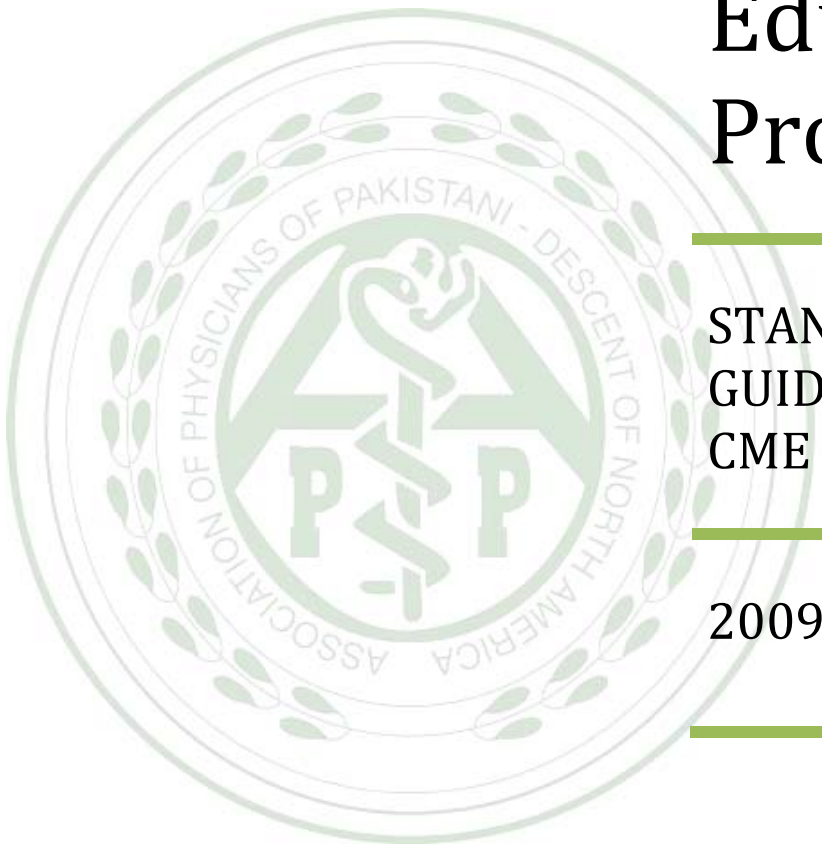

APPNA Continuing Medical Education Program

STANDARD
GUIDELINES FOR
CME ACTIVITIES

2009



Dear APPNA Members,

As is the tradition, the new leadership takes helm of APPNA at the beginning of every New Year. It is imperative therefore at the part of Central Office to ensure that the continuity both in the programs and the policies are maintained. Passing on proper background information to the new leaders and sharing insight as well as experience of the previous team is the key in a successful transition. To be in compliance with industry regulations, it is essential that the rules are clearly defined and performance is well documented.

These guidelines are prepared in accordance with the ACCME standards and are applicable to all CME activities sponsored entirely or jointly by APPNA. This manual is also meant to educate and train membership on conducting CME activity in an efficient and standardized manner. This manual is a dynamic document that will be updated on regular basis to ensure its accuracy.

All component societies of APPNA and its members are required to implement these guidelines in all CME relating activities. Any activity that is not conducted per stated guidelines will not be sponsored by APPNA.

The CME manual can be obtained from APPNA Central Office. All inquiries should be directed to the following address,

CME Coordinator
APPNA Central Office
6414 S. Cass Ave.
Westmont, IL 60559

Tel: (630) 968-8585
Fax: (630) 968-8677
E-mail: cme@appna.org

Sincerely,

Tariq H. Cheema, MD
Executive Director
ed@appna.org



Revised June 2009

APPNA

RESEARCH, EDUCATION AND SCIENTIFIC AFFAIRS COMMITTEE 2009

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Mission Statement

Keeping in line with the mission of the organization, CME mission of APPNA is the commitment to foster educational development of its members so that they practice evidence based medicine to improve patient care in the USA and Pakistan.

