|--------------------|------------------------|-------------------|--|
| | | Please attach a copy of the proposed program agenda and schedule with time, topics, speakers, breaks, and registration times. | | | | | | | | | | | | | | | | |
| 9. | Physician Competencies or Attributes | <p>The list below includes the American Board of Medical Specialties (ABMS) and American College of Graduate Medical Education (ACGME) Competencies, Institute of Medicine Competencies, Interprofessional Education Collaborative Competencies, or you may enter other competency(ies) that are recognized by your organization. See Core Competencies Outline for further descriptions.</p> <p>Please indicate the desirable physician attribute(s) this activity addresses:</p> <table border="0"> <tr> <td>Patient Care and Procedural Skills</td><td>Interpersonal and Communication Skills</td></tr> <tr> <td>Practice-Based Learning and Improvement</td><td>Systems-Based Practice</td></tr> <tr> <td>Professionalism</td><td>Work in Interdisciplinary Teams</td></tr> <tr> <td>Provide Patient-Centered Care</td><td>Apply Quality Improvement</td></tr> <tr> <td>Utilize Informatics</td><td>Values / Ethics for Interprofessional</td></tr> <tr> <td>Practice Roles / Responsibilities</td><td>Interprofessional Communication</td></tr> <tr> <td>Teams and Teamwork</td><td>Other competency(ies):</td></tr> <tr> <td>Medical Knowledge</td><td></td></tr> </table> | Patient Care and Procedural Skills | Interpersonal and Communication Skills | Practice-Based Learning and Improvement | Systems-Based Practice | Professionalism | Work in Interdisciplinary Teams | Provide Patient-Centered Care | Apply Quality Improvement | Utilize Informatics | Values / Ethics for Interprofessional | Practice Roles / Responsibilities | Interprofessional Communication | Teams and Teamwork | Other competency(ies): | Medical Knowledge | |
| Patient Care and Procedural Skills | Interpersonal and Communication Skills | | | | | | | | | | | | | | | | | |
| Practice-Based Learning and Improvement | Systems-Based Practice | | | | | | | | | | | | | | | | | |
| Professionalism | Work in Interdisciplinary Teams | | | | | | | | | | | | | | | | | |
| Provide Patient-Centered Care | Apply Quality Improvement | | | | | | | | | | | | | | | | | |
| Utilize Informatics | Values / Ethics for Interprofessional | | | | | | | | | | | | | | | | | |
| Practice Roles / Responsibilities | Interprofessional Communication | | | | | | | | | | | | | | | | | |
| Teams and Teamwork | Other competency(ies): | | | | | | | | | | | | | | | | | |
| Medical Knowledge | | | | | | | | | | | | | | | | | | |
| 10. | Evaluation Method | <p>How will you know if you've been effective in producing change? Evaluation <u>must</u> include assessment of change in practice, either intended or actual results.</p> <table border="0"> <tr> <td>Individual program evaluation</td><td>Follow-up survey of practice change</td></tr> <tr> <td>Commitment to change statement</td><td>Patient interviews</td></tr> <tr> <td>Skill evaluation during or activity</td><td>Chart reviews</td></tr> <tr> <td>Team-based debrief / assessment</td><td>Reflective statements</td></tr> <tr> <td>Review of department QI / data (<i>summary required</i>)</td><td>Pre- and/or post-test</td></tr> <tr> <td></td><td>Other:</td></tr> </table> <p>FOR SR-AHEC CME USE ONLY</p> <p>What is the highest level of outcome measurement that this activity will meet?</p> <p>LEVEL 1: Participation [attendance records] (<i>required</i>) LEVEL 2: Satisfaction [questionnaires completed by attendees] (<i>required</i>)</p> <p>Please choose one of the levels below (<i>required</i>):</p> <p>Competence measures [change in knowledge, skills, or attitude; intent or readiness to change practice] LEVEL 3A: Learning – Knows [pre- and post-assessment of knowledge of facts / data] LEVEL 3B: Learning – Knows How [pre- and post-assessment of applying information, commitment to change, reflective statement]</p> <p>Application measures [change in participant behaviors or practice] LEVEL 4: Learning – Shows How [observation during activity, follow-up survey of practice change] LEVEL 5: Performance [observation in a patient care setting, chart review]</p> <p>Impact measures [change in organizational practice, or in patient or community health outcomes] LEVEL 6: Patient Health [health status measures from chart of administrative databases] LEVEL 7: Community Health [epidemiology data, local / state / national reports] Other:</p> | Individual program evaluation | Follow-up survey of practice change | Commitment to change statement | Patient interviews | Skill evaluation during or activity | Chart reviews | Team-based debrief / assessment | Reflective statements | Review of department QI / data (<i>summary required</i>) | Pre- and/or post-test | | Other: | | | | |
| Individual program evaluation | Follow-up survey of practice change | | | | | | | | | | | | | | | | | |
| Commitment to change statement | Patient interviews | | | | | | | | | | | | | | | | | |
| Skill evaluation during or activity | Chart reviews | | | | | | | | | | | | | | | | | |
| Team-based debrief / assessment | Reflective statements | | | | | | | | | | | | | | | | | |
| Review of department QI / data (<i>summary required</i>) | Pre- and/or post-test | | | | | | | | | | | | | | | | | |
| | Other: | | | | | | | | | | | | | | | | | |
| DISCLOSURE OF FINANCIAL RELATIONSHIPS | | | | | | | | | | | | | | | | | | |
| <p>The ACCME requires that <u>ANYONE</u> who has the opportunity to influence the content of the CME activity [planners, reviewers, and presenters] disclose <u>ANY</u> and <u>ALL</u> financial relationships he/she may have with an INELIGIBLE COMPANY [within the last 24 months]; and that <u>ANY</u> potential financial relationship(s) be identified and mitigated before the activity occurs. A mitigation strategy for each person who has a relevant financial relationship must be selected and implemented before the person assumes the role.</p> | | | | | | | | | | | | | | | | | | |

