As an accredited provider subject to the review of the Accreditation Council for Continuing Medical Education, the Ada Canyon Medical Education Consortium is responsible for assuring compliance with their guidelines. Joint providership of CME credit puts our accreditation at risk if documentation is incomplete. For this reason, we outline the needs and requirements for credit approval in detail in this document.

Of note, please be advised that:

- Series applications will not be considered complete and ready for review until all information requested is submitted. **ACMEC will not accept incomplete applications for review.**
- To allow ample time for review, revisions and resolution of conflicts of interest, **complete applications for renewing series (approved for 2016) must be submitted at least 30 days prior to series start date, or at least 60 days prior to the series start date for new series.**
- Additionally, final approval for credit is dependent upon ACMEC’s ongoing (advance) receipt of additional details pertaining to each upcoming session within the series and the necessary documentation required (post-session) to demonstrate compliance. **All post-session documentation must be sent to ACMEC within two weeks of the session for final credit recording.**
- Failure to submit post-session documentation in a timely manner may result in the cancellation of credit for an individual series session.
- Continued failure to submit post-session documentation in a timely manner will result in revocation of series approval and credit.

## Section A: General Information

1. **ACMEC Affiliation:**
   - Select the hospital system/organization you are affiliated with. Your selection will help us determine application fees (if applicable) and categorization for activity reporting.
     - If affiliated with St. Luke’s, please also indicate your location/practice name (i.e. Boise, Meridian, Magic Valley, MSTI, etc.).
     - “Other” affiliates are organizations represented in ACMEC (i.e. ACMS, FMRI, WWAMI).
     - If none of these apply, select “None”.

2. **Activity Coordinator:**
   - Enter information for the individual responsible for the operational and administrative support of the series who will serve as ACMEC’s point of contact for ongoing series communication.

3. **Activity Director:**
   - Enter information for the **physician** who has overall responsibility for planning, developing, implementing, and evaluating the content and logistics of the series. Additionally, this person will be responsible for conducting mid-year and year-end series evaluations, and should be available to answer any questions regarding content that may arise.

4. **Planning Committee:**
   - Enter information for any other people chiefly responsible for the design and implementation of the series. Other than people who are solely speakers/faculty, please make sure to include anyone who has a hand in shaping the content of the overall series or individual series session.
     - For “Affiliation”, please indicate if they are part of your organization (i.e. St. Luke’s medical staff, MSTI support staff, etc.) or external (i.e. Idaho Department of Health and Welfare, etc.).
     - For “Content Expertise”, please list information on why they are on the planning committee/what expertise they bring to it (i.e. Cardio medical director, specializes in lung cancer DX/TX, etc.).
   - Add additional rows/sheets as necessary.

**Note:** Disclosures will need to be submitted for everyone involved in the planning and delivery of the series, and will be valid for twelve months from date of signature.
Section B: Series Information

1. Type of Series:
   - Indicate the type of series the application is for.
     o For “Other”, please be as descriptive as possible (i.e. Bioethics, Specialty Specific, Journal Club, etc.).

2. Series Title:
   - Enter the title for the series which will be listed on certificates and other identifying documentation.

3. Series Location:
   - Enter the hospital/practice/organization, city and state where a majority of the series will take place.

4. Series Start Date & Series End Date:
   - Enter the proposed start and end dates for the series.
     o Date must fall between January 1, 2017 and December 31, 2017.

5. Frequency:
   - Identify the frequency of the series.
     o Select if the series is Weekly, Bi-Monthly, Monthly, Quarterly, Enduring Material or Other.
       ▪ If “Other”, please specify (i.e. 3x/month, bi-annually, January/March/May/September/November).
     o For all selections other than “Weekly” or “Enduring Material”, indicate the week(s) when the series is scheduled.
     o For all selections other than “Enduring Material”, indicate the day of the week the series is scheduled.
   - Once all selections are made, they should be able to be interpreted collectively (i.e. Bi-monthly, the first and third Wednesday).

