

**PRE-APPLICATION FOR ACCREDITATION OF
INTRASTATE PROVIDERS
OF CONTINUING MEDICAL EDUCATION**



Please contact Amy Swierczewski at (804) 377-1053, or by email at aswierczewski@msv.org before you begin the pre-application process.

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(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 (MSV) in determining whether the applicant organization is likely to be in compliance with accreditation Criteria, including the Standards for Commercial Support, 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* report must be completed.

The ACCME and MSV

The Accreditation Council for Continuing Medical Education (ACCME) is the organization that sets educational standards and policies for CME activities. ACCME accredits organizations that serve a national target audience of physicians and recognized state medical societies as accrediting partners within the states that choose to operate as accreditors. If more than 2/3's of the physician audience in your proposed CME program comes from outside Virginia and its contiguous states, or if your organization is an LCME -accredited school of medicine, contact the ACCME for national accreditation.

The MSV is recognized by the ACCME as an accreditor of CME providers in Virginia. MSV's system of accreditation is equivalent to that of the ACCME's national system of accreditation; therefore, you will see some reference to ACCME policies. Additional information about the ACCME, policies, criteria, and compliance information can be found at www.accme.org. Please keep in mind that the MSV and ACCME use the same accreditation standards, but timelines and the accreditation review processes may differ.

On-line Resources:

The first step in becoming an intrastate accredited provider of CME is to gain a thorough understanding of the accreditation requirements and processes. Recommended Medical Society of Virginia (MSV) resources to review prior to completing the Pre-application for Accreditation (pre-application) include:

- 1) [Procedures for Accreditation](#)
- 2) [Accreditation Criteria \(including Standards of Commercial Support\)](#), and [Accreditation Policies](#)
- 3) [Accreditation Resources](#), including sample forms

Many resources are available at ACCME website (www.accme.org/resources) that may be helpful to first time applicants including:

- [FAQs](#) regarding accreditation
- [Provider examples](#) of Compliance and Noncompliance based on findings from ACCME accreditation reviews
- [Standards of Commercial Support Resources](#)
- [Sign Up](#) for the ACCME Newsletter and other e-mail announcements
- [View upcoming ACCME events](#) including workshops and webinars

Eligibility to Apply for MSV Accreditation

Applicants must meet the following requirements in order to be eligible for accreditation:

1. **Separate Entity:** The Applicant must be organized as an entity with a governing body that formally has adopted bylaws or comparable governing rules or procedures which, at a minimum, explain by whom and how decisions are made in general, and specifically what the lines of authority are regarding CME decision making. The governing body also shall have adopted a mission statement
2. **Experience:** The Applicant currently must offer a planned program that follows the requirements of a CME program and in the 12-month period immediately preceding the submission of its application, must have offered one or more planned activities with documentation of planning that can be reviewed and evaluated.
3. **Documentation of Capacity:** The Applicant must have documentation of its capacity to facilitate and conduct the education of physicians in the medical or medically related field

4. Documentation of Commitment: The Applicant must a mission statement documenting its commitment to CME
5. Population Served: An initial Applicant must have documentation that, for the 12 month period immediately preceding the submission of its application, a minimum of 2/3's of its CME registrants were licensed to practice medicine in Virginia and/or adjoining states.
6. Location of Headquarters and Activities: The Applicant's headquarters for CME must be within the Commonwealth of 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. Organizations with a national audience should apply for accreditation from the ACCME
7. Commercial Interest: A commercial interest is ineligible for accreditation and may not engage in joint providership of educational activities. A commercial interest is defined as *an entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.*
8. Type of Organization Eligible for Accreditation: The following type of organizations may be eligible for accreditation through the Medical Society of Virginia: Providers of clinical services directly to patients and institutions whose primary mission is the education and training of medical students, osteopathic students and physicians-in-training.
9. Type of content: Applicants should present activities that have "valid" content. Specifically, the organization must be presenting activities that promote recommendations, treatment or manners of practicing medicine that are within the definition of CME. Providers are not eligible for accreditation if they present activities that promote treatments that are known to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients

Pre-application Review:

In order to complete the pre-application an applicant must have completed at least one CME activity, within the 24 months preceding the date the pre-application for accreditation was submitted. Applicants who are invited to 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 submission of the *Self Study for Initial Accreditation*. The CME activities identified in the pre-application and in the *Self Study for Initial Accreditation* do not need to be designated for credit, but should demonstrate compliance with relevant accreditation criteria and the Standards for Commercial Support.