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| 11. | Disclosure Forms | The Disclosure Form is the mechanism CME uses to identify potential relevant financial relationships. This form must be completed by all who control and contribute to the educational content including the Course Medical Director, planning committee members, speakers, authors, moderators, reviewers, etc. For case conferences, all participants who contribute to the course content should complete a Disclosure Form. |
| | | Disclosure Forms for planners, reviewers, faculty members, and confirmed speakers or contributing case conference attendees are attached. Disclosure Forms for planners must be included with the application. Disclosure Forms for speakers not yet identified and/or confirmed must be sent <u>prior</u> to the session. |
| 12. | Disclosure Verification | The ACCME requires that disclosure of all financial relationships (or the lack thereof) for <u>ANYONE</u> who has control over CME content is communicated to the CME audience prior to the activity. CME requires that disclosures be communicated to the learner in writing either on the program announcement, a disclosure handout, or in the slides. |
| | | How will disclosure information be conveyed to the audience during this activity? In written format: |
| | | Slides Flyer / brochure |
| | | Please note: Speaker disclosure is required, even if the conference does not receive commercial support. Disclosure is required, even if the speaker indicates that <u>NO</u> financial relationship(s) exist. |
| ADMINISTRATIVE AND OTHER FINANCIAL OBLIGATIONS | | |
| 13. | Advertising and Promotional Materials | The ACCME requires that all advertising and promotional materials must include objectives, names of joint providers, specified accreditation and credit statements, planners, reviewers, and faculty disclosure, and notification of any exhibit or commercial support. |
| | | How will the audience be notified about the conference [i.e., target audience, objectives, accreditation, designation of credits, etc.]? |
| | | Announcement Website: Email Monthly calendar Interdepartmental email Other: |
| | | Please include CME in all mailings, announcements, and email distribution lists. |
| 14. | Activity Budget | How will this program be financially supported? |
| | | Departmental organization / budget Registrations Other: |
| ACCREDITATION AND CREDIT REQUIREMENTS | | |
| 15. | Accreditation and Credit Statements | All communication regarding the educational activity will be required to have accreditation and credit statements. These statements will be provided by SR-AHEC CME once application has been reviewed and approved. |
| 16. | Content and Validation Policy | Accredited providers are responsible for validating the clinical content of CME activities they provide. |
| | | 1. All recommendations for patient care in accredited continuing education must be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options. |
| | | 2. All scientific research referred to, reported, or used in accredited education in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation. |
| | | 3. Although accredited continuing education is an appropriate place to discuss, debate, and explore new and evolving topics, these areas need to be clearly identified as such within the program and individual presentations. It is the responsibility of accredited providers to facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet adequately based on current science, evidence, and clinical reasoning. |
| | | 4. Organizations cannot be accredited if they advocate for unscientific approaches to diagnosis or therapy, or if their education promotes recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients. |

