**A close-up of a logo

Description automatically generated**

**SELF-STUDY FOR**   
**REACCREDITATION**

**For Accreditation Decisions in 2025 Cohorts**

**Instructions and Outline**

**Please read the entire Self-study form before entering your responses.**

**SOUTHERN STATES CME COLLABORATIVE Self-study for ReAccreditation**

|  |
| --- |
| **Conducting Your Self-study** |

The Self-study provides an opportunity for an accredited provider to reflect on its program of CME. In addition to providing information for program review by the SSCC, the self-study process is intended to help your organization recognize its strengths and challenges and to identify changes for improvement.

|  |
| --- |
| **Data Sources Reviewed in the Reaccreditation Process** |

Data or information collected for an accreditation survey is generated from the following three sources:

1. **The Self-study Report:** Organizations are asked to provide descriptions, attachments, and examples to give the reader an understanding of your CME practice(s) related to the accreditation criteria, standards, and policies.
2. **Performance in Practice Review:** Organizations are asked to verify that their CME activities are in compliance with SSCC/ACCME Criteria and Policies through the documentation review process. The SSCC will select activities for review from PARS since your last accreditation and will notify you of the activities selected via email. If you note an error in the list of activities the SSCC selects from PARS for review, such as an incorrect activity date or format, or if an activity was cancelled or otherwise did not occur, contact [NAME] at [EMAIL ADDRESS] to allow for any necessary adjustments.
3. **Accreditation Interview:**  Organizations have the opportunity to further describe the practices presented in the Self-study Report and in activity files, providing clarification as needed through an interview with two trained SSCC surveyors. In conversations with the SSCC survey team, an organization may illuminate its practices in a more explicit manner. Survey interviews are conducted virtually via Zoom. Interviews are scheduled for up to 2 hours. In cases where more clarification is needed, the survey team may request that a provider submit additional materials to verify the provider’s practice.

The SSCC reserves the right to make all final decisions regarding the interview format, date, time and/or composition of the survey team. The SSCC will provide information about the process of scheduling the accreditation interview. The SSCC will confirm your assigned surveyor(s) and the interview date and time in advance via email.

|  |
| --- |
| **Expectations about Materials** |

In the Self-Study Report, you will provide the information requested in concise narrative explanations and statements, in tables provided, and with attached documents to verify that your CME program meets the SSCC’s requirements. **We encourage you to be succinct, answer the questions directly, and avoid extraneous information.** Provide attachments only where requested. Do not attach miscellaneous documents to the self-study. **Miscellaneous documents that are not requested will not be reviewed.**

Materials submitted to the SSCC, in any format, must not contain untrue statements, omit any necessary facts, or be misleading. Information must fairly present the organization, and its operations.

Materials submitted for accreditation (Self-study Report, Performance-in-Practice activity files, and all other materials) must not include individually identifiable health information, in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

|  |
| --- |
| **Continued Accreditation Decision Timeline** |

Providers will be notified of their accreditation decision no later than two weeks from the time the SSCC Accreditation Review Committee meets. Please note, if the SSCC is unable to render a decision due to missing or incomplete information, the SSCC reserves the right to request additional information from the CME organization.

|  |
| --- |
| **Instructions for Organizing the Self-Study Report** |

This Self-study Report and the accompanying Performance-in-Practice activity files are Word documents with fillable text boxes. It is strongly recommended that you **save your document frequently** as you work on it, and that you **back up your documents** to a secure and reliable location.

Your Self-study Report and Performance-in-Practice files will be ***due at least (6) weeks prior to the survey date.***

All materials will be uploaded to a DropBox or other storage site, and this will be worked out with you in advance of the submission deadline. You may upload materials prior to the submission deadline, and you can edit those documents up until the deadline, but after the submission deadline, you will be locked out of the site and you will not be able to access the files.

Upload the Self-study Report and the Performance-in-Practice files as Word documents. Supporting documents should be uploaded as pdf files.

For your Self-study Report and your Performance in Practice files, submit only the materials that are specified. Do not include documentation that is not required or requested.

