Pre-Application for ACCME Accreditation

Updated April 2017
Overview of the Pre-Application for ACCME Accreditation

Thank you for requesting an ACCME Pre-Application. The ACCME looks forward to supporting your efforts to become an ACCME-accredited continuing medical education (CME) provider.

The next step is your organization’s submission of a Pre-Application for ACCME Accreditation (“Pre-Application”) and a nonrefundable pre-application fee (current fees can be reviewed online here.) To complete the pre-application, you need to include narrative description and attachments. Submit the pre-application electronically via email as a single, bookmarked PDF format file to preapps@accme.org.

The purpose of the pre-application is to determine if your organization understands and addresses the ACCME accreditation requirements. We ask that you demonstrate that you have mechanisms already in place to fulfill the ACCME’s accreditation requirements in the CME activities that you are producing, or have produced, and to attach examples to verify your descriptions. The evidence you submit must come from an activity that has occurred within the 24 months that precede the date of this pre-application submission.

Once your organization has submitted the pre-application and fee, the ACCME will review the materials to determine your organization’s eligibility and to verify that mechanisms are in place for your organization to meet ACCME requirements. You will receive a response within four weeks of the submission of the pre-application and fee. The ACCME may request additional information during this review period or the ACCME will notify your organization in writing whether or not it is eligible to continue with the initial accreditation process. The materials are not reviewed for compliance with ACCME expectations. The ACCME determines compliance during the initial accreditation process based on three data sources: the self-study report, evidence of performance-in-practice, and the accreditation interview. Therefore, if the ACCME approves your pre-application, it is not a guarantee that your organization will receive Provisional Accreditation.

As you engage in the pre-application process, the ACCME encourages you to take advantage of learning opportunities available to you. There is important information regarding ACCME accreditation available on the ACCME’s website: www.accme.org. We expect that you will familiarize yourself with all the information for “First Time Applicants.” The ACCME offers a range of face-to-face and online resources to support accreditation applicants, including FAQs, video interviews, and workshops. Finally, keep up-to-date regarding new ACCME developments; sign up to receive ACCME e-newsletters and other e-mail announcements here1. Subscribe to RSS feeds and stay informed about new resources and announcements posted on our website.

Please be aware that, historically, 50% of initial applicants are not successful in achieving Provisional Accreditation, because even one finding of noncompliance with the Accreditation Criteria (1, 2, 3, and 7–12) results in a status of Nonaccreditation. The ACCME strongly encourages you to review resources on the ACCME website and to consider attending an ACCME Accreditation Workshop before submitting your pre-application or initial self-study report.

About the ACCME Pre-Application Form

This document is a Microsoft Word® Form. Save the document as you go along so you do not lose your work. The document uses:

- **Text fields** where you are limited to 500 words (except for contact information where you are limited to one line); and
- **Check boxes** where an X will be inserted when you select that box. Please be sure that only the boxes you mean to select are selected.

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Submitting the Pre-Application and Fee to the ACCME

When you have completed the pre-application, please prepare a single, bookmarked PDF format file of the pre-application form and all required attachments. Note: Submission in electronic format requires Adobe Acrobat version 8.0 or more recent.

- Send the pre-application and attachments in bookmarked PDF format via email to preapps@accme.org.

- Send your nonrefundable fee payment to:
  ACCME PRE-APPLICATION REVIEW
  401 N Michigan Ave
  Suite 1801
  Chicago, IL 60611

A pre-application will not be reviewed until payment has been received. The ACCME reviews pre-applications regularly and will notify your organization once a decision has been made regarding your eligibility. The fee is not returned if the pre-application is incomplete or if the ACCME determines that your organization is not eligible for accreditation.
Pre-Application for ACCME Accreditation

Name of organization as it should appear on ACCME documents: Enter Organization name here
Date of pre-application submission to ACCME: Enter date here

Section I – ORGANIZATIONAL INFORMATION & ATTACHMENTS

A. Attach your Request for an ACCME Pre-Application form. You received this via email when your request was submitted. Label and bookmark this “Attachment 1 – Request for Pre-App.”

B. Describe a brief history of your organization. What does your organization do? Who are your learners? Describe here (500 words maximum)

C. If your organization has IRS 501c status, attach a copy of its IRS notification letter. Label and bookmark this “Attachment 2 – IRS Letter.”

