SURVEYOR REPORT FORM FOR ACCME REACCREDITATION

CRITERION 1

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.

- Did the provider’s CME mission statement include expected results articulated in terms of changes of competence, performance or patient outcomes that will be the result of the program? (Required)

- If you indicated “no” or the criterion was discussed in the interview, please explain why and/or describe the discussion.

Additional Materials:

- Request additional materials?

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.

- Did the provider describe a process or processes that identifies the professional practice gaps of its own learners? (Required)

- Did the provider describe a process or processes that incorporates educational needs (articulated in terms of knowledge, competence or performance) that underlie the professional practice gaps of its learners? (Required)

- If you indicated “no” or the criterion was discussed in the interview, please explain why and/or describe the discussion.

Additional Materials:

- Request additional materials?

CRITERION 3

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

- Did the provider describe the generation of activities/educational interventions designed to change competence, performance, or patient outcomes? (Required)

- If you indicated “no” or the criterion was discussed in the interview, please explain why and/or describe the discussion.

Additional Materials:

- Request additional materials?
CRITERION 5

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

• Did the provider describe the use of educational formats for activities/educational interventions that are appropriate for the setting, objectives and desired results of the activity?

• If you indicated “no” or the criterion was discussed in the interview, please explain why and/or describe the discussion.

Additional Materials:

• Request additional materials?

CRITERION 6

The provider develops activities/educational interventions in the context of desirable physician attributes [e.g., Institute of Medicine (IOM) competencies, Accreditation Council for Graduate Medical Education (ACGME) Competencies].

• Did the provider describe the development of activities/educational interventions in the context of desirable physician attributes (e.g. IOM competences, ACGME competences)? (Required)

• If you indicated “no” or the criterion was discussed in the interview, please explain why and/or describe the discussion.

Additional Materials:

• Request additional materials?

CRITERION 7 SCS 1

The provider develops activities/educational interventions independent of commercial interests. (SCS 1).

SCS 1 Independence

SCS 1.1: A CME provider must ensure that the following decisions were made free of the control of a commercial interest (see the definition of a "commercial interest" on the ACCME website at this link). (a) Identification of CME needs; (b) Determination of educational objectives; (c) Selection and presentation of content; (d) Selection of all persons and organizations that will be in a position to control the content of the CME; (e) Selection of educational methods; (f) Evaluation of the activity.

SCS 1.2: A commercial interest cannot take the role of non-accredited partner in a joint provider relationship.

• If the provider states that it allows employees or owners of commercial interests to control content of its CME activities, does the provider do so only in the context of the circumstances allowed by the ACCME? (Required)

• If you indicated “no” or the criterion was discussed in the interview, please explain why and/or describe the discussion.

Additional Materials:

• Request additional materials?

CRITERION 7 SCS 2

SCS 2 Resolution of Personal Conflicts of Interest
SCS 2.1: The provider must be able to show that everyone who is in a position to control the content of an education activity has disclosed all relevant financial relationships with any commercial interest to the provider. The ACCME defines "relevant financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

SCS 2.2: An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher, or an author of CME, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME activity.

SCS 2.3: The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.

- Did the provider describe the resolution of personal conflicts of interest as outlined in SCS 2.1, 2.2, and 2.3? (Required)
- If you indicated “no” or the criterion was discussed in the interview, please explain why and/or describe the discussion.

Additional Materials:

- Request additional materials?

**CRITERION 7 SCS 6**

SCS 6 Disclosures Relevant to Potential Commercial Bias

SCS 6.1: An individual must disclose to learners any relevant financial relationship(s), to include the following information: The name of the individual; The name of the commercial interest(s); The nature of the relationship the person has with each commercial interest.

SCS 6.2: For an individual with no relevant financial relationship(s) the learners must be informed that no relevant financial relationship(s) exist.

SCS 6.3: The source of all support from commercial interests must be disclosed to learners. When commercial support is "in-kind" the nature of the support must be disclosed to learners.

SCS 6.4: "Disclosure" must never include the use of a corporate logo, trade name or a product-group message of an ACCME-defined commercial interest.

SCS 6.5: A provider must disclose the above information to learners prior to the beginning of the educational activity.

- Did the provider describe disclosure to learners of relevant financial relationships with commercial interests and commercial support for the activity, in keeping with SCS 6.1-6.5? (Required)
- If you indicated “no” or the criterion was discussed in the interview, please explain why and/or describe the discussion.

Additional Materials:

- Request additional materials?

**CRITERION 8**

The provider appropriately manages commercial support (if applicable, SCS 3 of the ACCME Standards for Commercial Support).

