

PRE-APPLICATION FOR ACCREDITATION OF  
INTRASTATE SPONSORS  
OF CONTINUING MEDICAL EDUCATION



2429 Emerywood Parkway, Suite 300  
Richmond, Virginia 23294  
(804) 377-1040

## THE PRE-APPLICATION PROCESS

### **Purpose of the Pre-application:**

The purpose of the pre-application is to assist the organization seeking accreditation and the Medical Society of Virginia in determining whether the applicant organization is likely to be in compliance with accreditation Criteria, and policies necessary to provide accredited continuing medical education (CME). Generally, applicants receive written notification from the MSV within four weeks of receipt of the completed pre-application. If it is determined that the organization should continue the application process, a more extensive *Self Study for Initial Accreditation* must be completed.

Initial applicants for accreditation are expected to provide information and evidence to show compliance with accreditation **Criteria 1-3 and 7-12**. The initial accreditation decision will be based on compliance with those **Criteria**. **The completed Self Study must be received by the MSV within 12 months from the date the applicant organization is invited to continue the application process**, unless an extension is authorized by the MSV Education Consultant. Failure to submit a Self Study within the 12 month period or within an approved extension may lead to submission of a new pre-application to continue the accreditation process.

**In order to complete the pre-application an applicant must have completed at least one CME activity with documentation of planning that can be reviewed and evaluated. Applicants who continue the application process and complete a *Self Study for Initial Accreditation* must plan, implement and evaluate at least two CME activities within 24 months prior to the initial MSV accreditation survey interview. In addition, for initial**

**accreditation a portion of a live activity is reviewed during the site survey.**

Please read the entire pre-application before beginning to complete it. It is also recommended that you review the following documents, available on line at MSV.org: Procedures for CME Accreditation; MSV Accreditation Policies; MSV Updated Criteria; and the Standards for Commercial Support.

### **Contents of the Application:**

The Medical Society of Virginia (MSV) and its representatives will hold the contents of the pre-application in confidence. Data for statistical analysis and/or research purposes may be collected, but will be used as group data so that an organization cannot be identified.

When the pre-application has been completed, number the pages consecutively in the upper right hand corner. (The numbers may be written.)

**Mail three hard copies of the pre-application and supporting document, or mail the pre-application and supporting documents on a USB stick flash drive or on a CD.**

Completed pre-applications and supporting documents should be sent to: Pam Mazmanian, Medical Society of Virginia, 2924 Emerywood Parkway, Suite 300, Richmond, VA 23294.

For additional information, please contact Pam Mazmanian at (804) 377-1040, or by email at pmazmanian@msv.org.

**MEDICAL SOCIETY OF VIRGINIA**  
**Pre-application for MSV Accreditation**

**ORGANIZATIONAL INFORMATION**

<b>Name of applicant organization:</b> (as it should appear on Medical Society of Virginia documents)			
Address of applicant organization:  (To be eligible for MSV accreditation the applicant's headquarters must be in Virginia, except in those cases where an applicant is located in a contiguous state that does not have a program to accredit intrastate providers of CME.)			
<b>Chief executive officer of applicant organization:</b>			
Name:			
Title:			
Address:			
Telephone number:			
e-mail address:			
<b>Individual with responsibility (leadership) for the overall CME program, e.g., CME Committee Chairman, Director of CME:</b>			
Name:			
Signature:		Date:	
Title:			
Address:			
Telephone number:			
e-mail address:			
Length of time in position: ____ years		Hours per week spent on CME: ____ hours	
This position is: <input type="checkbox"/> paid		<input type="checkbox"/> volunteer	
<b>Support staff and personnel who help implement the CME program: (If there is more than one person, attach a separate sheet, listing names, titles and number of hours per week spent on CME.)</b>			
Name:		Title:	
Address:			
Telephone number:		Fax number:	
e-mail address:			
Length of time in position: ____ years		Hours per week spent on CME: ____ hours	
This position is: <input type="checkbox"/> paid		<input type="checkbox"/> volunteer	
<b>Contact person for pre-application:</b>			
Name:		Telephone Number:	

## Background Information

1. Type of organization:

- Hospital  
 Health Care System  
 Other

2. Identify the geographic area to be served by your CME program:

**NOTE:** To be eligible for CME accreditation, less than 30% of the physicians served may be from beyond Virginia and its contiguous states. If more than 30% of the physicians served are from beyond Virginia and contiguous states, the applicant is not eligible for MSV accreditation but may be eligible for national accreditation through the ACCME.