Once the pre-application and fees are received from the applicant, the MSV will review the materials to determine whether the applicant organization is likely to be in compliance with accreditation Criteria, including the Standards for Commercial Support, and policies necessary to provide accredited continuing medical education (CME). Applicants will be notified in writing within four weeks of receipt of the fee and pre-application. Please note that accreditation does not result from review of the pre-application. The pre-application is to determine whether the applicant organization is likely to be in compliance with accreditation requirements to continue the process.

If the provider is invited to continue the application process, the **completed *Self Study for Initial Accreditation* 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 MSV. Failure to submit a *Self-Study for Initial Accreditation* within the 12 month period or within an approved extension may lead to submission of a new pre-application to continue the accreditation process.

Contents of the pre 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.

HIPPA Compliance:

The materials submitted for accreditation shall not include individually identifiable health information, in accordance with the Health Insurance Portability and Accountability Act (HIPAA), as amended.

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Pre-application for MSV Accreditation

ORGANIZATIONAL INFORMATION

| | | | |
|---|--|---|--------|
| Name of applicant organization: (as it should appear on Medical Society of Virginia documents) | | | |
| Date pre-application is submitted: | | | |
| 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.) | | | |
| Chief executive officer of applicant organization: | | | |
| Name: | | | |
| Title: | | | |
| Address: | | | |
| | | | |
| Telephone number: | | | |
| e-mail address: | | | |
| Individual with responsibility (leadership) for the overall CME program, e.g., CME Committee Chairman, Director of CME: | | | |
| Name: | | | |
| Signature: | | Date: | |
| Title: | | | |
| Address: | | | |
| | | | |
| Telephone number: | | | |
| e-mail address: | | | |
| Length of time in position: ____ years | | Hours per week spent on CME: ____ hours | |
| 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.) | | | |
| Name: | | Title: | |
| Address: | | | |
| | | | |
| Telephone number: | | Fax number: | |
| e-mail address: | | | |
| Length of time in position: ____ years | | Hours per week spent on CME: ____ hours | |
| Contact person for the pre-application: | | | |
| Name: | | Telephone #: | Email: |

SECTION I - BACKGROUND INFORMATION

Please refer to the list of eligibility requirements before completing the pre-application. MSV will not review materials provided by organization ineligible for accreditation.

1. Type of organization (select a checkbox for the type that most accurately describes your organization):

- Hospital
- Health Care System
- Specialty Society
- Physician Group
- Other: _____

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

3. The following data represents physician enrollment from (mo/yr) ___/___ through (mo/yr) ___/___.

| | Number | Percent |
|--|--------|---------|
| Physician learners from Virginia and contiguous states | | |
| Physician learners from states other than Virginia and contiguous states | | |

NOTE: To be eligible for CME accreditation through MSV, 2/3's of the physicians served should be from Virginia and its contiguous states. If not, the applicant is not eligible for MSV accreditation but may be eligible for national accreditation through the ACCME.

4. Has your organization conducted and completed at least one CME activity within the past 24 months (including an evaluation)? (Your CME activities may or may not be designated for CME credit.)

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

5. Do your CME activities adhere to the MSV definition of CME¹?

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

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

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

7. **Describe** briefly how and by whom decisions regarding the CME program are made. Include: Who is responsible for the leadership of the CME program? Who is responsible for the day to day management of the CME program? Who is responsible for planning CME activities?