**The Southern States CME Collaborative (SSCC) reserves the right to modify questions for clarity and completeness at any time.**

Please note: the foundation for the SSCC Self-study Report and Performance-in-Practice forms was provided by the ACCME for state medical society use in accreditation decisions.

**DEMOGRAPHIC INFORMATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | | | |
| Name of Organization  (As it is listed in PARS and should be stated on a certification of accreditation): | | | | | | | |
| Organization: |  | | | | | | |
|  |  | | | | | | |
| **Chief Executive Officer of the Organization:** | | | | | | | |
| Name: | |  | | | | | |
| Title: | |  | | | | | |
| Address: | |  | | | | | |
| Telephone number: | | (   )   - | | | Fax number: | (   )   - | |
| Email address: | |  | | | | | |
|  | |  | | | | | |
| **Director of Medical Education, Director of CME, or CME Committee Chairman:** | | | | | | | |
| Name: | |  | | | | | |
| Title: | |  | | | | | |
| Address: | |  | | | | | |
| Telephone number: | | (   )   - |  | Fax number: | | | (   )   - |
| Email address: | |  | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Primary Administrative Contact Person for the CME Program:** | | | | |
| Name: |  | | | |
| Title: |  | | | |
| Address: |  | | | |
| Telephone number: | (   )   - |  | Fax number: | (   )   - |
| Email address: |  | | | |

|  |
| --- |
| **Prologue** |

**CME PROGRAM HISTORY**

Provide a **brief** history of your continuing medical education (CME) Program.

*Enter Response Here*

**Organization Chart**

Upload an organizational chart that shows the leadership and structure of your CME Program. Label as “Organization Chart”.

|  |
| --- |
| **CME Mission and Program Improvement** |

**MISSION**

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

Enter the expected results component of your mission statement. The expected results must be articulated in terms of competence, performance, or patient outcomes.

*Enter Response Here*

**PROGRAM ANALYSIS**

*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.*

Describe your conclusions on the degree to which you have met the expected results of your mission. These conclusions should be based on the data you have gathered and obtained in your analysis of learner change **across your overall program** of accredited activities.

*Enter Response Here*

**PROGRAM IMPROVEMENTS**

*The provider identifies, plans, and implements the needed or desired changes in the overall program (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on the ability to meet the CME mission.*

Describe the needed or desired changes in the overall program required to improve on your ability to meet your CME mission that have been identified, planned, and implemented during the accreditation term.

*Enter Response Here*

|  |
| --- |
| **Educational Planning and Evaluation** |

**EDUCATIONAL NEEDS**

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

Describe what you do to ensure your organization identifies the professional practice gaps of your learners and the educational needs that underlie the practice gaps.

*Enter Response Here*

**DESIGNED TO CHANGE**

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

Describe what you do to ensure your organization designs activities to change the competence, performance, or patient outcomes of your learners.

*Enter Response Here*

**APPROPRIATE FORMATS**

*The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity.*

In addition to identifying the educational formats that you have chosen, explain why these formats are appropriate for the settings, objectives, and desired results of your activities.

*Enter Response Here*

**COMPETENCIES**

*The provider develops activities/educational interventions in the context of desirable physician attributes (competencies).*

Describe what you do to ensure your activities/educational interventions are developed in the context of desirable physician attributes.

*Enter Response Here*

**ANALYZES CHANGE**

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

Describe the strategies you use to obtain data on change in learners’ competence, performance or patient outcomes across your overall program of accredited activities.

*Enter Response Here*

Based on the data obtained on learner change, describe your conclusions as to whether or not you were able to change learner competence, performance, or patient outcomes across your overall program of accredited activities.

*Enter Response Here*

|  |
| --- |
| **STANDARDS FOR INTEGRITY AND INDEPENDENCE IN  ACCREDITED CONTINUING EDUCATION** |

|  |
| --- |
| **Standard 1: Ensure Content is Valid** |

*Accredited providers are responsible for ensuring that their education is fair and balanced and that any clinical content presented supports safe, effective patient care.*

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.*

Describe what you do to ensure that the content of CE activities and your accredited CE program meet all four elements of Standard 1.