D. Learner Geographic Distribution. Check one:

1. ☐ My organization is a state medical society, LCME-accredited school of medicine, national physician membership organization, or national medical specialty society. Proceed to Question E.

   or

2. ☐ My organization is an “Other National Organization,” (as defined on your Request for Pre-Application). You must show that your program of CME serves physician learners, more than 30% of whom are from beyond the state and contiguous states in which you are located. Provide data from the last two years (or less if you have not been producing CME that long) to verify that the geographic distribution of your physician learners is consistent with this requirement.

   The following data represents physician enrollment from (mo/yr) MONTH YEAR through MONTH YEAR

<table>
<thead>
<tr>
<th>Physician learners from state in which applicant is located and contiguous states</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician learners from other states</td>
<td>Enter number</td>
<td>Enter percent</td>
</tr>
</tbody>
</table>

   or

3. ☐ My organization is located or incorporated outside the United States or its territories. Proceed to Question E.

   Note: To be eligible for ACCME accreditation, you must operate the business and management policies and procedures of its CME program (as it relates to human resources, financial affairs, and legal obligations), so that your obligations and commitments are met. The following items ask for information to substantiate that this framework is in place.
E. Is your organization an employer of staff? Yes ☐ or No ☐
If yes, attach the table of contents from your organization’s human resources and financial policies or procedures manual. If your organization does not have a policies or procedures manual, attach materials to demonstrate that the human resource, financial affairs, and legal obligations and commitments are met (for example, organization’s bylaws or membership guidelines). Label and bookmark this “Attachment 3 – Policies and Procedures.”

F. Attach an organizational chart that shows the structure and staff reporting relationships for your CME Program. If your CME program is part of a larger institution, include an organizational chart that shows the position of the CME program in relation to the institution’s overall structure. Label and bookmark this “Attachment 4 – Organizational Structure.”

G. If your CME program has annual audited financial statements, attach a copy of these statements for the past year, or, if your CME program does not have annual audited financial statements, attach an income and expense statement for your CME Program for the past year. Label and bookmark this “Attachment 5 – Financial Statement.”

H. If your organization is located in the state of California, please describe how your organization complies with California AB 496 enacted in 2014, updating California Assembly Bill 1195, enacted in 2005. California Assembly Bill 496: On and after July 1, 2006, all CME activities must contain curriculum that includes cultural and linguistic competency in the practice of medicine. California-based providers planning courses within the State of California must comply with this law.
If applicable, describe here (500 words maximum)

Section II – INDEPENDENCE FROM ACCME-DEFINED COMMERCIAL INTERESTS

I. The ACCME defines a commercial interest as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. A commercial interest is not eligible for accreditation. Answer yes or no to the following questions:

1. Does your organization, or a part of your organization, produce, market, re-sell, or distribute health care goods or services consumed by or used on patients? ☐Yes or ☐ No
2. Does your organization have a parent company that produces, markets, re-sells, or distributes health care goods or services consumed by, or used on; patients? ☐Yes or ☐ No
3. Does your organization have a sister company that produces, markets, re-sells, or distributes health care goods or services consumed by, or used on; patients? ☐Yes or ☐ No
4. Does your organization advocate for an ACCME-defined commercial interest? ☐Yes or ☐ No
5. Does your organization have a parent company that advocates for an ACCME-defined commercial interest? ☐Yes or ☐ No
6. Does your organization have a sister company that advocates for an ACCME-defined commercial interest? ☐Yes or ☐ No

If you answered yes to any of Questions 1 through 6 in “I” above, describe the organizational and procedural safeguards that are in place to ensure that the CME entity is separate from any commercial interest within the larger corporate structure of your organization. Attach an organizational chart to depict these safeguards. Label and bookmark this “Attachment 6 – Independence.”

[Note: Some examples of independent corporate structures may be reviewed online in this news release: http://www.accme.org/news-publications/news/accredited-cme-providers-restructure-ensure-compliance.]
Section III – EDUCATIONAL CONTENT

**Note:** Organizations are not eligible for ACCME accreditation if they present activities that promote recommendations, treatment or manners of practicing medicine that are:
1. Not within the definition of CME, or
2. Known to have risks or dangers that outweigh the benefits or 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.

**J.** Describe the nature and scope of the content that you offer or plan to offer through your CME activities. Describe here (500 words maximum).

**K.** Accredited providers must demonstrate that all the recommendations involving clinical medicine in a CME activity are based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.

**L.** Accredited providers must demonstrate that all scientific research referred to, reported, or used in their CME activities in support or justification of a patient care recommendation conform to the generally accepted standards of experimental design, data collection and analysis.