6. Time of Lecture:
   - Indicate the proposed start and end times for each session (i.e. 8am – 9am).
     o Be as specific as possible as this information will help in determining individual and overall series CME credit(s).
       ▪ Credits are based on actual programming time in quarter hour increments (15 min. = 0.25 CME), excluding breaks, rounded down.
       ▪ Highly recommend scheduling in quarter hour increments to ensure participants maximize CME credits for session.

7. CME Credits Per Occurrence Requested & Total Series CME Credits:
   - Utilizing the time for each individual session and the frequency of the series, indicate the CME credits per occurrence and total series CME credit requested (i.e. 1 hr. monthly series = 1 CME credit per session, x 12 sessions = 12 total CMEs for series).

8. Anticipated # of Participants:
   - Indicate the anticipated number of participants for each session.
     o If series participants are known/set (i.e. committee, individual department, etc.), be as specific as possible.

9. Other CE Credit Offered:
   - Indicate whether you will be providing other CE credit for the series.
Section C: Activity Planning

1. Overall Purpose/Goal:
   - Briefly (max. 50 words) describe the overall purpose/goal of the series (i.e. To provide ongoing education on advances in the prevention, evaluation, diagnosis, treatment and management of diabetes to ensure providers are providing appropriate care.).

2. Target Audience:
   *CME activities should be developed mainly for physicians; does not preclude other providers from participating.*
   - Indicate your primary target audience for the series.
     - At least one box from each category (Geographic Location, Provider Type, and Specialty) must be selected.

3. Desirable Physician Attributes / Core Competencies:
   *CME activities should be developed within the context of desirable physician attributes / core competencies.*
   - Select at least one of the ACGME/ABMS/IOM competency areas you feel the series will address.
     - For reference, see Physician Attributes document.

4. Needs Assessment:
   *The educational needs of participants underlying professional practice gaps should be incorporated into the planning of CME activities.*
   - Select at least two types of data used to plan the series and provide list/links of sources.
     - Actual copies of data need to be included with the series application as supporting documentation.
       - If you cannot provide documentation, DO NOT check that source.

5. Gaps, Needs and Learning Objectives:
   *CME activities should be developed to address the educational needs that underlie professional practice gaps and align objectives to bring about changes in participants.*
   - Utilizing the format provided in the samples, indicate the gap(s), need(s), type(s) of gap and objective(s) the overall series intends to address (min. one for each).
     - For gap(s), indicate the problem(s)/current practice vs. ideal practice the series attempts to address.
     - For need(s), indicate what participants attending the series need to close each identified gap.
     - For type(s) of gap(s), indicate whether each identified gap is a gap in knowledge (information), competence (ability), or performance (application/in practice).
     - For objective(s), indicate an appropriate learning objective for each identified gap/need/type.
       - For reference, see Writing Learning Objectives document.
       - Use knowledge level verbs if your gap is in knowledge, comprehension level verbs if your gap is in competence, and levels in application and above for gaps that may be in performance.
       - Learning objective(s) must be included on the evaluation form.

6. Educational Format / Methodology:
   *CME activities should be developed with adult learning principles in mind as some objectives are better met through particular format(s).*
   - **Format/Method:** Select which educational format(s)/method(s) will be used to achieve the stated goal(s) and objective(s) of the series.
   - **Appropriateness:** For each format/method selected, briefly describe why it is appropriate for the series and how it will assist in accomplishing series objective(s).
   - **Tools:** Indicate if any tools will be provided to participants to assist with the changes in practice learned during the series, and list/describe if so.
7. **Planning Process:**

CME activities should be developed independently of commercial interests.

- **Identification:** Indicate who has identified/will identify the topics and speakers for the series.
- **Criteria:** Indicate what criteria were used/will be used in the selection of speakers for the series.
- **Commercial Interest:** Indicate if any employees/affiliates of a commercial enterprise were/will be involved in the identification of needs, topics, and/or speakers, and/or the development of content for the series, and if so, describe involvement.
  - A commercial interest is defined by ACCME as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.
  - ACCME does not consider providers of clinical service directly to patients to be commercial interests.
- **Topics:** Indicate if you have a set group of topics you plan to cover during the series, and if so, list topics.
- **Description:** To provide a more thorough understanding of your process, provide a brief description of the ongoing method for selection of topics/speakers for the series.
- **Case-Based Series:** To provide a better understanding of your case-based series, provide additional information of how the case discussions are/will be structured and presented, and how case presenters/moderators and cases are/will be chosen.