*Enter Response Here*

|  |
| --- |
| **Standard 2: Prevent Commercial Bias and Marketing In**  **Accredited Continuing Education** |

*Accredited continuing education must protect learners from commercial bias and marketing.*

1. *The accredited provider must ensure that all decisions related to the planning, faculty selection, delivery, and evaluation of accredited education are made without any influence or involvement form the owners and employees of an ineligible company.*
2. *Accredited education must be free of marketing or sales of products or services. Faculty must not actively promote or sell products or services that serve their professional or financial interests during accredited education.*
3. *The accredited provider must not share the names or contact information of learners with any ineligible company or its agents without the explicit consent of the individual learner.*

Describe what you do to ensure that the content of the accredited activities and your accredited CME program meet expectations of elements 1 AND 2 of Standard 2.

*Enter Response Here*

Describe what you do to ensure that names or contact information of learners are not shared with any ineligible company or its agents without the explicit consent of learners.

*Enter Response Here*

|  |
| --- |
| **Standard 3: Identify, Mitigate, And Disclose Relevant Financial Relationships** |

It is expected that all providers have processes in place to identify, mitigate and disclose all relevant financial relationships for all individuals in control of content, even if some or all of the provider’s activities meet the Standard 3 Exceptions, including accredited education that is non-clinical, where the learner group is in control of content, and/or self-directed education where the learner controls their educational goals.

*Accredited providers must take the following steps when developing accredited continuing education:*

1. *Collect information: 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. There is no minimum financial threshold; individuals must disclose all financial relationships regardless of the amount, with ineligible companies. Individuals must disclose regardless of their view of the relevance of the relationship to the education. Disclosure information must include:*

* *The name of the ineligible company with which the person has a financial relationship.*
* *The nature of the financial relationship. Examples of financial relationships include employee, researcher, consultant, advisor, speakers, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual’s institution receives the research grant and manages the funds.*

1. *Exclude owners or employees of ineligible companies. Review the information about financial relationships to identify individuals who are owners or employees of ineligible companies. These individuals must be excluded from controlling content or participating as planners or faculty in accredited education. There are three exceptions to this exclusion—employees of ineligible companies can participate as planners or faculty in these specific situations:*
2. *When the content of the activity is not related to the business lines or products of their employer/company.*
3. *When the content of the accredited activity is limited to basic science research, such as preclinical research and drug discovery, or the methodologies of research, and they do not make care recommendations.*
4. *When they are participating as technicians to teach the safe and proper use of medical devices, and do not recommend whether or when a device is used.*
5. *Identify relevant financial relationships. Review the information about financial relationships to determine which relationships are relevant. Financial relationships are relevant if the educational content an individual can control is related to the business lines or products of the ineligible company.*
6. *Mitigate relevant financial relationships. Take steps to prevent all those with relevant financial relationships from inserting commercial bias into content.*

* *Mitigate relationships prior to the individuals assuming their roles. Take steps appropriate to the role of the individual. For example, steps for planners will likely be different than for faculty and would occur before planning begins.*
* *Document the steps taken to mitigate relevant financial relationships.*

1. *Disclose all relevant financial relationships to learners: Disclosure to learners must include each of the following:*

* *The names of the individuals with relevant financial relationships.*
* *The names of the ineligible companies with which they have relationships.*
* *The nature of the relationships.*
* *A statement that all relevant financial relationships have been mitigated.*

1. *Identify ineligible companies by their name only. Disclosure to learners must not include ineligible companies’ corporate or product logos, trade names, or product group messages.*
2. *Disclose absence of relevant financial relationships. Inform learners about planners, faculty, and others in control of content (either individually or as a group) with no relevant financial relationships with ineligible companies.*

*Learners must receive disclosure information, in a format that can be verified at the time of accreditation, before engaging with the accredited education.*

Describe the processes you have in place to collect information from all planners, faculty, and others in control of educational content about all financial relationships with ineligible companies to meet the expectations of Standard 3.1 and that your process includes:

1. The complete definition of an ineligible company; and
2. Instructions for individuals to report ALL financial relationships with ineligible companies for the prior 24 months.