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

8. If your CME program has audited financial statements, attached a copy of these statements 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

Note: To be eligible for accreditation, the applicant must be organized as an entity with a governing body that formally has adopted bylaws or comparable governing rules or procedures which, at a minimum, explain by whom and how decisions are made in general, and specifically what the lines of authority are regarding CME decision making.

¹ 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.

Insert, behind the document page, the table of contents of formally adopted bylaws or comparable governing rules or procedures. **Label as Document 3 – Bylaws/Governing Rules**

Note: Organization are not eligible for accreditation if they present activities that promote recommendations, treatment or manners of practicing medicine that are: 1) not within the definition of CME, or 2) known to have risks or dangers that outweigh the benefits or knows to be ineffective in the treatment of patients.

9. Describe the nature and scope of the content that you offer or plan to offer through your CME activities.

Describe here (500 words maximum)

SECTION II - MISSION STATEMENT

Criterion 1. The provider has a CME mission statement with expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program

10. Attach your CME mission statement (C1). Highlight the expected results of the CME program described in terms of changes in competence, performance, and/or patient outcomes.

Insert behind the document page. **Label as Document 4-Mission Statement**

11. Check all that apply. The expected results of the CME program are:

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

SECTION III - 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.

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.

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

Describe here (500 words maximum)

13. For one of your planned, provided and evaluated activities, describe the following:

| | |
|--|--|
| C2-What was the professional practice gap(s) of your learners on which the activity was based. [e.g., What was the problem? What gap (C, P, PO) did you seek to close?] | |
| C2-What were the educational needs that you determined to be the cause of the practice gap? [e.g., What were the learners' educational needs contributing to or underlying the problem?] | |
| C3-Specify the change in knowledge, competence or practice that the activity was intended to address. | |

| | |
|---|--|
| C11-How did you evaluate whether there was a change in knowledge, competence, and/or performance? | |
|---|--|

Insert, behind the document page, an announcement for the activity described above. If an evaluation questionnaire, checklist, or other document was used to evaluate the activity, attach the document. **Label as Document 5-Program Announcement and Document 5-Evaluation.**

SECTION IV - 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).

14. **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*):

Describe here (500 words maximum)

15. *Identifying Conflicts of Interests*: **Describe** the process(es) used to *identify conflicts of interest*² prior to delivery of the educational activity for everyone in a position to control content (e.g., teachers, authors, planners, reviewers). (*Refer to SCS 2.1-Criteria 7*). Your process must: a) be inclusive of the ACCME definition of a commercial interest, specifying that a commercial interest is *any entity producing, marketing, reselling, or distributing health care goods or services consumed by, or used on, patients* and b) include personal financial relationships of a spouse or partner.

Describe here (500 words maximum)

Insert, behind the document page, the mechanism used to identify conflicts of interests. This may be a disclosure form, if you use one, or other communications. **Label as Document 6-Process to Identify Conflicts of Interests.**

16. *Resolving Conflicts of Interests*: **Describe** how you ensure the commercial interests of a planner, speaker, or other individuals with control over content, does not affect the content of the CME activity? (*Refer to SCS 2.3-Criteria 7*).

Describe here (500 words maximum)

Using an example from an activity you have planned or conducted, **describe** how a conflict of interest was resolved to ensure the individual's commercial interests did not affect the content of a CME activity. **If you have not identified a COI, describe your planned process for resolving COI in the future.** (500 word maximum)

Describe here (500 words maximum)

If applicable, **Insert** behind the document page documents used or that you plan to use in the process to ensure conflicts of interests are resolved/mitigated to not influence the content of CME. **Label as Document 7-Resolution of COI**

² 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.

17. *Disclosure to the participants:* **Describe** how learners are provided with complete disclosure information regarding: 1) relevant financial relationships of everyone in a position to control the content of CME or that there is nothing to disclose; and 2) commercial support of CME. (Refer to SCS 6.1, 6.2, 6.3, 6.5- Criterion 7).

