

Affix these labels to CME activity **evidence to verify** that the activity meets the Criterion on the label.  
 For enduring and internet CME, see **Instructions for Submitting Your Performance in Practice at MSV. org.**  
 Avery Standard File Folder Labels #5266 (REV 9/16/2010)

Attach a copy of a brochure or meeting announcement used to inform the learner about the activity.

13 C8  
SCS  
3.4-3.6 All signed written agreements (C8; SCS 3.4-3.6)

1 C2 Evidence of the health care problem or gap in practice on which the activity is based. (C2)

14 C18  
SCS  
3.1.3 Evidence of accurate documentation detailing the receipt and expenditure of commercial support (C8; SCS3.13)

2 C3 Evidence of the identified educational need to change knowledge, competence or performance. (C3)

15 C7  
SCS  
6.3-6.5 Evidence that prior to the activity, commercial support was disclosed to learners. (C7; SCS 6.3-6.5)

3 C4 Evidence that the content of the activity relates to learners' practice. (C4)

Please use these labels to indicate the criterion to which the documentation refers. Sections of the document(s) showing compliance with the specific criterion should be highlighted, marked or designated in some way.

4 C5 Evidence that the selected format is appropriate to achieving the objective/desired result of the activity. (C5)

5 C6 Evidence of the competencies the CME activity is designed to address, e.g., IOM, ACGME/ABMS. (C6)

**Note:** If the activity is an enduring material, journal activity, internet activity or an enduring material provided on-line, demonstrate that the activity is in compliance with the additional MSV policies related to that type of activity.

Refer to MSV Accreditation Policies, at MSV.org, under CME Intrastate Accreditation (on the pull down menu, under "Advance My Professional Development.")

6 C7  
SCS  
2.1 List of all individuals in control of content of CME activity, e.g., planner, faculty). (C7; SCS 2.1)

7 C7  
SCS  
2.1 Evidence that all those in a position to control content (e.g., planners, speakers) disclosed financial relationships to the provider. (C7; SCS 2.1)

8 C7  
SCS  
2.3 Evidence of how identified conflicts of interests were resolved/ mitigated, prior to the activity, to not influence content. (C7; SCS 2.3)

If any of the activities, or initiatives related to the activity, includes evidence to demonstrate compliance with C 16-22, provide the evidence for some or all of the following criteria:

**C 16, 20, 21, 22:**

The CME program is engaged in hospital or health care system initiatives for improving the quality of patient care through collaboration with other stakeholders inside the hospital or health care system, and it implements activities and educational interventions to improve professional performance including patient safety and health care quality improvement.

**C 17**

The CME program facilitates desired changes in knowledge, competence or performance through other means in addition to planned CME activities/educational interventions.

**C18**

The CME program identifies barriers to changing learners' knowledge, competence or performance that impact on patient outcomes.

**C19**

The CME program implements strategies to remove barriers to changes in learners' knowledge, competence or performance.

**NOTE:** A provider may achieve exemplary compliance without verification that each activity demonstrates compliance with C 16-22

9 C7  
SCS  
6.1-6.2  
6.4-6.5 Evidence of disclosure of relevant (or no) financial relationships is made to learners prior to activity. (C7; SCS 6.1-6.2, 6.4-6.5)

10 C2  
C11 Data on changes in learners' knowledge, competence, performance, or in patient outcomes related to this activity. (C11)

11 C8  
SCS  
3.8,3.10 Evidence that honoraria and reimbursement are paid in compliance with provider's policies (C8; SCS 3.8; 3.10)

**If Commercially supported, attach:**

12 C8  
SCS  
3.4-3.6 A list of all commercial supporters for the activity, *if applicable*. (C8; SCS 3.4-3.6)