*Enter Response Here*

Does your organization use employees or owners of ineligible companies in its accredited activities?

Check one:  Yes  No

If Yes, describe the processes you have in place to meet the expectations of Standard 3.2 a-c (listed above).

*Enter Response Here*

Describe the process(es) you use to determine which financial relationships are relevant to the educational content.

*Enter Response Here*

Describe the method(s) you use to mitigate all relevant financial relationships appropriate to the role(s) of individuals with planner, editor, or reviewer roles.

*Enter Response Here*

Describe the method(s) you use to mitigate all relevant financial relationships appropriate to the role(s) of individuals with speaker, author, moderator, or facilitator roles.

*Enter Response Here*

Describe the methods you use to inform learners of the presence or absence of relevant financial relationships of all individuals in control of content.

*Enter Response Here*

Describe the method(s) you use to inform learners that all relevant financial relationships have been mitigated.

*Enter Response Here*

Describe what you do to ensure that your organization DOES NOT engage in joint providership with ineligible companies.

*Enter Response Here*

|  |
| --- |
| **Standard 4: Manage Commercial Support Appropriately** |

*Accredited providers that choose to accept commercial support (defined as financial or in-kind support from ineligible companies) are responsible for ensuring that the education remains independent of the ineligible company and that the support does not result in commercial bias or commercial influence in the education. The support does not establish a financial relationship between the ineligible company and planners, faculty, and others in control of content of the education.*

1. ***Decision-making and disbursement:*** *The accredited provider must make all decisions regarding the receipt and disbursement of the commercial support.*
   1. *Ineligible companies must not pay directly for any of the expenses related to the education or the learners.*
   2. *The accredited provider may use commercial support to fund honoraria or travel expenses of planners, faculty, and others in control of content for those roles only.*
   3. *The accredited provider must not use commercial support to pay for travel, lodging, honoraria, or personal expenses for individual learners or groups of learners in accredited education.*
   4. *The accredited provider may use commercial support to defray or eliminate the cost of the education for all learners.*
2. ***Agreement:*** *The terms, conditions, and purposes of the commercial support must be documented in an agreement between the ineligible company and the accredited provider. The agreement must be executed prior to the start of the accredited education. An accredited provider can sign onto an existing agreement between an accredited provider and a commercial supporter by indicating its acceptance of the terms, conditions, and amount of commercial support it will receive.*
3. ***Accountability:*** *The accredited provider must keep a record of the amount or kind of commercial support received and how it was used, and must produce that accounting, upon request, by the accrediting body or by the ineligible company that provided the commercial support.*
4. ***Disclosure to Learners:*** *The accredited provider must disclose to the learners the name(s) of the ineligible company(ies) that gave the commercial support, and the nature of the support if it was in-kind, prior to the learners engaging in the education. Disclosure must not include the ineligible companies’ corporate or product logos, trade names, or product group messages.*

Does your organization accept commercial support? (*Commercial support is defined in Standard 4 as financial or in-kind support from ineligible companies in direct support of accredited education*.)

Check one:  Yes  No

If Yes, describe how your organization meets the expectations of **all four elements** of Standard 4.

*Enter Response Here*

|  |
| --- |
| **Standard 5: Manage Ancillary Activities Offered in Conjunction With  Accredited Continuing Education** |

*Accredited providers are responsible for ensuring that education is separate from marketing by ineligible companies—including advertising, sales, exhibits, and promotion—and from nonaccredited education offered in conjunction with accredited continuing education.*

1. *Arrangements to allow ineligible companies to market or exhibit in association with accredited education must not:*

* *Influence any decisions related to the planning, delivery, and evaluation of the education.*
* *Interfere with the presentation of the education.*
* *Be a condition of the provision of financial or in-kind support from ineligible companies for the education.*

1. *The accredited provider must ensure that learners can easily distinguish between accredited education and other activities.*