3. Has your organization conducted and completed at least one CME activity within the past 12 months (including an evaluation)?

- Yes  No (If no, your organization is not eligible for accreditation)

4. Do your CME activities adhere to the MSV definition of CME<sup>1</sup>?

- Yes  No (If no, your organization is not eligible for accreditation)

**NOTE:** For more information on eligibility requirements, refer to MSV Procedures for CME Accreditation. If your organization is not eligible for MSV accreditation, please do not submit this pre-application. MSV will not review materials provided by organization ineligible for accreditation, but will retain the pre-application fee.

5. Your organization (Check one box per line):

- Does  Does not provide Type 1 credit, e.g., AAFP, ACOG, AMA/PRA Category 1  
 Does  Does not produce enduring materials  
 Does  Does not produce internet-based CME (live or enduring materials via the internet)  
 Does  Does not produce journal-based CME  
 Does  Does not receive commercial support

6. Attach an organizational chart that shows the organizational structure and staff reporting relationship for your CME program.



Insert behind the document page. **Label as document 1 – Organizational Structure**

7. If your CME program has audited financial statements, attached a copy of these statement for the past year or if your CME program does not have annual audited financial statements, attach a CME program income and expense statement for the past year.



Insert behind the document page. **Label as document 2 – Income/Expense Reports**

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<sup>1</sup> Continuing Medical Education (CME) consists of educational activities which serve to maintain, develop, or increase the knowledge, skills and professional performance, and relationships that a physicians uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

## Mission Statement

**Criterion 1.** The provider has a mission statement that includes all of the basic components (CME purpose, content areas, target audience, type of activities, expected results) with expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program

8. Attach your CME mission statement (C1)

**Highlight** and **Label** each required component as: (1) purpose, (2) content areas, (3) target audience, (4) types of activities, and (5) expected results of the program.



Insert behind the document page. **Label as document 3- Mission Statement**

**Note:** It is important that the Mission Statement identifies the expected results of your CME program in terms of changes in competence, performance, and/or patient outcomes).

9. Check all that apply. The expected results of the CME program are changes in:

- Changes in competence
- Changes in performance
- Changes in patient outcomes

10. Referring to your mission statement, what are the expected results of your CME program?

## Program Planning

**Criterion 2.** The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.

**Criterion 3.** The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in the mission statement.

11. What sources are consulted or used to identify problems or gaps in professional practices that are the subject/content of CME activities?

12. What are some of the problems or gaps in professional practice that have been the subject/content of CME activities?

13. (Underlying identified problems/gaps in practice is a learning need for a change in knowledge, attitudes, competence and/or performance.) How are the educational needs (for change in knowledge, attitudes, competence and/or performance) that CME activities/interventions address decided?

14. What are some examples of specific changes your CME activities/interventions were designed to help bring about?



Insert behind the document page, one example of an activity announcement. Also include documentation of program planning that shows the problems/gaps in practice and the educational need the activity was intended to address. **Label as Document 4- Program Planning.**

## Standards for Commercial Support of CME

**Criterion 7.** The provider develops activities/educational interventions independent of commercial interests (SCS 1, 2, and 6)

**Criterion 8.** The provider appropriately manages commercial support (if applicable, SCS 3).

**Criterion 9.** The provider maintains a separation of promotion from education (SC 4).

**Criterion 10.** The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest (SCS 5).

15. Describe the practices you have in place that demonstrate your organization's CME planning process is independent or free of the control of a commercial interest. (*Refer to SCS 1,1-Criteria 7*):

16. Describe the mechanism implemented to *identify conflicts of interest*<sup>2</sup> prior to delivery of the educational activity (*Refer to SCS 2.1-Criteria 7*):

17. Describe the mechanism implemented to *resolve conflict of interest prior* to delivery of the educational activity (*Refer to SCS 2.3-Criteria 7*):

18. Through what mechanism(s) are learners provided with disclosure information to include (SCS 6.1, 6.2, 6.5):

- The name of the individual
- The name of the commercial interest
- The nature of the relationship the person has with each commercial interest, or that no relevant financial relationship exists?