SCS 3: Appropriate Use of Commercial Support

SCS 3.1: The provider must make all decisions regarding the disposition and disbursement of commercial support.

SCS 3.2: A provider cannot be required by a commercial interest to accept advice or services concerning teachers, authors, or
participants or other education matters, including content, from a commercial interest as conditions of contributing funds or services.

SCS 3.3: All commercial support associated with a CME activity must be given with the full knowledge and approval of the provider.

SCS 3.4: The terms, conditions, and purposes of the commercial support must be documented in a written agreement between the commercial supporter that includes the provider and its educational partner(s). The agreement must include the provider, even if the support is given directly to the provider's educational partner or a joint provider.

SCS 3.5: The written agreement must specify the commercial interest that is the source of commercial support.

SCS 3.6: Both the commercial supporter and the provider must sign the written agreement between the commercial supporter and the provider.

SCS 3.7: The provider must have written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers and authors.

SCS 3.8: The provider, the joint provider, or designated educational partner must pay directly any teacher or author honoraria or reimbursement of out-of-pocket expenses in compliance with the provider's written policies and procedures.

SCS 3.9: No other payment shall be given to the director of the activity, planning committee members, teachers or authors, joint provider, or any others involved with the supported activity.

SCS 3.10: If teachers or authors are listed on the agenda as facilitating or conducting a presentation or session, but participate in the remainder of an educational event as a learner, their expenses can be reimbursed and honoraria can be paid for their teacher or author role only.

SCS 3.11: Social events or meals at CME activities cannot compete with or take precedence over the educational events.

SCS 3.12: The provider may not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a CME activity. The provider may use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of the provider, joint provider or educational partner.

SCS 3.13: The provider must be able to produce accurate documentation detailing the receipt and expenditure of the commercial support.

- Did the provider attach its written policies and procedures governing honoraria and reimbursement of expenses? (SCS 3.7) (Required)

- Does the provider accept commercial support? (Required)

- Did the provider describe that the provider, the joint provider, or designated educational partner pays directly any teacher or author honoraria or reimbursement of out-of-pocket expenses that are derived from commercial support in compliance with the provider’s written policies and procedures? (SCS 3.8) (Required)

- Did the provider describe the appropriate use of commercial support, as outlined in SCS 3.1-3.6 and 3.12? (Required)

- If you indicated “no” or the criterion was discussed in the interview, please explain why and/or describe the discussion.

Additional Materials:

- Request additional materials?

CRITERION 9

The provider maintains a separation of promotion from education (SCS 4).

SCS 4: Appropriate Management of Associated Commercial Promotion

SCS 4.1: Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CME activities.

SCS 4.2: Product-promotion material or product-specific advertisement of any type is prohibited in or during CME activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CME. For print, advertisements and promotional materials will not be interleaved within the pages of the CME content. Advertisements...
and promotional materials may face the first or last pages of printed CME content as long as these materials are not related to the CME content they face and are not paid for by the commercial supporters of the CME activity. For computer based, advertisements and promotional materials will not be visible on the screen at the same time as the CME content and not interleaved between computer ‘windows’ or screens of the CME content. (Supplemented February 2014; the information that follows previously appeared in ACCME policies. No changes have been made to the language.) Also, ACCME-accredited providers may not place their CME activities on a Web site owned or controlled by a commercial interest. With clear notification that the learner is leaving the educational Web site, links from the Web site of an ACCME accredited provider to pharmaceutical and device manufacturers’ product Web sites are permitted before or after the educational content of a CME activity, but shall not be embedded in the educational content of a CME activity. Advertising of any type is prohibited within the educational content of CME activities on the Internet including, but not limited to, banner ads, subliminal ads, and pop-up window ads. For computer based CME activities, advertisements and promotional materials may not be visible on the screen at the same time as the CME content and not interleaved between computer windows or screens of the CME content. For audio and video recording, advertisements and promotional materials will not be included within the CME. There will be no ‘commercial breaks.’ For live, face-to-face CME, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CME activity. Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place of the CME activity. (Supplemented, February 2014; the information that follows previously appeared in ACCME policies. No changes have been made to the language.) For Journal-based CME, none of the elements of journal-based CME can contain any advertising or product group messages of commercial interests. The learner must not encounter advertising within the pages of the article or within the pages of the related questions or evaluation materials.

SCS 4.3: Educational materials that are part of a CME activity, such as slides, abstracts and handouts, cannot contain any advertising, corporate logo, trade name or a product-group message of an ACCME-defined commercial interest.