* *Live continuing education activities: Marketing, exhibits, and nonaccredited 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. Activities that are part of the event but are not accredited for continuing education must be clearly labeled and communicated as such.*
* *Print, online, or digital continuing education activities: Learners must not be presented with marketing while engaged in the accredited education activity. Learners must be able to engage with the accredited education without having to click through, watch, listen to, or be presented with product promotion or product-specific advertisement.*
* *Educational materials that are part of the accredited education (such as slides, abstracts, handouts, evaluation mechanisms, or disclosure information) must not contain any marketing produced by or for an ineligible company, including corporate or product logos, trade names, or product group messages.*
* *Information distributed about accredited education that does not include educational content such as schedules and logistical information, may include marketing by or for an ineligible company.*

1. *Ineligible companies may not provide access to, or distribute, accredited education to learners.*

Does your organization offer ancillary activities, including advertising, sales, exhibits, or promotion for ineligible companies and/or nonaccredited education in conjunction with your accredited continuing education activities?

Check one:  Yes  No

If Yes, describe what you do to ensure that your organization meets the expectations of **all three elements** of Standard 5.

*Enter Response Here*

|  |
| --- |
| **Accreditation Statement Policy** |

*The accreditation statement must appear on all CME activity materials and brochures distributed by accredited organizations, except that the accreditation statement does not need to be included on initial, save-the-date type activity announcements. Such announcements contain only general preliminary information about the activity such as date, location, and title. If more specific information is included, such as faculty and objectives, the accreditation statement must be included.*

*The SSCC Accreditation Statement is as follows:*

*For Directly Provided Activities: “The [name of accredited provider] is accredited by the Southern States CME Collaborative to provide continuing medical education for physicians.”*

*For Jointly Provided Activities: “This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Southern States CME Collaborative (SSCC) through the joint providership of [name of accredited provider] and [name of non-accredited provider]. The [name of accredited provider] is accredited by SSCC to provide continuing medical education for physicians.”*

*There is no “co-providership” statement. If two or more accredited providers are working in collaboration on a CME activity, one provider must take responsibility for the compliance of that activity. Co-provided CME activities should use the directly provided activity statement, naming the one accredited provider that is responsible for the activity. The SSCC has no policy regarding specific ways in which providers may acknowledge the involvement of other SSCC-accredited providers in their CME activities.*

Describe what you do to ensure that your CME activities meet the requirements of the Accreditation Statement Policy.

*Enter Response Here*

|  |
| --- |
| **CME Attendance Records Retention** |

*Attendance Records: An accredited provider must have mechanisms in place to record and, when authorized by the participating physician, verify participation for six years from the date of the CME activity. The accredited provider is free to choose whatever registration method works best for their organization and learners. The SSCC does not require sign in sheets.*

Describe the mechanism your organization uses to record and verify physician participation for six years from the date of your accredited activities.

*Enter Response Here*

**Upload an example of the information or report(s) your mechanism can produce for an individual participant. Label it “Report to Record Physician Participation”.**

|  |
| --- |
| **CME Activity Records Retention** |

*Activity Documentation: An accredited provider is required to retain activity files/records of CME activity planning and presentation during the current accreditation term or for the last twelve months, whichever is longer.*

Describe what your organization does to ensure that activity files/records of CME activity planning and presentation are retained during the current accreditation term or for the last twelve months, whichever is longer.

*Enter Response Here*

|  |
| --- |
| **Accreditation with Commendation** |

*The information gathered through your responses to the Menu for Commendation is used to determine eligibility for Accreditation with Commendation.*

*For Accreditation with Commendation, your organization must demonstrate* ***compliance with any seven criteria from any category – plus one criterion from the Achieves Outcomes category*** *– for a total of eight criteria.*

Are you seeking Accreditation with Commendation?  Yes  No

If Yes:

The size of your CME program will determine the number of activities for which you must submit evidence/examples for several of the criteria as indicated in the information that follows. Please indicate the size of your CME Program based on the total number of CME activities that your CME program has offered during in the current accreditation term:

Small < 39  Medium 40 – 100  Large 101 – 250  Extra-large > 250

Please check which Commendation Criteria you are submitting. Check a total of 8, including at least one from the Achieves Outcomes category.