Describe here (500 words maximum)

Using an example from an activity you have planned or conducted, **insert** an example which shows how you transmitted information about the presence or absence of **relevant financial relationships** to learners, and 2) if applicable, how you have disclosed the source of commercial support for the CME activity to learners. (Refer to SCS 6.1, 6.2, 6.3, 6.5, Criterion 7). **Insert** behind the document page. **Label as Document 8-Disclosure to Learners**

Insert, behind the document page, your written policy governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers, and authors (Criterion 8, SCS 3.7). **Label as Document 9-Written Policies on Honorarium**

18. Describe your process(es) for the receipt and disbursement of commercial support, both funds and in-kind support (if applicable). (Refer to Criterion 8, SCS 3.1, 3.2, 3.3)

Describe here (500 words maximum)

Insert one completed Written Agreement (signed by both parties as outlined in SCS 3.6) that demonstrates appropriate management of commercial support, if applicable. (Refer to SCS 3.4, Criterion 8). **Label as Document 10-Written Agreement with Commercial Supporters.**

SECTION V - EVALUATION

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.

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

19. Describe the processes you use to analyze the changes in your learners' competence, or performance or patient outcomes, achieved as a result of your CME activities? (Refer to Criteria 11).

Describe here (500 words maximum)

20. How do you determine the degree to which the expected results of your CME program, as stated in your CME Mission, has been met as a result of your CME activities? What data do you use to support your conclusion? (Refer to Criteria 12).

Describe here (500 words maximum)

| | SECTION VI – DOCUMENTS | |
|---------------|---|---------------------------|
| | (Label and attached documents behind this page) | |
| Doc # | Description | Reference |
| | BACKGROUND INFORMATION | |
| Doc 1 | Organizational Structure | |
| Doc 2 | Income/Expenses Report | |
| Doc 3 | Bylaws/Governing Rules Table of Contents | |
| | MISSION STATEMENT | |
| Doc 4 | Mission Statement | C 1 |
| | PROGRAM PLANNING | |
| Doc 5 | Program Announcement and Evaluation Instrument | C 2, C 3, C 11 |
| | STANDARDS FOR COMMERCIAL SUPPORT | |
| Doc 6 | Identify COI | SCS 2.1 |
| Doc 7 | Resolution of COI | SCS 2.3 |
| Doc 8 | Disclosure to learners | SCS 6.1, 6.2, 6.3, 6.5 |
| Doc 9 | Written Policies on Honorarium | SCS 3.7 |
| Doc 10 | Letter of agreement with commercial sources | SCS 3.4 |

SECTION VII –ATTESTATION

Before the MSV will move forward with the accreditation process for your organization, your intentions, understanding, and commitment to abide by MSV's/ACCME's expectations must be confirmed. Please read carefully each of the following confirmation statements and use an X as your attestation.

We understand and attest that our organization must plan, implement, and evaluate at least two CME activities within the 24-month period prior to submission of the Initial Self Study for Accreditation.

We understand and attest that our organization's activities adhere to the MSV/ACCME definition of CME *See the footnote on page 4, of this pre-application form.*

We understand and attest that our organization adheres to the ACCME [content validation policy](#).

We understand and attest that MSV/ACCME policies and procedures prohibit the provider from submitting to the MSV, either with the completed pre-application questionnaire, self-study report or in any other material, any individually identifiable health information.

We attest that all the materials submitted to the MSV in any format will not contain any untrue statements, will not omit any necessary material facts, will not be misleading, will fairly present the organization, and are the property of the organization applying for accreditation.

Please sign below. An electronic signature (not typed) may be inserted.

Organization Name: Enter Organization Name here

Name of CEO: Enter CEO Name here

Signature of CEO: CEO Signature here

Date: Enter Date here

Name of Primary CME Contact: Enter Primary Contact Name here

Signature of Primary CME Contact: Primary Contact Signature here

Date: Enter Date here

Mail the completed pre-application and attachments in bookmarked PDF format on a flash drive or via email to the address below.

- Send your nonrefundable fee payment of \$200, to Medical Society of Virginia, c/o Amy Swierczewski, 2429 Emerywood Parkway, Suite 300, Richmond, VA 23294. Email: aswierczewski@msv.org