Purpose:

1. To coordinate and implement educational activities that enable our members to remain current and respond to advances and changes in medicine
2. To provide a platform for our young physicians (physicians in training) to present their research and help exchange of ideas, develop new collaborations and promote further research
3. To provide the membership with changes and reforms in healthcare environments
4. To assist with state of the art medical education to colleagues in Pakistan through conferences, seminars, lectures and hands-on training

Target Audience:

The primary target audience of the APPNA CME program is the membership of the association and its' component societies. However, all educational programs sponsored by APPNA shall be open to physicians and allied health practitioners provided they duly enroll for such programs.

Contents and Scope:

The RESA committee will maintain a database of our physician participants' interests and needs, conduct reviews of activity evaluation and results and periodic appraisal of literature for topics appropriate to our members. There will be discussion of the evaluations after each activity by RESA committee.

Types of Activities:

Annual summer and winter meetings of APPNA in the form of symposia, lectures, occasional workshops and periodic meetings of component societies will be held.

Expected Results:

By conducting CME activities that have been developed based upon varied needs assessment methodology and in full compliance with ACCME standards and policies, the Continuing Medical Education Program will affect an improvement in the health of patients and an appreciation of the importance of lifelong learning by the health care professional.

Commercial Support Policy and Procedures for Internal Compliance

To ensure that all CME activities sponsored by APPNA are free and independent of any commercial interests, the APPNA Programs will comply with the Standards for Commercial Support of the Accreditation Council for Continuing Medical Education as approved and adopted March 22, 2007. The APPNA RESA Committee is committed to providing educational activities, life-long learning curricula and performance improvement strategies for practicing physicians through the dissemination and adoption of learning content based on the most recent, high quality scientific evidence.

Policy

All Activity Directors, planners and activity faculty involved in decisions about activity educational content must recognize and agree in writing to abide by the following policy provisions and procedures:

(1) Requirements for activity content:

- The educational content and related materials of all activities sponsored by the APPNA RESA Committee must be independent of the control or influence of commercial interests in planning and implementation.
- Content and related materials must promote improvements or quality in healthcare.
- Content must provide a balanced view of therapeutic options.
- Content must be based on the most recent, high quality scientific evidence.
- Activity participants must be provided with the source and type of evidence.
- Content that is not established medical practice must be so identified.
- Discussion of unlabeled or investigational uses of a commercial product must be identified as such.

(2) Requirements for disclosure of relevant financial relationships:

- Anyone who is in a position to control or influence the content of an educational activity must disclose in writing all relevant financial relationships (paid speaker, consultant, research grant holder, etc.) and positions (e.g. employee, shareholder director, etc.) A “relevant financial relationship” is any financial relationship in any amount occurring within the past 12 months or known to be forthcoming in the next 1 months that relates to the content or commercial supporter(s) of activity that creates a conflict of interest or the appearance of a conflict of interest. Relationships of the person involved in the CME activity are

considered to include those financial relationships of a spouse or partner of the person involved in the CME activity.

- Any individual who refuses to disclose relevant financial relationships will be disqualified from participating in the development, planning, implementation, provision or evaluation of CME activities.
- All relevant financial relationships must be disclosed in a written format (print, slide, Web page) to participants prior to the presentation of content of the activity, including name of the individual, name of the commercial interest and the relationship between the two. If no relationships exist, this must be disclosed in the same manner.
- All sources of commercial support, both monetary and in-kind, must be disclosed to participants prior to the presentation of the content of the activity.

(3) Prevention strategies and monitoring to safeguard against commercial bias:

- Education concerning this Policy and its related Procedures will be made available by the RESA Committee to all Activity Directors, content planners and faculty.
- Anyone who is in a position to control or influence the content of an educational activity must agree in writing to adhere to this policy and the ACCME's Standards for Commercial Support. [Disclosure and Agreement form]
- The APPNA RESA Committee will ensure the disclosure in writing to participants of each activity the financial relationships of all individuals involved in the development and presentation of content.
- The APPNA RESA Committee will assess all activities for the potential for commercial bias and stratify the risk for bias in order to focus scrutiny on activities identified as having the greatest risk.
- The CME Activity Director will be required by the CME Program to attest in writing that they have reviewed the activity planning process and educational content and found both free of control by commercial interests or bias. [Sponsorship Agreement]
- All activities sponsored by the APPNA RESA Committee are subject to monitoring to ensure compliance with this policy, participant evaluation and peer-review to determine whether or not commercial bias is in evidence.
- For all CME activities sponsored entirely or jointly by APPNA, CME certificates shall be prepared and distributed by the APPNA Central Office upon verification of all documents. Under no circumstance shall any component society promise, print or distribute CME certificates bearing the APPNA name or seal.