Promotes Team-Based Education Demonstrates Educational Leadership

Engages Teams  Engages in Research/Scholarship

Engages Patients/Public  Supports CPD for CME Team

Engages Students  Demonstrates Creativity/Innovation

Addresses Public Health Priorities Achieves Outcomes

Advances Data Use  Improves Performance

Addresses Population Health  Improves Healthcare Quality

Collaborates Effectively  Improves Patient/Community Health

Enhances Skills

Optimizes Communication Skills

Optimizes Technical/Procedural Skills

Creates Individualized Learning Plans

Utilizes Support Strategies

|  |
| --- |
| **Commendation Category: Promotes Team-Based Education** |

**ENGAGES TEAMS**

*Members of interprofessional teams are engaged in the planning and delivery of interprofessional continuing education (IPCE).*

***We attest*** *that our organization has met the Critical Elements for* ***Engages Teams*** *in at least 10% of the CME activities (but no less than two activities) during the accreditation term.*

**Check** this box to attest.

*Enter name and title of person making attestation*

**Submit evidence** for the number of activities that match the size of your CME program, as stated in the Standard (Small: 2, Medium: 4, Large: 6, Extra-large: 8). Complete one row for each activity in the table below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Activity Title | Activity Date | Activity Type | List the professions of the planners. | List the professions of the faculty. | Describe how the activity created an interprofessional learning experience to support a change in the competence or performance of the healthcare team. |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |

**ENGAGES PATIENTS/PUBLIC**

*Patient/public representative are engaged in the planning and delivery of CME.*

***We attest*** *that our organization has met the Critical Elements for* ***Engaging Patients/Public*** *in at least 10% of the CME activities (but no less than two activities) during the accreditation term.*

**Check** this box to attest.

*Enter name and title of person making attestation*

**Submit evidence** for the number of activities that match the size of your CME program, as stated in the Standard (Small: 2, Medium: 4, Large: 6, Extra-large: 8). Complete one row for each activity in the table below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Activity Title | Activity Date | Activity Type | List and label the patients and/or public representatives who were PLANNERS (e.g., John Smith-patient; Jane Jones-public rep). | List and label the patients and/or public representatives who were faculty (e.g., John Smith-patient; Jane Jones-public rep). | For individuals listed as Public Representatives, describe how each of these individuals qualifies as a public representative (e.g., Jane Jones-president of a patient advocacy group related to activity content). |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |

**ENGAGES STUDENTS**

*Students of the health professions are engaged in the planning and delivery of CME.*

***We attest*** *that our organization has met the Critical Elements for* ***Engages Students*** *in at least 10% of the CME activities (but no less than two activities) during the accreditation term.*

**Check** this box to attest.

*Enter name and title of person making attestation*

**Submit evidence** for the number of activities that match the size of your CME program, as stated in the Standard (Small: 2, Medium: 4, Large: 6, Extra-large: 8). Complete one row for each activity in the table below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity Title | Activity Date | Activity Type | List the health professions of the students involved in the activity planning, including their profession and level of study (e.g., undergraduate, medical students, nurse practitioner students, surgical residents), and describe how the students participated as PLANNERS of the activity. | List the health professions of the students involved in the activity presentation, including their profession and level of study (e.g., undergraduate, medical students, nurse practitioner students, surgical residents), and describe how the students participated as FACULTY of the activity. |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |

|  |
| --- |
| **Commendation Category: Addresses Public Health Priorities** |

**ADVANCES DATA USE**

*The provider advances the use of health and practice data for healthcare improvement.*

**Submit evidence** for the number of activities that match the size of your CME program, as stated in the Standard (Small: 2, Medium: 4, Large: 6, Extra-large: 8). Complete one row for each activity in the table below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity Title | Activity Date | Activity Type | Describe how the activity taught learners about collection, analysis, or synthesis of health/practice data. | Describe how the activity used health/practice data to teach about healthcare improvement. |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |

**ADDRESSES POPULATION HEALTH**

*The provider addresses factors beyond clinical care that affect the health of populations.*

***We attest*** *that our organization has met the Critical Elements for* ***Addresses Population Health*** *in at least 10% of the CME activities (but no less than two activities) during the accreditation term.*

**Check** this box to attest.

*Enter name and title of person making attestation*

**Submit evidence** for the number of activities that match the size of your CME program, as stated in the Standard (Small: 2, Medium: 4, Large: 6, Extra-large: 8). Complete one row for each activity in the table below:

|  |  |  |  |
| --- | --- | --- | --- |
| Activity Title | Activity Date | Activity Format | Describe how the activity expanded your CME program beyond clinical care education and provided strategies that learners can use to achieve improvements in population health. |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |

**COLLABORATES EFFECTIVELY**

*The provider collaborates with other organizations to address population health issues more effectively.*

Describe four collaborations (regardless of program size) with other healthcare or community organizations during the current accreditation term AND describe how each collaboration augmented your organization’s ability to address population health issues.

*Enter Example 1 Response*

*Enter Example 2 Response*

*Enter Example 3 Response*

*Enter Example 4 Response*

|  |
| --- |
| **Commendation Category: Enhances Skills** |

**OPTIMIZES COMMUNICATION SKILLS**

*The provider designs CME to optimize communication skills of learners.*

**Submit evidence** for the number of activities that match the size of your CME program, as stated in the Standard (Small: 2, Medium: 4, Large: 6, Extra-large: 8). Complete one row for each activity in the table below:

|  |  |  |  |
| --- | --- | --- | --- |
| Activity Title | Activity Date | Activity Format | Describe the elements of the activity that addressed communication skills AND how you evaluated the observed communication skills of the learners and provided formative feedback to the learners. |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |

**OPTIMIZES TECHNICAL/PROCEDURAL SKILLS**

*The provider designs CME to optimize technical and procedural skills of learners.*

**Submit evidence** for the number of activities that match the size of your CME program, as stated in the Standard (Small: 2, Medium: 4, Large: 6, Extra-large: 8). Complete one row for each activity in the table below:

|  |  |  |  |
| --- | --- | --- | --- |
| Activity Title | Activity Date | Activity Format | Describe the elements of the activity that addressed psychomotor technical and/or procedural skills AND how you evaluated the observed psychomotor technical and/or procedural skills of the learners and provided formative feedback to the learners. |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |

**CREATES INDIVIDUALIZED LEARNING PLANS**

*The provider creates individualized learning plans for learners.*

***We attest*** *that our organization has engaged the number of learners that matches the size of our CME program, as described in the examples provided in the table below.*

**Check** this box to attest.

*Enter name and title of person making attestation*

Complete the table below describing individual learning plan(s) that your organization created, report the number of learners that participated appropriate for the size of your CME program (Small: 25, Medium: 75, Large: 125, Extra-large: 200), and attach an actual example of the individualized feedback provided to the learner to close practice gaps**.**

|  |  |  |
| --- | --- | --- |
| Describe the individualized learning plan and explain how the plan requires repeated engagement and provides feedback to the learner. | How many learners participated in the longitudinal curriculum/plan during the accreditation term? | Attach an actual example of individualized feedback provided to the learner to close practice gaps. |
| Enter Response Here | Enter Response Here | Attach documentation labeled as “Individual Learn Plans” |

**UTILIZES SUPPORT STRATEGIES**

*The provider utilizes support strategies to enhance change as an adjunct to its CME.*

***We attest*** *that our organization has met the Critical Elements for* ***Utilizes Support Strategies*** *in at least 10% of the CME activities (but no less than two activities) during the accreditation term.*