Describe how your CME program and CME activities ensure that the expectations articulated in Items K and L are fulfilled (e.g., planning, procedures, policy, monitoring). Describe here (500 words maximum)

Section IV - MECHANISMS TO SUPPORT COMPLIANCE WITH ACCME REQUIREMENTS

**M.** Attach your CME mission statement, and highlight the expected results of your CME program, articulated in terms of changes in competence, performance, or patient outcomes. Label and bookmark this "Attachment 7 – Mission Statement." [Criterion 1]

*Within the context of your organization’s processes and mechanisms, describe and demonstrate all of the steps your organization takes to incorporate the ACCME’s requirements into your creation of CME activities, using examples from a CME activity you have planned or conducted recently:*

**N.** Demonstrate that your organization identifies the professional practice gap(s) that the activities are addressing and determines the educational need(s) underlying the gap(s) for your learners. [Criterion 2]

State the professional practice gap(s) of your learners on which the activity was based. (500 words maximum)

State the educational need(s) that you determined to be the cause of the professional practice(s) (knowledge need and/or competence need and/or performance need). (500 words maximum)

**O.** Demonstrate that your activities are designed to change either physician competence, or performance, or patient outcomes. [Criterion 3]

State what the CME activity was designed to change in terms of the learners’ competence or performance or patient outcomes. (500 words maximum)
P. Describe the practices that you have in place that demonstrate your organization’s CME planning process is independent of the control of any ACCME-defined commercial interest and the mechanisms implemented to ensure that you, as the accredited provider, will take to retain complete control of the CME content. Relate your description to each element of SCS 1 (a-f).

Describe here (500 words maximum)

Q. The use of employees of ACCME-defined commercial interests as faculty and planners of accredited CME is prohibited, except in the specific situations permitted by the ACCME that maintain independence as specified on the ACCME website (www.accme.org) related to: 1) reporting about research and discovery; 2) demonstrating the operational aspects of the use of a device; and, 3) controlling content that is not related to the products, services, or business lines of the commercial interest. A provider must demonstrate that it complies with ACCME requirements to ensure independence in these specific situations. Without such evidence, this practice will result in noncompliance with C7 (SCS 1.1). See http://www.accme.org/education-and-support/video/tutorials/ensuring-independence-role-employees-accme-defined-commercial for more information on this topic.* If your organization uses employees/owners of ACCME-defined commercial interests as faculty, planners or in any other role associated with your CME activities, please describe how you are doing so in accordance with the three circumstances listed above. If “No,” write in this section, “We do not use employees/owners in association with our CME activities.” [Criterion 7 (SCS1)]

Describe here (500 words maximum)

R. Show the mechanism(s) that you use to identify relevant financial relationships. This may be your disclosure form, if you use one, or other communications. Your process must a) be inclusive of all the elements of the ACCME definition of a commercial interest, specifically that a commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients; b) capture the financial relationships of a spouse or partner; and c) the financial relationships reported are not limited to “significant” relationships and include financial relationships in any amount occurring within the past 12 months that create a conflict. Label and bookmark this “Attachment 8 – Process to Identify Relevant Financial Relationships.” [Criterion 7 (SCS 2.1)]

S. Describe the mechanism(s) that you implement to resolve conflicts of interest for all persons in a position to control educational content (i.e., speakers, authors, planners, reviewers, and any others who control content) prior to delivery of the educational activity. [Criterion 7 (SCS 2.3)]

Describe here (500 words maximum)

T. Describe the practices that you have in place that demonstrate that you disclose to learners: 1) the presence or absence of relevant financial relationships for all persons in control of content and 2) the sources of commercial support for the activity. [Criterion 7 (SCS 6)]

Describe here (500 words maximum)

U. Provide an example which shows (1) that you transmitted information about the presence or absence of relevant financial relationships to learners and, (2) if applicable, that you have disclosed the source of commercial support for the CME activity to learners in practice. Label and bookmark this “Attachment 9 – Disclosure to Learners.” [Criterion 7 (SCS 6)]

V. Describe your process(es) for the receipt and disbursement of commercial support, both funds and in-kind support (if applicable). [Criterion 8 (SCS 3)]

Describe here (500 words maximum)