Procedures

All activities sponsored by the APPNA CME Program must meet the following expectations:

(1) Education: The APPNA RESA Committee will provide the Activity Director, planning committee and faculty with documentation of APPNA's Commercial Support Policy and complementary education to aid in understanding the Policy and its implications.

(2) Commercial Support: All commercial support, both monetary and in-kind, must be paid or contributed to APPNA, one of its teaching affiliates or an entity subject to direct financial oversight by APPNA. Documentation must include:

A Commercial Support Agreement between the provider and the commercial interest providing support. Such agreement must clearly state the terms, conditions, and purposes of the commercial support, including but not limited to the nature and value of support, the responsibilities of the sponsor and any service being provided to the commercial sponsor in return. The written agreement must include the provider (APPNA), even if the support is given directly to the provider's educational partner or a joint sponsor (e.g. a component society).

- All financial contributions must be documented with a photocopy of the check and evidence of deposit.
- All in-kind contributions must be documented with a Commercial Support Agreement.

(3) Disclosure and Agreement: All individuals involved in the development and implementation of educational activities must agree in writing (Disclosure and Agreement Form) to the following principles:

- Disclose any financial relationship related to (a) the activity's content, or (b) the activity's commercial supporters.
- Deliver balanced and evidence-based content.
- Offer the source and type of evidence (i.e. animal study, meta-analysis, RCT, etc.)
- Identify any discussion of unlabeled or investigational uses of a commercial product as such.

(4) Resolving Conflicts of Interest: Activity Directors are initially responsible for resolving conflicts of interest identified during the disclosure process. (See Step-by-Step Process for details.) Conflicts must be resolved to assure that every reasonable effort is made to prevent or eliminate any commercial bias. The APPNA RESA Committee, in a peer review capacity has final oversight and discretion with respect to the resolution of any conflict. Conflicts of interest may be resolved in many ways, including:

- Disclosure of relevant financial relationships to the activity participants (required).
- Assurance that the presenter will rely on best available and highest quality scientific evidence, particularly with respect to therapeutic recommendations (required).
- Review of any slides or hand-out materials.
- Alter control over content of the content planner or presenter/author.
- Disqualification of the individual from presenting and selecting an alternate presenter without the same or equivalent conflict.

REQUIREMENTS / INSTRUCTIONS FOR CME PROGRAM APPLICANT

1. Original application + 5 copies (including all attachments) must be returned to the APPNA Central Office (Attention: Executive Director) for approval or disapproval.

APPLICATION MUST BE SUBMITTED AT LEAST TWO (2) MONTHS PRIOR TO THE PROGRAM DATE.

PLEASE NOTE THAT ALL REQUESTS FOR A CME ACTIVITY MUST BE PERSONALLY PRESENTED TO THE APPNA RESA COMMITTEE BY A COMPONENT SOCIETY'S CME COMMITTEE REPRESENTATIVE.

2. The following APPNA mission statement must be included in final official announcements and programs that are sponsored entirely or jointly by APPNA.

“We, the physicians from Pakistan, out of our conviction for our profession and motherland, do hereby proclaim the establishment of the Association of Physicians of Pakistani Descent of North America (APPNA) so that collectively we can uphold ethical and moral values, engage in social and professional activities, support educational and intellectual pursuits, upgrade medical care and thus glorify our Association.”

3. Learning objectives, disclosure information (including name of Commercial Support provider), accreditation statement and APPNA's logo must appear on all program brochures or announcements, as should program title, location, date/time, speaker/moderator name and title, and contact information.
4. Brochures and program announcements must contain the following CME Accreditation Statement.

“The APPNA is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

The APPNA designates this education activity for a maximum of (number of credits) AMA PRA Category I Credits(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity”. No component society should advertise, or claim that APPNA will provide CME credits unless it has already been approved by Research Education Scientific Affairs (RESA) committee.

