
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:

- **Should additional materials be requested related to the Self-Study Report form?**

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.

- **Does the provider describe its process(es) to identify the professional practice gaps and the underlying educational needs 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:

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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 that it generates activities that are designed to change competence, performance, or patient outcomes as described in its mission statement?** (Required)
- **If you indicated “no” or the criterion was discussed in the interview, please explain why and/or describe the discussion.**

Additional Materials:

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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 that it chooses educational formats appropriate for the setting, objectives and desired results of its activities?**
- **If you indicated “no” or the criterion was discussed in the interview, please explain why and/or describe the discussion.**

Additional Materials:

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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 that it developments activities in the context of physician attributes? (Required)**
- **If you indicated “no” or the criterion was discussed in the interview, please explain why and/or describe the discussion.**

Additional Materials:

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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.

- **Did the provider describe that it uses employees/owners of ACCME-defined commercial interest(s) in its accredited CME activities? (Required)**
- **If the provider uses employee(s)/owner(s) of commercial interest(s), please describe the circumstances in which these instance(s) occurred. (Required).**

Additional Materials:

- **Should additional materials be requested related to the Self-Study Report form?**

CRITERION 7 SCS 2

SCS 2 Resolution of Personal Conflicts of Interest

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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 its mechanism(s) to identify and resolve conflicts of interest for all individuals in control of content?** (Required)
- **If you indicated "no" or the criterion was discussed in the interview, please explain why and/or describe the discussion.**

Additional Materials:

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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 its process(es) for making disclosure of the presence or absence of relevant financial relationships?** (Required)
- **Did the provider describe its process(es) for appropriately disclosing commercial support to its learners?**
- **If you indicated "no" or the criterion was discussed in the interview, please explain why and/or describe the discussion.**

Additional Materials:

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CRITERION 8

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

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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.

- **Does the provider accept commercial support?** (Required)
- **Did the provider upload its written policies and procedures governing honoraria and reimbursement of expenses?** (Required)
- **If you indicated "no" or the criterion was discussed in the interview, please explain why and/or describe the discussion.**

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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 state 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:

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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’s process(es) 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:

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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:

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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:

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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.**

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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:

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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:

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AMA Designation Statement

Documentation Requirements for AMA PRA Category 1 Credit™

The ACCME collects additional evidence for the American Medical Association (AMA) from the sample of your activities

selected for performance-in-practice review to demonstrate how well and how consistently your organization is meeting some of the AMA PRA Category 1 Credit™ requirements. As a service to both the provider and the credit system, the ACCME collects this evidence and transmits it for the AMA's review and follow-up with providers.

This information will not be considered as part of your ACCME accreditation decision and will not elicit feedback from the ACCME.

- **Does the provider's evidence demonstrate it utilizes the appropriate AMA Designation Statement?** (Required)
- **If you indicated “no” or the criterion was discussed in the interview, please explain why and/or describe the discussion.**

Additional Materials:

- **Should additional materials be requested related to the Self-Study Report form?**

CRITERION 23

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

- **Did the provider attest 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?**
- **Did the provider submit evidence for the correct number of activities based on its program size?** Yes No
- **In the evidence provided, did the provider show they met the critical elements for each activity:**
 - 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:

- **Should additional materials be requested related to the Self-Study Report form?**

CRITERION 24

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

- **Did the provider attest 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
- **In the evidence provided, did the provider show they met the critical elements for each activity:**
 - 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:

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CRITERION 25

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

- **Did the provider attest 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
- **In the evidence provided, did the provider show they met the critical elements for each activity:**
 - 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:

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CRITERION 26

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

- **Did the provider submit evidence for the correct number of activities based on its program size?** Yes No
- **In the evidence provided, did the provider show they met the critical elements for each activity:**
 - Teaches learners about collection, analysis, or synthesis of health/practice data? Yes No
 - Uses 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:

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CRITERION 27

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

- **Did the provider attest 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
- **In the evidence provided, did the provider show they met the critical elements for each activity:**
 - Teaches strategies to improve 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:

- **Should additional materials be requested related to the Self-Study Report form?**
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CRITERION 28

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

- **In the evidence provided, did the provider show they met the critical elements for each activity:**
 - Created/continued collaboration with one or more healthcare or community organization(s)?
 Yes No
 - Collaboration augmented the provider's ability to address population health issues? Yes No
- **If you indicated "no" or the criterion was discussed in the interview, please explain why and/or describe the discussion.**

Additional Materials:

- **Should additional materials be requested related to the Self-Study Report form?**
-

CRITERION 29

The provider designs CME to optimize communication skills of learners.