SCS 4.4: Print or electronic information distributed about the non-CME elements of a CME activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product-promotion material or product-specific advertisement.

SCS 4.5: A provider cannot use a commercial interest as the agent providing a CME activity to learners, e.g., distribution of self-study CME activities or arranging for electronic access to CME activities.

- Did the provider describe that it uses a commercial interest as the agent providing a CME activity to learners (e.g. distribution of self-study CME activities or arranging for electronic access to CME activities)? (Required)

- Did the provider describe that it organizes exhibits OR advertising with any of its CME activities? (Required)

- If you indicated “no” or the criterion was discussed in the interview, please explain why and/or describe the discussion.

Additional Materials:

- Request additional materials?

**CRITERION 10**

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

SCS 5: Content and Format Without Commercial Bias

SCS 5.1: The content or format of a CME activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.

SCS 5.2: Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this
impartiality. If the CME educational material or content includes trade names, where available trade names from several companies should be used, not just trade names from a single company. It is an expectation of the ACCME that the content of CME activities does not promote the proprietary interests of any commercial interests (i.e., there is no commercial bias) and that your CME activities give a balanced view of therapeutic options.

- Did the provider describe that the content of its CME activities does not promote the proprietary interests of any commercial interests (i.e., there is no commercial bias) and that its CME activities give a balanced view of therapeutic options? (Required)

- If you indicated “no” or the criterion was discussed in the interview, please explain why and/or describe the discussion.

Additional Materials:

- Request additional materials?

CME Clinical Content Validation Policy

Accredited providers are responsible for validating the clinical content of CME activities that they provide. Specifically,

1. All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.

2. All scientific research referred to, reported, or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.

3. Providers are not eligible for ACCME accreditation or reaccreditation if they present activities that promote recommendations, treatment, or manners of practicing medicine that are not within the definition of CME, or known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients. An organization whose program of CME is devoted to advocacy of unscientific modalities of diagnosis or therapy is not eligible to apply for ACCME accreditation.

Definition of CME: Continuing medical education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician 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.

The ACCME requires that the content of all CME activities meets the ACCME’s Clinical Content Validation policy, and that the subject matter is within the ACCME’s Definition of CME.

- Did the provider describe that it plans and monitors its activities to ensure that its CME content is valid? (CME Clinical Content Validation policy) (Required)

- If you indicated “no” or the criterion was discussed in the interview, please explain why and/or describe the discussion.

Additional Materials:

- Request additional materials?

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.
• Did the provider conduct an analysis of changes achieved in learners' competence, performance, or in patient outcomes based on data and information from its program's activities/educational interventions? (Required)

• If you indicated “no” or the criterion was discussed in the interview, please explain why and/or describe the discussion.

Additional Materials:

• Request additional materials?

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.

• Did the provider gather data or information and conduct a program-based analysis on the degree to which its CME mission has been met through the conduct of CME activities/educational interventions? (Required)

• If you indicated “no” or the criterion was discussed in the interview, please explain why and/or describe the discussion.

Additional Materials:

• Request additional materials?

CRITERION 13

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 ability to meet the CME mission.

• Did the provider identify, plan, and implement needed or desired changes in the overall program that are required to improve on its ability to meet the CME mission? (Required)

• If you indicated “no” or the criterion was discussed in the interview, please explain why and/or describe the discussion.

Additional Materials:

• Request additional materials?

Accreditation Statement

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 the date, location, and title. If more specific information is included, such as faculty and objectives, the accreditation statement must be included.

The ACCME accreditation statement is as follows:

For directly provided activities: “The (name of accredited provider) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) 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 Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of (name of accredited provider) and (name of nonaccredited provider). The (name of accredited provider) is accredited by the ACCME to provide continuing medical education for physicians.”
There is no “co-providership” accreditation 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 activities should use the directly provided activity statement, naming the one accredited provider that is responsible for the activity. The ACCME has no policy regarding specific ways in which providers may acknowledge the involvement of other ACCME-accredited providers in their CME activities.

- Did the provider use the appropriate accreditation statement? (Required)

Additional Materials:
- Request additional materials?
- Provide an example of the information or report(s) your mechanism can produce for an individual participant. To upload multiple documents, add additional rows to the table.

### Attendance Records Retention Policy

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 ACCME does not require sign-in sheets.

- Did the provider describe and demonstrate, that it has a mechanism in place to record and, when authorized, verify participation of participating physicians for six years after the date of the activity? (Required)
- If you indicated “no” or the criterion was discussed in the interview, please explain why and/or describe the discussion.