5. Any program related materials (brochures, emails, web-announcements, etc.) that contain the names of presenters or topics must contain information on disclosure of conflict of interest. An example of such statement is provided below:

“It is the policy of APPNA that the faculty and presenters disclose all real or apparent conflicts of interest relating to the topics they present at this conference, and also disclose discussions of unlabeled/unapproved use of drugs and devices during their presentation(s). APPNA RESA Committee has established guidelines in accordance with the ACCME guidelines to identify and resolve any and all conflicts of interest prior to this educational activity. Detailed disclosures will be provided in the final program announcement, and will also be provided in the course handout materials as well as prior to each presentation.”

ACCREDITATION STATEMENT FOR JOINTLY SPONSORED ACTIVITIES:

“This activity has been planned and implemented in accordance with the Essential Areas and Policies of the ACCME through the joint sponsorship of APPNA and (Name of Non-Accredited Provider). APPNA is accredited by the ACCME to provide continuing medical education for physicians.

The APPNA designates this educational activity for maximum of _____ AMA PRA Category I Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

POST PROGRAM

6. Attendance records must be kept on file and original attendance/sign-in sheets must be forwarded to the APPNA Central Office along with:
 - A. Evaluation forms and an evaluation summary
 - B. Documentation of post program discussion
 - C. Faculty evaluation(s)

D. Disclosure attestation

E. Details of financing and commercial support

ANY SOCIETY WHO FAILS TO RETURN THE REQUIRED POST PROGRAM MATERIAL WITHIN SIXTY (60) DAYS FROM THE DATE OF THEIR CME ACTIVITY WILL BE PROHIBITED FROM HAVING A FUTURE PROGRAM CONSIDERED BY THE COMMITTEE.

Speaker's C.V. must accompany completed application.

An application fee of \$100.00 should accompany the completed application. There will be a charge of \$10.00 per participant for certificates and record keeping.



APPLICATION FOR CME PROGRAM APPROVAL

Hospital / Institution: _____

Program Title / Speaker: _____

Date / Time of Program: _____

Location of Program: _____

Number of Category I Hours Requested: _____

Contact Person: _____

Telephone: _____

Address: _____

CME committee Representative: _____

Date of Request: _____

I. DOCUMENTATION OF NEED **

- _____ Medical Audit / Quality Assurance Audit.
- _____ New Program / Technique / Medical Issue for which physicians need information.
- _____ Previous CME program Evaluations indentifying the need for further education.
- _____ Update, review and implementation of information.
- _____ Formal or informal requests from physicians.
- _____ Survey of physician interests (e.g. by use of questionnaire or Interview).
- _____ Department or Special Committee Decision.
- _____ Executive Committee Recommendation.
- _____ Other (Please explain) _____

** Documentation supporting the need for the program MUST accompany completed application (i.e. minutes, reports, program evaluations, etc.)

II. Target Audience (Physicians, group, specialty, etc.)

III. Educational Objectives:

On separate sheet:

1. Briefly describe educational objectives of the program to be presented.
2. Provide a program outline.
3. For each education topic submitted for review, provide the date, time, title, presenter's name, and educational objective (s). The objective should answer the question, "What will the attendee gain from the presentation?"

IV. Audience Involvement:

_____ Question and Answer Period (Mandatory)

_____ Audience Participation

_____ Other (Please explain)

V. Educational Methods

_____ Lecture _____ Video

_____ Panel Discussion _____ Workshop

_____ Supplemental Handouts _____ Hands on

_____ Case Presentations _____ Discussion

_____ Audio Visual Support _____ (Please Explain)

VI. Faculty (Copy of speaker(s) CV is required.)

The faculty was selected on what basis? (Please explain)

VII. Program Evaluations**

_____ Standard Evaluation Form (Attach a sample of the Evaluation sheet (s) which will be completed by all attendees at the conclusion of the program.)

_____ Pre and Post Tests

_____ Other (Please describe) _____

**Evaluation forms and an evaluation summary MUST be submitted to the Association of Physicians of Pakistani-descent of North America's CME Committee following the completion of each program.

VIII. The Program is supported by industry? NO _____ YES _____

If YES, industry support guidelines for CME and the full disclosure statement will be observed (See attached).