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| | | I have reviewed and understand the CME Clinical Content Validation Policy. | |
| | | Course Medical Director Initials: | |
| MANAGEMENT OF COMMERCIAL SUPPORT | | | |
| 17. | Commercial Support | Due to the volume of RSS, CME will not provide credit for RSS activities with commercial support. For individual CME activities, contact CME directly with any questions or inquiries regarding commercial support prior to initiating an application for an unrestricted educational grant. | |
| | | SR-AHEC adheres to the ACCME Standards for Integrity and Independence in Accredited Continuing Education. | |
| | | An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. | |
| | | Commercial support must be acknowledged to the audience. SR-AHEC acknowledges commercial support in the course announcement, brochure, or course materials, and prior to the start of any activity. | |
| 18. | Exhibitors | <p>It is the policy of SR-AHEC to comply with the ACCME Standards for Integrity and Independence regarding commercial exhibits at CME activities.</p> <ul style="list-style-type: none"> When commercial exhibits are part of the overall CME activity, arrangements for these exhibits must not influence planning or interfere with the presentation of CME activities. Exhibit placement should not be a condition of support for a CME activity. Marketing, exhibits, and non-accredited education developed by or with influence from an ineligible company or with planners or faculty with unmitigated financial relationships must not occur in the educational space within 30 minutes before or after an accredited education activity. [Standard 5] A separate contract will be used for exhibit arrangements. That contract will contain the terms, conditions, and prohibitions regarding exhibits associated with the education activity. All commercial supporters intending to exhibit or advertise in proximity to a CME activity will be provided with SR-AHEC's policies and procedures that do not allow sales or promotional activities while in the space or place of the CME activity. | |
| 19. | Acknowledgment of Exhibitors | All support (i.e., food provided by an exhibitor) must be acknowledged to the CME audience prior to the activity. | |
| | | SR-AHEC CME requests that the acknowledgement be provided in writing on the flyer, brochure, or a handout listing exhibitors. A written record of the acknowledgement must be kept and submitted with the appropriate session report. | |
| I have read and am aware of the ACCME educational criteria for AMA PRA Category 1 Credit(s)™ and the administrative requirements of SR-AHEC CME. I accept the responsibility for compliance with the ACCME Standards for Integrity and Independence, as outlined in this application. I understand that approval may be withdrawn by CME at any time if requirements are not met. | | | |
| Course Medical Director Signature | | | Date |
| APPLICATION CHECKLIST OF REQUIRED MATERIALS | | | |
| Joint Provider Agreement (if applicable) Planning committee meeting minutes Documentation of needs assessment Written goals / objectives Copy of the proposed program agenda and schedule with times [including registration and breaks], topics, and speakers] | | Planning committee reviewed and incorporated ACCME Criteria for Commendation [C23-38] Planners, reviewers, and presenters Disclosure Forms Promotional flyer / brochure Course Medical Director signature CME Application and Planning Guide completed in its entirety | |
| FOR SR-AHEC CME USE ONLY | | | |
| Date received by CME | | Date reviewed by CME | |
| Approved for _____ hours | | Not approved because _____ | |
| Start: _____ | End: _____ | CME Signature | |

APPENDIX 1: MENU OF CRITERIA FOR ACCREDITATION WITH COMMENDATION

To be eligible for Accreditation with Commendation, CME providers must demonstrate compliance with all of the Core Accreditation Criteria, in addition to eight criteria from the commendation menu. Choosing from the menu, providers need to demonstrate compliance with any seven criteria of their choice, from any category, plus one criterion from the “Achieves Outcomes” category, for a total of eight criteria.

All providers must demonstrate compliance with the applicable Standards for Integrity and Independence in Accredited Continuing Education and applicable policies.

Promotes Team-Based Education

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| Engages Teams | Members of interprofessional teams are engaged in the planning and delivery of interprofessional continuing education (IPCE). [formerly Criterion 23] |
| Engages Patients / Public | Patient / public representatives are engaged in the planning and delivery of CME. [formerly Criterion 24] |
| Engages Students | Students of the health professions are engaged in the planning and delivery of CME. [formerly Criterion 25] |

Addresses Public Health Priorities

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| Advances Data Use | The provider advances the use of health and practice data for healthcare improvement. [formerly Criterion 26] |
| Addresses Population Health | The provider addresses factors beyond clinical care that affect the health of populations. [formerly Criterion 27] |
| Collaborates Effectively | The provider collaborates with other organizations to more effectively address population health issues. [formerly Criterion 28] |

Enhances Skills

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| Optimizes Communication Skills | The provider designs CME to optimize communication skills of learners. [formerly Criterion 29] |
| Optimizes Technical / Procedural Skills | The provider designs CME to optimize technical and procedural skills of learners. [formerly Criterion 30] |
| Creates Individualized Learning Plans | The provider creates individualized learning plans for learners. [formerly Criterion 31] |
| Utilizes Support Strategies | The provider utilizes support strategies to enhance changes as an adjunct to its CME. [formerly Criterion 32] |

Demonstrates Educational Leadership

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| Engages in Research / Scholarship | The provider engages in CME research and scholarship. [formerly Criterion 33] |
| Supports CPD for CME Team | The provider supports the continuous professional development of its CME team. [formerly Criterion 34] |
| Demonstrates Creativity / Innovation | The provider demonstrates creativity and innovation in the evolution of its CME program. [formerly Criterion 35] |

Achieves Outcomes

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| Improves Performance | The provider demonstrates improvement in the performance of learners. [formerly Criterion 36] |
| Improves Healthcare Quality | The provider demonstrates healthcare quality improvement. [formerly Criterion 37] |
| Improves Patient / Community Health | The provider demonstrates the impact of the CME program on patients or their communities. [formerly Criterion 38] |