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### Section D: Evaluation and Outcomes

1. **Evaluation and Outcomes Measurement:**

CME activities should be designed to change competence (ability to apply knowledge, skills or judgment in practice), performance (what is actually done in practice), or patient outcomes (actual outcomes in individual patients and/or patient populations). The evaluation component provides a means through which planners can analyze changes in learners as a result of an educational activity. Evaluation and outcomes measurement must be tied to your learning objective(s), should contribute to an overall series assessment, and lead to identification of improvements/needed changes to better achieve desired outcomes.

- Select which changes the series measures.
  - “Competence”: Ability to apply knowledge, skills or judgment in practice (knows how to).
  - “Performance”: What is actually done in practice (does).
  - “Patient Outcomes”: Actual outcomes in individual patients and/or patient populations.
- For each selection, select how you will measure if changes have occurred.
  - Participant evaluations incorporating required ACMEC questions must be provided for each session, or on a quarterly basis for Case-Based Series.
  - You will be asked to provide summary data for the evaluation methods selected with your post-session documentation.
- **Commercial Interest:** Indicate if any employees/affiliates of a commercial enterprise were/will be involved in the evaluation of the series, and if so, describe involvement.

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### Section E: Activity Management

1. **Budget:**

CME activities should be developed independently of commercial interests, following the ACCME Standards for Commercial Support.

- For each session that includes educational support, the preliminary budget is required in advance and the final budget must be submitted with post-session documentation following the session.
- Regardless of support, a budget for the first session is required to be submitted with application (highly recommend using ACMEC RSS Budget Template).
  - Budget for entire series may be submitted if all details are known/can be estimated at time of submission.
- Regardless of support, a final budget will also be required at the end of the overall series.
Budget (continued):

- **SCS**: Indicate if the Activity Director and Activity Coordinator are familiar with the Standards for Commercial Support (SCS) and budget transparency required for all certified educational activities.
  - For reference, see *ACCME Standards for Commercial Support* document.
  - If unfamiliar or unclear, plan to have an early discussion with ACMEC to ensure compliance.
- **Commercial Support**: Indicate if the series will receive educational support (financial or in-kind grants or donations) from any company, foundation, institution or society outside of your department.
  - If yes, by selecting the box you indicate you have read and agree to abide by the ACCME Standards for Commercial Support.
  - If yes, identify the type(s) of support you are expecting for the series.
    - Educational Grants: Commercial – *ACCME defined commercial interest*.
    - Educational Grants: Non-Commercial – *Non-profit, governmental, foundation, etc.*
    - In-kind support – *Equipment, supplies, etc.*
  - If yes, indicate the number of supporters and total collective amount of funding expected.
  - Details must be entered on Educational Support tab of the *ACMEC RSS Budget Template*.
  - If receiving commercial support, contact ACMEC early in your planning to clarify requirements and expectations, and complete an *Agreement for Commercial Support* for each source.
- **Vendors/Exhibitors**: Indicate if vendor/exhibit tables be allowed at the series.
  - If yes, indicate the number of exhibitors and total collective amount of exhibitor fees expected.
  - Details must be entered on Educational Support tab of *ACMEC RSS Budget Template*.
- **Registration**: Indicate if registration fees will be charged.
  - Details must be entered on Budget tab of *ACMEC RSS Budget Template*.
- **Speaker Expenses**: Indicate if speaker expenses (honoraria, travel expenses, etc.) are anticipated.
  - Details must be entered on Faculty tab of *ACMEC RSS Budget Template*.
- **Catering Expenses**: Indicate if food/refreshment expenses are anticipated.
  - Details must be entered on Budget tab of *ACMEC RSS Budget Template*.