IX. Registration Fee – Amount Enclosed _____

_____ Annual Membership Fee
(Includes unlimited CME activities)

_____ Per Application Fee / Non-Members

(Checks payable to: APPNA)

I have reviewed this program application and believe that it meets the criteria for Category I credit towards the AMA's Physician Recognition Award (PRA).

_____ Date _____ Institution CME Chairperson

_____ Application Approved _____ Category I Hours Approved

_____ Not Approved – Reason _____

Comments: _____

_____ CME Committee Chairman

_____ Date

FULL DISCLOSURE POLICY AFFECTING CME ACTIVITIES

In order to obviate what might possibly be construed as a conflict of interest if a faculty member is affiliated with or has financial interests in organizations that financially supports or has a direct interest in the subject matter of a Continuing Medical Education presentation, the prospective audience must be made aware of the affiliation or financial interest by an acknowledgment in the program or presentation of the faculty member.

For example:

*John Doe, M.D.
Professor, Department of Pediatrics
Albany Medical College
Albany, NY 12203*

Research Consultant – ABC Pharmaceuticals, New City, NY

Or if Dr. Doe has a financial interest:

*John Doe, M.D.
Professor, Department of Pediatrics
Albany Medical College
Albany, NY 12203*

Stockholder, ABC Pharmaceuticals, New City, NY

The intent of this Full Disclosure Policy is not to prevent a speaker with a conflict of interest from making a presentation. It is intended that any conflict should be identified openly so that the listener may form his/her own judgment about the presentation with the full disclosure of the facts.

.....

THE DISCLOSURE FORM is required regardless of whether or not Commercial support is being received.

1. The form should be used by faculty, planners, author, course director, planning committee members, and moderator participants in CME programs to provide educational information that is objective and free of bias.
2. It should be used by anyone who is actively involved in the planning of each program and who controls the content of the program, but is not needed from those who review / approve the programs for CME credit.

**CONTINUING MEDICAL EDUCATION (CME)
Disclosure of Relevant Financial Relationship Form**

As a joint sponsor, accredited by the APPNA, _____ *insert name here* _____, must ensure balance, independence, objectivity, and scientific rigor in all its individually sponsored or jointly sponsored educational activities. Anyone engaged in content development, planning or presentation must complete this form. All faculties participating in sponsored activity are expected to disclose to the activity audience any significant financial interest or other relationship (1) with the manufacturer (s) of any commercial product (s) and/or supporters of the activity. Significant financial interest or other relationship can include such things as grants of research support, employee, consultant, major stock holder, member of speaker's bureau, etc.) Persons who fail to complete this form may not participate in the CME activity.

CME Activity Title: _____ CME Activity Date: _____

Or Home Study/Enduring Materials/CD/Online: _____

Please indicate your role in this activity:

___ Presenter ___ Author ___ Course Director ___ Moderator ___ Planning ___ Committee Member

NAME : _____ TITLE: _____

PHONE: _____

COMMERCIAL ENTITY funding this program: _____

DISCLOSURE:

Have you (or your spouse/partner) had a personal financial relationship in the last 12 months with manufacturer of the products or services that will be presented in this CME activity (planner) or in your presentation (speaker/author)?

YES ___ NO ___

If yes, describe the nature of the relationship(s)

RESOLUTION OF CONFLICT OF INTEREST

Presenter / Authors

___ I will support my presentation and clinical recommendations with the "best available evidence" from the medical literature.

___ I will refrain from making recommendations regarding products or services, e.g., limit presentation to pathophysiology, diagnosis, and/or research findings.

___ I will recommend an alternative presenter for this topic for the planning committee's consideration.

___ I will be discussing unlabeled or investigational use of a commercial product. If 'yes', you are required to make this information known to your audience.

___ I will have divested myself of this financial relationship.

Planners

___ To the best of my ability, I will ensure that any speakers or content I suggest is independent of commercial bias.

___ I will refuse myself from planning activity content in which I have a conflict of interest.

I will uphold academic standards to ensure balance, independence, objectivity, and scientific rigor in my role in the planning, development or presentation of this CME activity. In addition, I agree to comply with the requirements to Your cooperation in complying with these guidelines is appreciated.