Additional Materials:
- Request additional materials?

### Activity Documentation CME Activity Records Retention Policy

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.

- In the performance in practice review, was the provider able to produce for the ACCME’s review records/files from CME activities held during its current accreditation term? (Required)
- If you indicated “no” or the criterion was discussed in the interview, please explain why and/or describe the discussion.

Additional Materials:
- Request additional materials?

### CRITERION 23

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

- Has the provider attested that it has met the Critical Elements for Criterion 23 in at least 10% of the CME activities (but no less than two activities) during the accreditation term based on its program size?  □ Yes  □ No
- Did the provider submit evidence for the correct number of activities based on its program size?  □ Yes  □ No
- Did the provider demonstrate that the activities submitted:
  - Include planners from more than one profession (representative of the target audience)?  □ Yes  □ No
-Include faculty from more than one profession (representative of the target audience)? □ Yes □ No
-Were designed to change in terms of the competence or performance of the healthcare team? □ Yes □ No
- If you indicated “no” or the criterion was discussed in the interview, please explain why and/or describe the discussion.

Additional Materials:

- Request additional materials?

**CRITERION 24**

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

- Has the provider attested that it has met the Critical Elements for Criterion 24 in at least 10% of the CME activities (but no less than two activities) during the accreditation term based on its program size? □ Yes □ No
- Did the provider submit evidence for the correct number of activities based on its program size? □ Yes □ No
- For the activities submitted, did the provider:  
  -Include planners who are patients and/or public representatives? □ Yes □ No  
  -Include faculty who are patients/public representatives? □ Yes □ No

If you indicated “no” or the criterion was discussed in the interview, please explain why and/or describe the discussion.

Additional Materials:

- Request additional materials?

**CRITERION 25**

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

- Has the provider attested that it has met the Critical Elements for Criterion 25 in at least 10% of the CME activities (but no less than two activities) during the accreditation term based on its program size? □ Yes □ No
- Did the provider submit evidence for the correct number of activities based on its program size? □ Yes □ No
- For the activities submitted, did the provider:  
  -Include planners who are students of the health professions? □ Yes □ No  
  -Include faculty who are students of the health professions? □ Yes □ No

If you indicated “no” or the criterion was discussed in the interview, please explain why and/or describe the discussion.

Additional Materials:

- Request additional materials?

**CRITERION 26**

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

- Did the provider describe that it incorporates health and practice data into its educational program through teaching about the collection, analysis, or synthesis of health/practice data AND that it uses health/practice data to teach about healthcare improvement? □ Yes □ No
- Did the provider submit evidence for the correct number of activities based on its program size? □ Yes □ No
- Did the provider demonstrate that the activities submitted:  
  -taught learners about collection, analysis, or synthesis of health/practice data? □ Yes □ No  
  -used health/practice data to teach about healthcare improvement? □ Yes □ No
If you indicated “no” or the criterion was discussed in the interview, please explain why and/or describe the discussion.

Additional Materials:

- Request additional materials?

CRITERION 27

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

- Has the provider attested that it has met the Critical Elements for Criterion 27 in at least 10% of the CME activities (but no less than two activities) during the accreditation term? □ Yes □ No

- Did the provider submit evidence for the correct number of activities based on its program size? □ Yes □ No

- For the activities submitted, did the provider demonstrate it teaches strategies that learners can use to achieve improvements in population health? □ Yes □ No

If you indicated “no” or the criterion was discussed in the interview, please explain why and/or describe the discussion.

Additional Materials:

- Request additional materials?

CRITERION 28

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

- Did the provider submit four examples of collaborations with one or more healthcare or community organization(s) during the current term? □ Yes □ No

- Did the provider describe in each of the examples how the collaboration augmented its ability to address population health? □ Yes □ No

If you indicated “no” or the criterion was discussed in the interview, please explain why and/or describe the discussion.

Additional Materials:

- Request additional materials?

CRITERION 29

The provider designs CME to optimize communication skills of learners.

- Did the provider submit evidence for the correct number of activities based on its program size? □ Yes □ No

- Did the provider demonstrate that the activities submitted:
  - Were designed to improve the communication skills of learners? □ Yes □ No
  - Included an evaluation of observed communications skills? □ Yes □ No
  - Provided formative feedback to the learner about communication skills? □ Yes □ No

- If you indicated “no” or the criterion was discussed in the interview, please explain why and/or describe the discussion.

Additional Materials:

- Request additional materials?
CRITERION 30
The provider designs CME to optimize technical and procedural skills of learners.