2. Attendance:
   *Recording of attendance should be done using a self-recording process, including the participant in the process through signatures/initials/credential swipe.*

- Describe how attendance will be recorded/managed (highly recommend using *ACMEC Attendance Template*).
  - Original documents with signatures/initials must be submitted with your post-session documentation.
  - Names must be legible. If handwritten, provide a typed list of attendees with your post-session documentation (highly recommend using *ACMEC Attendance Summary Template*).
- For any meetings over four hours, attendance must be taken twice, once in the morning and once in the afternoon.
- A summarized attendance record/sheet is required to be submitted with your post-session documentation and must include a TOTAL ATTENDEE COUNT (physicians plus non-physicians) regardless of whether they are claiming CME credit or not, and the following fields/details for each participant: name, credential, city and state, and total hours attended/CME credits being claimed.
- Actual credit for participants will not be completed and placed in our database until all post-session documentation, including summarized attendance, is submitted.

3. Marketing:

- Indicate how the series/sessions will be promoted.
- Indicate if you would like the series listed on the ACMEC newsletter/website.
- **All promotional materials must be approved in advance and at minimum contain the following:**
  - Series title
  - Session title, date, start time, end time, and location
  - Contact information
Marketing (continued):

- Joint Providership Statement
  - This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Ada Canyon Medical Education Consortium and <insert name of your organization>.

- Accreditation Statement
  - The Ada Canyon Medical Education Consortium is accredited by the Idaho Medical Association and the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

- AMA Credit Statement
  - The Ada Canyon Medical Education Consortium designates this live activity for a maximum of <insert # of session credit(s)> AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

  - Joint providership, accreditation and credit statements can be combined in one paragraph.
  - Any announcement referencing actual number of CME credits must clearly include the complete joint providership, accreditation and credit statements as stated above.
  - A “save the date” announcement (such as card mailer with limited space) may indicate that AMA PRA Category 1 Credit(s)™ will be provided without stating an exact amount, but only if ACMEC has ALREADY approved and certified the activity.
    - This announcement may read, “This Activity has been approved for AMA PRA Category 1 Credit(s)™.”

  - Providers may NEVER publish or announce that “CME credit has been applied for.”

Section F: Certifications

1. Certification:
   - Actual signatures from the Activity Director and Activity Coordinator certifying that the application was completed accurately and attesting to the validity of the information contained within required.
   - Signatures also indicate willingness to collaborate with the Ada Canyon Medical Education Consortium to ensure that the planning and implementation of the proposed CME series are consistent with the policies and procedures of ACMEC and the ACCME.

Section G: Required Attachments/Supporting Documents

For each section, the following attachments/supporting documents are required to be submitted with the series application to consider the submission complete. Incomplete applications will not be reviewed until all items are received.

Section A: General Information Required Attachments/Supporting Documents

1. Disclosures for Activity Director, Activity Coordinator, Planning Committee and lead speakers/faculty
   - For reference, see ACMEC Disclosure document.
   - ACMEC Disclosure forms must be completed, collected, reviewed, and shared with participants PRIOR to the start of each session by all those who planned in advance to be in a position to control the content of the series.
     - Intent is disclosure of financial relationships with commercial interests that may influence or bias the presentation, and disclosure of content on non-FDA approved indications.
   - In addition to lead speakers/presenters, this also includes the Activity Director and Activity Coordinator, and members of the planning committee.
   - Please contact ACMEC if you have any questions regarding who should complete this form.
Disclosures for Activity Director, Activity Coordinator, Planning Committee and speakers/faculty (continued):

- If the Activity Director has a conflict of interest for a particular session, please contact ACMEC in advance.
- ACMEC will review disclosures and contact Activity Director and Activity Coordinator with details for resolution of any conflict of interest.

2. CVs or bio forms for Activity Director, Planning Committee, and lead speakers/faculty

   - For reference, see ACMEC Bio Form document.
   - A curriculum vitae or brief bio of each presenter must be provided.
     - The intent is to document that the individual presenting has appropriate qualifications to address the topic in a scholarly manner. ACMEC is primarily interested in academic credentials.

3. Presenter Attestations for Activity Director and speakers/faculty for first meeting

   - For reference, see ACMEC Presenter Attestation document.

4. Speaker Information Checklist

   - To help keep track of information and required documentation, complete ACMEC Speaker Information Checklist and submit with series application.