SIGNATURE

DATE

Return this form to: _____

Written Agreement for Commercial Support

Letter of Agreement

Regarding Terms, conditions and Purposes of an Education Grant between

_____ and _____
(Institution) (Company)

The Association of Physicians of Pakistani-descent of North America is committed to presenting CME activities that promote improvements or quality in healthcare and are independent of the control of commercial interests. As part of this commitment, the APPNA has outlined in this written agreement the terms, conditions, and purposes of commercial support for its CME activities. Commercial Support is defined as financial, or in-kind, contributions given by a commercial interest¹, which is used to pay all or part of the costs of a CME activity.

CME Activity Title: _____

Activity Location: _____ Activity Date: _____

Commercial Supporter (Company name/branch): _____

Amount of Educational Grant (Direct or in-kind): _____

Speaker Honoraria	Speaker Expenses (itemize)	Meeting Expenses	Other (List)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Terms, Conditions, and Purposes

Independence

1. This activity is for scientific and educational purposes only and will not promote any specific proprietary business interest of the Commercial Interest.
2. The Accredited Provider is responsible for all decision regarding the identification of educational needs, determination of educational objectives, selection and presentation of content of the CME, selection of education methods, and the evaluation of the activity.

Appropriate Use of Commercial Support

3. The Accredited Provider will make all decision regarding the disposition and disbursement of the funds from the Commercial Interest.
4. The Commercial Interest will not require the Accredited Provider to accept advice or services concerning teachers, authors, or participants or other education matters, including content, as conditions of receiving this grant.
5. All commercial support associated with this activity will be given with the full knowledge and approval of the Accredited Provider. No other payments shall be given to the director of the activity, planning committee members, teachers, or authors, joint sponsor, or any others involved with the supported activity. Funds should be in the form of an educational grant made payable to _____ (Institution).
6. The Accredited provider will upon request, furnish the Commercial Interest documentation detailing the receipt and expenditures of the commercial support.

Commercial Promotion

7. Product-promotion material or product-specific advertisement of any kind is prohibited in or during the CME activity. The juxtaposition of editorial and advertising must be kept separate from the CME activity. Promotional materials cannot be displayed or distributed in the education space immediately before, during or after a CME activity. Commercial Interests may not engage in sales or promotional activities while in the space or place of the CME activity.
8. The Commercial Interest may not be the agent providing the CME activity to the learners.

Disclosure

9. The Accredited Provider will ensure that the source of support from the Commercial Interest, either direct or 'In-kind", is disclosed to the participants, in program brochures, syllabi, and other program materials, and at the time of the activity. This Disclosure will not include the use of a trade name of a product-group message. The acknowledgment of commercial support may stat the name, mission, and clinical involvement of the company or institution and may include corporate logos and slogans, if they are not product promotional in nature.

The commercial Supporter and the Accredited Sponsor agree to abide by all requirements of the Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support of Continuing Medical Education (appended).

Name of Accredited Provider: APPNA Tax ID Number: _____

Contact Person: CME Coordinator E-mail Address: coordinator@appna.org

Telephone: (630) 968-8585 Fax: (630) 968-8677

Educational Partner: _____ Tax ID Number: _____

Contact Person: _____ E-mail Address: _____

Telephone: _____ Fax: _____

Name of Commercial Interest: _____

Address: _____

City/State/Zip: _____

Contact Person: _____ E-mail: _____

Telephone: _____ Fax: _____

Agreed by Authorized Representatives

Commercial Interest

Accredited Provider

Signature and Date

Signature and Date

Print Name

Print Name

Title

Title

Educational Partner (If applicable)

Signature and Date

Print Name

Title

1. The ACCME defines a Commercial Interest as any proprietary entity producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies. The ACCME does not consider providers of clinical service directly to patients to be commercial interest.