19. Describe the process(es) used to ensure that commercial support for CME activities is disclosed to learners (*Refer to SCS 6.3 and 6.5*).

20. Do you have a written policy governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers, and authors (*Refer to SCS 3.7 and 3.8*)?

Yes                       No

21. Do you have a letter of agreement for accepting commercial support of CME?

Yes                       No

Attach one sample that shows how you transmitted information to learners about any relevant financial relationships or that none exist for all those with control over content (e.g., speakers, program planners)

[Insert behind the document page. Label as Doc 5-SCS 6.1](#)

Attach one sample that shows how you have disclosed to learners commercial support of a CME activity.

[Insert behind the document page. Label as Doc 6-SCS 6.3](#)

Attach a copy of the Letter of Agreement that describes the terms, conditions and purposes of commercial support. [Insert behind the document page. Label as Doc 7-SCS 3](#)

<sup>2</sup> When the provider's interests are aligned with those of a commercial interest, the interests of the provider are in 'conflict' with the interest of the public. The interests of the people controlling CME must always be aligned with what is in the best interests of the public. The MSV considers financial relationships to create actual conflicts of interest in CME when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME about the products or services of that commercial interest.



## Evaluation - Activities

**Criterion 11.** The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.

22. What processes do you use to analyze changes in learners' competence, performance and/or in patient outcomes related to your CME program activities/educational interventions?

## Evaluation-Overall CME Program and Mission

**Criterion 12.** The provider gathers data or information and conducts a program-based analysis of the degree to which the CME mission of the provider has been met through the conduct of CME activities/educational interventions.

23. How do you determine whether the CME program activities (all activities/interventions) are addressing the target audience, content areas, type of activities, and purpose of the CME program and achieving its expected results, as stated in the mission statement?

<b>DOCUMENTS</b> (Place documents behind this page)		
<b>Doc #</b>	<b>Description</b>	<b>Reference</b>
<b>BACKGROUND INFORMATION</b>		
<b>Doc 1</b>	Organizational Structure	
<b>Doc 2</b>	Income/Expenses Report	
<b>MISSION STATEMENT</b>		
<b>Doc 3</b>	Mission Statement	<b>C 1</b>
<b>PROGRAM PLANNING</b>		
<b>Doc 4</b>	Program Planning	<b>C 2, C 3</b>
<b>STANDARDS FOR COMMERCIAL SUPPORT</b>		
<b>Doc 5</b>	Disclosure to Learners	<b>SCS 6.1</b>
<b>Doc 6</b>	Disclosure of commercial support of CME to learners	<b>SCS 6.3</b>
<b>Doc 7</b>	Letter of agreement with commercial sources	<b>SCS 3.13</b>

Please submit three copies of your completed pre-application and supporting documents, along with a check for \$200 made payable to the Medical Society of Virginia. Alternatively, the completed pre-application and supporting documents may be submitted on a USB stick flash drive or CD. The pre-application will not be processed unless the fee is included. Fees are non refundable. The completed pre-application and check should be mailed to: Pamela Mazmanian, Medical Society of Virginia, 2924 Emerywood Parkway, Suite 300, Richmond, VA 23294. For more information, please contact Pam Mazmanian at (804) 377-1040 or by email at [pmazmanian@msv.org](mailto:pmazmanian@msv.org).

Organization: _____
Name of CEO: _____
Signature of CEO: _____ Date: _____
Name of CME Contact: _____
Signature of CME Contact: _____ Date: _____