Section B: Series Information Required Attachments/Supporting Documents

5. Agenda for first meeting including topic/title, speaker(s), location, date, start time, end time, breaks (if applicable), and accreditation statement with anticipated CME credit(s)

Section C: Activity Planning Required Attachments/Supporting Documents

6. Needs assessment supporting documentation (reports, articles, data, survey results, etc.)

Section D: Evaluation and Outcomes Required Attachments/Supporting Documents (N/A for Case-Based Series)

7. Evaluation for first meeting incorporating required ACMEC questions (highly recommend using ACMEC Evaluation Template)

   - For reference, see ACMEC Evaluation document.
     - Required ACMEC questions indicated with *. 
     - You may change the order of the questions or add questions, but we ask that this template be used as a guide as to what questions to ask.
     - If you have your own evaluation method in place, please contact ACMEC to receive approval.
     - Once the evaluation is approved, please continue to use template for all future series sessions.

Section E: Activity Management Required Attachments/Supporting Documents

8. Budget for first meeting (highly recommend using ACMEC RSS Budget Template)

   - Budget for entire series may be submitted if all details are known/can be estimated at time of submission.
   - For reference, see ACMEC RSS Budget Template document.
     - Calculations should be automatically processed and recorded.
   - As applicable, please complete Educational Support and Faculty tabs.
     - Data from these tabs will help populate corresponding sections in Budget tab.

9. If applicable, Agreement for Commercial Support for each source providing support

   - For reference, see Agreement for Commercial Support document.
     - Intent is to involve ACMEC in the process in role of accredited provider to ensure understanding of and compliance with Standards for Commercial Support.
10. Attendance mechanism for first meeting incorporating required ACMEC fields/details (highly recommend using ACMEC Attendance Template)

- For reference, see ACMEC Attendance Template document.
- All series must provide a mechanism for attendees to prove their attendance.
  - We recommend that you use a sign-in sheet and we require that all original sign-in sheets be turned in with each packet.
  - Each session should have its own separate sign-in sheet.
  - You can use the ACMEC Attendance Template and tailor it to each of your sessions, ensuring that all fields/information listed is collected.
  - When participants are known (committee, department, advance registration, etc.), we highly recommend pre-populating names into attendance sheet to expedite check-in and post-session attendance summary.
- If you have another method to verify attendance, please contact our office to receive approval.
- Once an attendance mechanism is approved, please continue to use for all future series sessions.

11. Marketing/promotional materials for first meeting incorporating required elements

- All promotional materials must be approved in advance of credit details being shared.

Section H: Submission

1. Person Completing Application:
   - Enter information for the individual responsible for completing the application.

2. Fees:
   - Select corresponding application fee.
   - ACMEC requires submission of application fee prior to granting approval, so please remit payment with the series application or shortly thereafter in person or via mail to prevent any delays in approving your series.

3. Submission:
   - Email to acmec@acmec.org is preferred method of submission for completed applications and supporting documents with the subject SERIES APPLICATION: <Insert Series Name>.
   - Hard copies acceptable, but may require re-submission of certain documents via email.
     - Please double-side documents as much as possible/as appropriate if submitting hard copies.
   - DO NOT FAX APPLICATIONS. Faxed applications will not be reviewed.

4. Review and Approval
   - The application and supporting documents will be reviewed in a timely manner in order to determine the proposed regularly scheduled series’ eligibility for credit.
     - While typically shorter, please allow at least two weeks for INITIAL REVIEW.
   - Once approved, a confirmation letter will be sent to the Activity Director and Activity Coordinator outlining expectations, responsibilities and requirements for compliance.
   - Final approval for credit is dependent upon ACMEC’s ongoing (advance) receipt of additional details pertaining to each upcoming session within the series and the necessary documentation required (post-session) to demonstrate compliance.
FINAL NOTE

The production of an accredited CME program is a complex task. As you proceed through the process, please feel free to contact our office for guidance, clarification and assistance.

ACMEC holds complete liability for the accreditation process that provides some 14,000 hours of credit to area providers. The importance of our continued accreditation and cooperation with the aforementioned guidelines cannot be over emphasized. We look forward to partnering with you to provide our community with quality CME.