W. Attach one completed written agreement (signed by both parties as outlined in Criterion 8 (SCS 3.6) that demonstrates appropriate management of commercial support (if applicable). Note: Criterion 8 (SCS 3.6) requires that both the commercial supporter and the provider sign the written agreement between the commercial supporter and the provider. Label and bookmark this “Attachment 10 – Signed Written Agreement.” [Criterion 8 (SCS 3)]
X. Do you organize commercial exhibits for ACCME-defined commercial interests in association with any of your CME activities? If yes, describe how your organization ensures that arrangements for commercial exhibits do not (1) influence planning or interfere with the presentation and (2) are not a condition of the provision of commercial support for CME activities. If “No,” write in this section, “We do not organize commercial exhibits for ACCME-defined commercial interests in association with any of our CME activities.” [C9 (SCS 4.1)]
Describe here (500 words maximum)

Y. Do you arrange for advertisements in association with any of your CME activities? If yes, describe how your organization ensures that advertisements or other product-promotion materials are kept separate from the education. In your description, distinguish between your processes related to advertisements and/or product promotion in each of the following types of CME activities: (1) print materials, (2) computer-based materials, (3) audio and video recordings, and (4) face-to-face. If “No,” write in this section, “We do not arrange for advertisements for ACCME-defined commercial interests in association with any of our CME activities.” [C9 (SCS 4.2 and 4.4)]
Describe here (500 words maximum)

Z. Provide an example which shows the data or information generated from your CME activity about changes achieved in learners’ competence OR performance OR patient outcomes. Label and bookmark this “Attachment 11 – Change Data.” [Criterion 11]

AA. Based on data and information from your program’s activities/educational interventions, provide your analysis of changes achieved in your learners’ competence, performance, or in patient outcomes, including the conclusions you have drawn as to whether, or not, your CME activities achieved the changes in learners the were designed to achieve, and why or why not. [Criterion 11]
Describe here (500 words maximum)

BB. Based on data and information gathered, provide your program-based analysis on the degree to which the expected results component of your CME mission has been met through the conduct of your CME activities/educational interventions, including the conclusions you have drawn as to whether, or not, your CME mission has been met, and why or why not. [Criterion 12]
Describe here (500 words maximum)
Section V – Attestation

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

☐ We understand and attest that our organization must plan, implement, and evaluate at least two CME activities within the 24-month period prior to the initial ACCME accreditation interview.

☐ We understand and attest that our organization’s activities adhere to the ACCME definition of CME found at www.accme.org.

☐ We understand and attest that our organization adheres to the ACCME content validation policy found at www.accme.org.

☐ We understand and attest that by virtue of submitting a self-study report for initial accreditation and paying the initial accreditation fee to the ACCME our organization agrees to follow all relevant ACCME policies and procedures as specified by the ACCME at www.accme.org.

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

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

☐ We acknowledge that we have read and understand the ACCME’s policy on “Public and Confidential Information about Accredited Providers” found at www.accme.org.

For organizations located or incorporated outside the US or its territories only:

☐ We understand that a representative from our organization must attend an ACCME Accreditation Workshop, in Chicago, IL USA prior to the submission of our application for initial accreditation.

☐ We understand that our organization will not be scheduled for initial accreditation review until this requirement has been met.

☐ We understand that regarding the American Medical Association’s (AMA) PRA Credit system, we must attest via paper form to abide by the AMA rules to designate AMA PRA Category 1 Credit.
Please sign below.

Organization Name: \textcolor[rgb]{0.50,0.50,0.50}{Enter Organization Name here}

Name of Primary CME Contact: \textcolor[rgb]{0.50,0.50,0.50}{Enter Primary Contact Name here}
Address: \textcolor[rgb]{0.50,0.50,0.50}{Enter Address here}
Email: \textcolor[rgb]{0.50,0.50,0.50}{Enter Email here}
Phone: \textcolor[rgb]{0.50,0.50,0.50}{Enter Phone here}
Signature of Primary CME Contact: \textcolor[rgb]{0.50,0.50,0.50}{Primary Contact Signature here (electronic signature accepted)}
Date: \textcolor[rgb]{0.50,0.50,0.50}{Enter Date here}

Name of CEO: \textcolor[rgb]{0.50,0.50,0.50}{Enter CEO Name here}
Address: \textcolor[rgb]{0.50,0.50,0.50}{Enter Address here}
Email: \textcolor[rgb]{0.50,0.50,0.50}{Enter Email here}
Phone: \textcolor[rgb]{0.50,0.50,0.50}{Enter Phone here}
Signature of CEO: \textcolor[rgb]{0.50,0.50,0.50}{CEO Signature here (electronic signature accepted)}
Date: \textcolor[rgb]{0.50,0.50,0.50}{Enter date here}