**Check** this box to attest.

*Enter name and title of person making attestation*

**Submit evidence** for the number of activities that match the size of your CME program, as stated in the Standard (Small: 2, Medium: 4, Large: 6, Extra-large: 8). Complete one row for each activity in the table below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Activity Title | Activity Date | Activity Format | Describe the support strategies that were adjunctive to the activity | Provide your analysis of the effectiveness of the strategies | Describe the planned or implemented improvements. |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |

|  |
| --- |
| **Commendation Category: Demonstrates Educational Leadership** |

**ENGAGES IN RESEARCH / SCHOLARSHIP**

*The provider engages in CME research / scholarship.*

Provide examples of two scholarly projects. Complete one row for each project.

|  |  |  |
| --- | --- | --- |
|  | Describe two scholarly projects your organization completed during the accreditation term relevant to CME (i.e., related to the effectiveness of and best practices in CME supports the success of the CME enterprise) and the dissemination method used for each one (e.g., poster, abstract, manuscript). | For each project, attach a copy of the project itself (e.g., poster, abstract, presentation, manuscript). |
| Project 1 | Enter Response Here | Attach document labeled as “Engages in R/S 1” |
| Project 2 | Enter Response Here | Attach document labeled as “Engages in R/S 2” |

**SUPPORTS CPD FOR THE CME TEAM**

*The provider supports the continuous professional development of its CME team.*

List the individuals regularly involved in the planning and development of your CME activities who comprise your CME team.

*Enter Response Here*

Describe the CPD needs you identified for all team members during the accreditation term.

*Enter Response Here*

Describe the learning plan implemented based on the needs assessment of the team, including the activities external to your organization in which the CME team participated.

*Enter Response Here*

**DEMONSTRATES CREATIVITY / INNOVATION**

*The provider demonstrates creativity and innovation in the evolution of its CME program.*

Identify four examples of innovations implemented during your current accreditation term AND describe how each innovation is new to your CME program AND how it contributed to your organization’s ability to meet your mission.

|  |  |
| --- | --- |
| Example 1 | Enter Response Here |
| Example 2 | Enter Response Here |
| Example 3 | Enter Response Here |
| Example 4 | Enter Response Here |

|  |
| --- |
| **Commendation Category: Achieves Outcomes** |

**IMPROVES PERFORMANCE**

*The provider demonstrates improvement in the performance of its learners.*

***We attest*** *that our organization has met the Critical Elements for* ***Improves Performance*** *in at least 10% of the CME activities (but no less than two activities) during the accreditation term.*

**Check** this box to attest.

*Enter name and title of person making attestation*

Describe the method(s) used to measure performance changes of learners.

*Enter Response Here*

**Submit evidence** for the number of activities that match the size of your CME program (Small: 2, Medium: 4, Large: 6, Extra-large: 8). Complete one row for each activity in the table below:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Activity Title | Activity Date | Activity Format | # of learners that participated in the activity | # of learners whose performance was measured | # of learners that improved performance | Itemize the methods used to measure the change in performance of learners. | Describe the improvements in the  performance of learners. |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |
| Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here | Enter Response Here |

**IMPROVES HEALTHCARE QUALITY**

*The provider demonstrates healthcare quality improvement.*

Describe two examples in which your organization collaborated in the process of healthcare quality improvement, including the improvements that resulted from the collaboration and data (qualitative or quantitative) that demonstrates those improvements.

|  |  |  |
| --- | --- | --- |
|  | Describe the collaboration. | Describe the improvements in healthcare quality that resulted from the collaboration, including qualitative or quantitative data, that demonstrates those improvements. |
| Example 1 | Enter Response Here | Enter Response Here |
| Example 2 | Enter Response Here | Enter Response Here |

**IMPROVES PATIENT / COMMUNITY HEALTH**

*The provider demonstrates the impact of its CME program on patients or their communities.*

Describe two examples of your organization's collaboration in the process of improving patient or community health that includes CME, including the improvements that resulted from the collaboration and data (qualitative or quantitative) that demonstrates those improvements.

|  |  |  |
| --- | --- | --- |
|  | Describe the collaboration. | Describe the improvements in patient/community health that resulted from the collaboration, including qualitative or quantitative data, that demonstrates those improvements. |
| Example 1 | Enter Response Here | Enter Response Here |
| Example 2 | Enter Response Here | Enter Response Here |