- **Did the provider submit evidence for the correct number of activities based for their term?** Yes No
- **In the evidence provided, did the provider show they met the critical elements for each activity:**
 - Provided CME 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:

- **Should additional materials be requested related to the Self-Study Report form?**
-

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
- **In the evidence provided, did the provider show they met the critical elements for each activity:**
 - Provided CME that 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:

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-

CRITERION 31

The provider creates individualized learning plans for learners.

- In the evidence submitted, did the provider meet the critical elements for each activity:
 - Tracks the learner’s repeated engagement with a longitudinal curriculum/plan over weeks or months? Yes No
 - Provides individualized feedback to the learner to close practice gaps? Yes No
- Did the provider submit evidence of individualized feedback for the required number of learners based on the size of its CME program for their term? Yes No
- If you indicated “no” or the criterion was discussed in the interview, please explain why and/or describe the discussion.

Additional Materials:

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CRITERION 32

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

- Did the provider attest 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 for their term? Yes No
- In the evidence provided, did the provider show they met the critical elements for each activity:
 - Utilizes support strategies to enhance change? Yes No
 - Conducts an analysis to determine the effectiveness of the support strategies 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:

- Should additional materials be requested related to the Self-Study Report form?

CRITERION 33

The provider engages in CME research and scholarship.

- In the evidence provided, did the provider meet the critical elements:
 - Conducts scholarly pursuit relevant to CME? Yes No
 - Submits presents, or publishes a poster, abstract, or manuscript to or in a peer-reviewed forum? Yes No
- In the evidence submitted, did the provider meet the Standard by submitting at least two projects completed during the accreditation term and the dissemination method used for each? Yes No
- If you indicated “no” or the criterion was discussed in the interview, please explain why and/or describe the discussion.

Additional Materials:

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CRITERION 34

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

- **In the evidence submitted, did the provider meet the critical elements:**
 - Creates a CME-related continuous professional development plan for all members of its CME team? Yes No
 - Learning plan is based on the needs assessment of the team? Yes No
 - Learning plan includes some activities external to the provider? Yes No
 - Dedicates 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:

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CRITERION 35

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

- **Did the provider submit descriptions of four examples during the accreditation term?** Yes No
- **In the evidence provided, did the provider show they met the critical elements:**
 - Implemented an innovation that is new for the CME program? Yes No
 - The innovation contributed 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:

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CRITERION 36

The provider demonstrates improvement in the performance of learners.

- **Did the provider attest that at least 10% of the organizations activities improved the performance of its learners?** Yes No
- **In the evidence submitted, did the provider show they met the critical elements:**
 - Measured changes in performance of learners? Yes No
 - Described method(s) used to measure performance change? Yes No
 - Demonstrated 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.**

Additional Materials:

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CRITERION 37

The provider demonstrates healthcare quality improvement.

- **Did the provider demonstrate healthcare quality improvement related to the CME program at least twice during the accreditation term?** Yes No
- **Did the provider's examples meet the critical elements:**
 - Collaborated in the process of healthcare quality improvement? Yes No
 - Demonstrated improvement in healthcare quality? Yes No
- **If you indicated "no" or the criterion was discussed in the interview, please explain why and/or describe the discussion.**

Additional Materials:

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CRITERION 38

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

- **Did the provider submit at least two examples that demonstrated improvements in patient or community health in areas related to the CME program at least twice during the accreditation term?** Yes No
- **In the evidence submitted, did the provider meet the critical elements:**
 - Collaborated in improving patient/community health? Yes No
 - 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.**

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