PROGRAM EVALUATION FORM FOR PHYSICIANS

PROGRAM TITLE: _____

LOCATION OF PROGRAM: _____

DATE(s): _____ NUMBER OF CREDIT HOURS: _____

Please circle the appropriate number:

<u>OVERALL PROGRAM</u>	<u>EXCELLENT</u>	<u>AVERAGE</u>	<u>POOR</u>		
1. Was the program matter sufficiently covered?	5	4	3	2	1
2. Were audiovisual materials used appropriately?	5	4	3	2	1
3. Did subject matter have practical application?	5	4	3	2	1
4. Will subject matter help in your patient practice?	5	4	3	2	1
5. If applicable, were handouts helpful?	5	4	3	2	1
6. Was the topic(s) free of commercial bias?	YES _____	NO _____			

If 'NO', please elaborate: _____

SPEAKERS(S)

1. Was/Were the speakers(s) clear and effective?					
_____	5	4	3	2	1

PERSONAL OBJECTIVES

1. Did the program increase knowledge in areas Where greater knowledge was desired?	5	4	3	2	1
2. Did the program give you new knowledge, Skills or approaches?	5	4	3	2	1
3. Did this program meet the stated objectives?	YES _____	NO _____	PARTIALLY _____		

PROGRAM IMPORVEMENT (Please comment)

1. Would you like to see a different format to the CME program? _____
2. Is there a need for specific handouts that may enhance this type of program? _____
3. How did you learn about this program? _____
4. Suggest future topics and/or recommendations: (Please print) _____

NAME (Optional) : _____ SPECIALTY: _____

ADDRESS: _____

FACULTY EVALUATION

FACULTY NAME: _____

Please use the following rating scale for the remaining questions

5 = Outstanding performances, very appropriate, excellent.

4 = Well done, appropriate, good

3 = Adequate, satisfactory, O.K.

2 = Minimally acceptable, superficially done, borderline

1 = Inadequate, not well done, poor

- The objectives and/or guidelines for this program were provided to me at the beginning of the planning process so that I knew what I was expected to do. _____
- My instructions, outlined by the sponsoring hospital/institution, were presented in a coherent, understandable fashion. _____
- An adequate amount of detail, pertaining to the program, neither superficial nor excessive, was provided to me. _____
- The hospital/institution's contact person(s) demonstrated a thorough knowledge of medical education. _____
- My audiovisual needs were met in a timely manner. _____
- Today's presentation provided me with an opportunity to develop my teaching skills. _____

My overall impression of this event from an instructor's perspective is:

My evaluation of the program participants is:

Other than being asked to be a speaker, were there any other particular reasons why you accepted the invitation. If yes, please explain.

Concluding Comments:

DISCLOSURE ATTESTATION

CME Activity Title: _____

CME Activity Date: _____

CME Provider Representative: _____

All faculty participants are expected to disclosure to the audience:

- A. Any significant financial interest or other relationship with the provider of commercial products or services discussed in their educational presentation. The nature of the relationship must be disclosed.

And / Or

- B. Any significant financial interest or other relationship with the provider of commercial products or services that have directly supported the CME activity through an educational grant to the sponsoring organization(s).

- Disclosure must be documented.
- Faculty must document Disclosure on OCMS Disclosure Form.
- Disclosure must take place prior to the actual presentation.
- Disclosure (of name of Commercial support sponsor) must be published in the Brochure, syllabus or other handouts.
- Disclosure can be accomplished verbally by either the program chair or faculty member.
- Disclosure can be accomplished in written form distributed to each learner.

A representative of the provider will be responsible for compliance with the Faculty Disclosure Policy.

The signed disclosure forms from speakers and planners, which describe the nature of what was disclosed, are attached if not already submitted with the CME application.

Disclosure was made: Written _____ Verbal _____ Both _____

Verified by: _____

Date: _____
(Must be within one month of activity)

Written Disclosure Handout or Verbal Disclosure

(Name of Activity)

Funding Disclosure: "This activity is supported by an unrestricted educational grant from _____"

(Date and Time)

(Location and Activity)

(Speaker Name and Title)

(Program Moderator Name and Title)

(Objectives)

Accreditation Statement

This activity has been planned and implemented with the Essential Areas and Policies of the ACCMC through the joint sponsorship of the APPNA and _____ (Insert Name). APPNA is accredited by the ACCME to sponsor continuing medical education for physicians.

APPNA designates this educational activity for maximum of _____ **AMA PRA Category I Credit(s)™**. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Disclosure Statement

Policies and standards of APPNA and ACCMC require that speakers and planners for continuing medical education activities disclose any relevant financial relationships they may have with commercial interests whose products, devices or services may be discussed in the content of CME activity.

The following speakers and planners have no relevant financial relationships to disclose:

(Insert names of speakers and planners).