- Did the provider submit evidence for the correct number of activities based on its program size? □ Yes □ No
- Did the provider demonstrate that the activities submitted:
  - Addressed the technical and/or procedural skills of learners? □ Yes □ No
  - Included an evaluation of observed technical or procedural skills? □ Yes □ No
  - Provided formative feedback to the learner about technical or procedural skill? □ Yes □ No
- If you indicated “no” or the criterion was discussed in the interview, please explain why and/or describe the discussion.

Additional Materials:

- Request additional materials?

CRITERION 31
The provider creates individualized learning plans for learners.

- Did the provider describe that it creates individualized learning plans that track learners repeated engagement with a longitudinal curriculum/plan over weeks or months? □ Yes □ No
- Did the provider submit evidence of repeated engagement and feedback for the required number of learners based on the size of its CME program? □ Yes □ No
- If you indicated “no” or the criterion was discussed in the interview, please explain why and/or describe the discussion.

Additional Materials:

- Request additional materials?

CRITERION 32
The provider utilizes support strategies to enhance change as an adjunct to its CME.

- Has the provider attested that it has met the Critical Elements for Criterion 32 in at least 10% of the CME activities (but no less than two activities) during the accreditation term? □ Yes □ No
- Did the provider submit evidence for the correct number of activities based on its program size? □ Yes □ No
- For the activities submitted, did the provider demonstrate that it utilizes support strategies to enhance change as an adjunct to the CME activity? □ Yes □ No
- Did the provider demonstrate that it conducts a periodic analysis to determine the effectiveness of each of the support strategies it uses and plans improvements? □ Yes □ No

If you indicated “no” or the criterion was discussed in the interview, please explain why and/or describe the discussion.

Additional Materials:

- Request additional materials?

CRITERION 33
The provider engages in CME research and scholarship.
• Did the provider describe and submit at least two projects that are related to the pursuit of research on the effectiveness and best practices of CME? □ Yes □ No
• Did the provider submit evidence that it disseminated the project(s) by submitting, presenting, or publishing a poster, abstract, or manuscript to or in a peer-reviewed forum? □ Yes □ No
• If you indicated “no” or the criterion was discussed in the interview, please explain why and/or describe the discussion.

Additional Materials:

• Request additional materials?

CRITERION 34

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

• Did the provider describe that it has implemented a continuous professional development plan for all members of its CME team during the accreditation term? □ Yes □ No
• Did the provider demonstrate that it:
  - Based the professional development plan on the needs assessment of the team? □ Yes □ No
  - Included some activities external to the provider? □ Yes □ No
  - Dedicated time and resources for the CME team to engage in the plan? □ Yes □ No
• If you indicated “no” or the criterion was discussed in the interview, please explain why and/or describe the discussion.

Additional Materials:

• Request additional materials?

CRITERION 35

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

• Did the provider describe four examples of innovations implemented during the accreditation term? □ Yes □ No
• Was each innovation:
  - New for the CME program? □ Yes □ No
  - Contributory to the provider’s ability to meet its mission? □ Yes □ No
• If you indicated “no” or the criterion was discussed in the interview, please explain why and/or describe the discussion.

Additional Materials:

• Request additional materials?

CRITERION 36

The provider demonstrates improvement in the performance of learners.

• Has the provider attested that it has met the Critical Elements for Criterion 36 in at least 10% of the CME activities during the accreditation term? □ Yes □ No
• Did the provider submit evidence for the correct number of activities based on its program size? □ Yes □ No
• For the activities submitted, did the provider demonstrate:
  - That it measured the performance changes of learners? □ Yes □ No
  - That the majority of learners’ performance improved? □ Yes □ No
• If you indicated “no” or the criterion was discussed in the interview, please explain why and/or describe the discussion.
CRITERION 37

The provider demonstrates healthcare quality improvement.

- Did the provider describe at least two examples in which it collaborated in the process of healthcare quality improvement during the accreditation term? □ Yes □ No
- Did the provider demonstrate improvement in healthcare quality in each example? □ Yes □ No
- If you indicated “no” or the criterion was discussed in the interview, please explain why and/or describe the discussion.

Additional Materials:
- Request additional materials?

CRITERION 38

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

- Did the provider describe at least two collaborations during the accreditation term in which the CME program contributed to the process of improving patient or community health? □ Yes □ No
- In these examples, did the provider demonstrate improvements in patient or community health in areas related to the CME program? □ Yes □ No
- If you indicated “no” or the criterion was discussed in the interview, please explain why and/or describe the discussion.

Additional Materials:
- Request additional materials?