OR

The following speakers and planners asked us to disclose information about their financial relationships to disclose:

(Insert names of speakers and planners along with the name of the commercial interest(s) and the nature of the relationship(s).

Joint Sponsorship Policy

Co-sponsorship is the alliance of two accredited sponsors working together to develop, implement and deliver a CME certified activity. The bottom line, in either case, is the responsibility of the organization that awards the credit. As the accrediting entity, it must maintain integral involvement and document how each Essential was met.

The _____ is accredited by the Accreditation Council for Continuing Medical Education (CME) for physicians. In this role, _____ is responsible for fulfilling requirements as set forth by the ACCME. On a regular basis, non-accredited sponsors of CME activities or a group of physicians will seek out an accredited sponsor to facilitate the planning and delivery of educational activities. By doing this, and providing AMA Category 1 or 2 PRA Credits, _____ is participating in the process of joint sponsorship.

Accredited sponsors must ensure that their entire program is in the compliance with the Essentials and Standards established by the ACCME. This means that _____ must be integrally involved from conception to completion with documentation of such involvement in planning, implementation, evaluation and administration of the activity, _____ is also responsible for ensuring all activity announcements, brochures and other written publicity indicate the appropriate accreditation and credit designation statements.

_____ recognizes the diverse needs, strengths and capabilities of CME sponsors locally and nationwide. _____ will enter into joint sponsorship if rigorous compliance with the following criteria is established.

1. A letter defining the request, need audience must be submitted by the organization requesting _____ assistance.
2. Documentation of _____ integral involvement must be maintained. This includes (but may not be limited to):
 - Development, completion and documentation of an adequate needs assessment.
 - Delineation of specific learning objectives for each speaker and/or presentation.
 - Documentation of faculty disclosure of commercial support.
 - Full involvement in the receipt and distribution of faculty honoraria and travel expenses when commercial support is solicited.
 - Completion and full review of an evaluation instrument by all attendees seeking credit.
3. A. List of attendees.
4. A. Final review of the activity by the Director of Continuing Education and _____ governing body.

- Y N Are sufficient opportunities structured into the event for questions, answers, discussion, Peer interaction?
- Y N If there are ancillary activities, are they arranged so that they do NOT take predominance over or compete with the educational event nor to appear to unduly influence potential participants?

Implementation, Evaluation, Responsibility:

- Y N Does the CME committee and Office or faculty initiates the offering? Describe.
- Y N Is CME *involved early in the planning? Describe the first stage, as well as successive Stages.
- Y N *involved well in the implementation? Demonstrate.
- Y N *overseeing the promotion?
- Y N *overseeing mailing from the CME office?
- Y N If the mailing are not being printed and distributed by the CME Office, who is supervising?
- Y N Is the CME Office handling *meeting facilities?
- Y N *logistical support?
- Y N *registration?
- Y N *financial accounting? If not, why not?
- Y N If this activity has a track record, was the last offering financially in the black? Are grants made to the CME office? If it is in the red, how was the deficit covered? Who will cover this one?
- Y N If the implementation is outside of the office, how is it effectively supervised to be in compliance with sponsorship rules?
- Y N If it is a onetime offering, is the program length appropriate (4 hours or more)?
- Y N Is the evaluation addressed? How well? Is it used in planning successive events, and how?
- Y N Are we (CME Office and CME Committee) responsibly evaluating this activity?
- Y N If this is an annual course, does this year's program reflect any changes form last year's evaluation?
- Y N Is our record system adequate for this activity?

Is this activity substantially (with few changes needed) or marginally in compliance with the Essentials?

Charges Needed _____.

Upon completion of this seminar, participants will be able to:

- a. _____
- b. _____
- c. _____
- 5. What criteria were used to select the faculty?

- 6. What teaching methods will be used? (Audiovisuals, lecture, etc.)

- 7. What evaluation methods will be used? (Learning, audience satisfaction, & faculty)

- 8. Our CME office will assist you with completing each step of the planning process. Final drafts of the following items will be kept on file in our office.
 - a. C.V. or other factual information about the speaker(s)
 - b. Handouts used by the speaker(s)
 - c. Announcement materials
 - d. Attendance list including physician name, address, & SSN
 - e. Completed evaluation forms after the seminar

