



**PRE-APPLICATION FOR INITIAL CME ACCREDITATION**

***If your Pre-Application is approved, you will receive a pre-approval email that will contain a Guide to the Process for ISMA Initial***

***Accreditation, explaining submission requirements.***

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| **TODAY’S DATE** | Click here to enter text. | | | | |
| **NAME OF PRE-APPLICANT ORGANIZATION** | Click here to enter text. | | | | |
| **PRE-APPLICANT ORGANIZATION**  **WEBSITE URL** | Click here to enter text. | | | | |
| **PRIMARY CONTACT FOR PRE-APPLICANT**  **ORGANIZATION** | **NAME & TITLE/ROLE** | | | Click here to enter text. | |
| **MAILING ADDRESS** | | | Click here to enter text. | |
| **PHONE NUMBER(S)** | | | Click here to enter text. | |
|  | **EMAIL ADDRESS** | | | Click here to enter text. | |
|  | **FAX NUMBER** | | | Click here to enter text. | |
| **ORGANIZATIONS ELIGIBLE TO BE ACCREDITED IN THE ACCME/ISMA SYSTEM ARE THOSE WHOSE MISSION AND FUNCTION ARE:**   1. **PROVIDING CLINICAL SERVICES DIRECTLY TO PATIENTS; OR** 2. **THE EDUCATION OF HEALTHCARE PROFESSIONALS; OR** 3. **SERVING AS FIDUCIARY TO PATIENTS, THE PUBLIC, OR POPULATION HEALTH; OR** 4. **OTHER ORGANIZATIONS THAT ARE NOT OTHERWISE INELIGIBLE**   **MY ORGANIZATION IS A:** | **CONSORTIUM**  **EDUCATION FOUNDATION/COMPANY OR PUBLISHING COMPANY**  **HOSPITAL/HEALTHCARE DELIVERY SYSTEM**  **MEDICAL CENTER**  **STATE MEDICAL SPECIALTY SOCIETY**  **HEALTH PROFESSION MEMBERSHIP ORGANIZATION/ASSOCIATION**  **DIAGNOSIC LABORATORY (That does not sell proprietary products)**  **AMBULATORY PROCEDURE CENTER**  **GOVERNMENT OR MILITARY AGENCY**  **GROUP MEDICAL PRACTICE**  **HEALTH LAW FIRM**  **INFUSION CENTER**  **REHABILITATION CENTER**  **NURSING HOME**  **SCHOOL OF MEDICINE OR HEALTH SCIENCE UNIVERSITY**  **BLOOD BANK**  **ELECTRONIC HEALTH RECORDS COMPANY**  **INSURANCE OR MANAGED CARE COMPANY**  **PHARMACY (That does not manufacture proprietary compounds)**  **SOFTWARE DEVELOPER** | | | | |
| **NO MORE THAN 30% OF OUR LEARNERS**  **COME FROM BEYOND OUR HOME AND**  **CONTINGUOUS STATES** | **YES**  **NO** | | **WE HAVE**  **501-C3 STATUS** | | **YES (ATTACH COPY OF TAX EXEMPT STATUS)**  **NO** |
| **WHO ARE YOUR PRIMARY PHYSICIAN LEARNERS?** | | Click here to enter text. | | | |
| **WHAT WILL BE THE MAJOR CONTENT AREAS OF YOUR CME PROGRAM?** | | Click here to enter text. | | | |
| **Is your organization currently working with any other entity to provide CME credit for your educational activities?** | | **YES, WE ARE CURRENTLY WORKING WITH:** Click here to enter text.    **NO, BUT WE HAVE BEEN HOLDING NON-ACCREDITED EDUCATIONAL ACTIVITIES** | | | |
| **THE ACCME defines an Ineligible Company (commercial interest) as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. A commercial interest is not eligible for accreditation.** | | | | | |
| **MY ORGANIZATION HAS REVIEWED THE ACCME’S DEFINITION OF AN INELIGIBLE COMPANY (COMMERCIAL INTEREST) AND CAN DEMONSTRATE THAT THE ENTITY SEEKING ACCREDITATION IS INDEPENDENT FROM ANY COMMERCIAL INTEREST.** | **YES, WE CAN DEMONSTRATE THAT WE ARE INDEPENDENT AND NOT A SUBSIDIARY OF, OR OWNED BY A COMPANY THAT IS CONSIDERED A COMMERCIAL INTEREST**    **NO, WE CANNOT DEMONSTRATE THAT WE ARE INDEPENDENT** | | | | |
| **does your organization have a non-primary business function that includes producing, marketing, selling, re-selling or distributION of healthcare products used by or on patients?** | **YES, WE SELL/RE-SELL THE FOLLOWING:** Click here to enter text.  **NO** | | | | |
| **iF YOU ANSWERED YES TO HAVING A NON-PRIMARY BUSINESS FUNCTION AS IT RELATES TO THE ABOVE, IS THE NON-PRIMARY BUSINESS FUNCTION CONDUCTED BY A SEPARATE LEGAL ENTITY WITH SEPARATE MANAGMENT AND STAFF from the ENTITY APPLYING FOR ACCREDITATION?** | **YES**  **NO**  **IF YOU ANSWERED NO, PLEASE ATTACH AN ORGANIZATIONAL CHART THAT INCLUDES THE NAMES OF THE PERSONS IN EACH POSITION TO DEPICT SAFEGUARDS IN PLACE.** | | | | |
| **MECHANISMS TO SUPPORT COMPLIANCE** | | | | | |
| **Provide a brief history of your organization**  **(What does your organization do?)** | Click here to enter text. | | | | |
| **WHO AND/OR WHAT PART OF YOUR ORGANIZATION WILL BE RESPONSIBLE FOR THE CME ACTIVITIES AND INCORPORATING ACCREDITATION REQUIREMENTS INTO YOUR OVERALL CME PROGRAM?** | Click here to enter text. | | | | |
| **HAVE YOU BEGUN TO DEVELOP A CME MISSION STATEMENT DESCRIBING WHAT YOU INTEND TO CHANGE IN TERMS OF PHYSICIAN COMPETENCE, PERFORMANCE, AND/OR PATIENT COUTCOMES?**  **?** | **YES, AND I AM ATTACHING A COPY**  **NO** | | | | |
| **ARE YOU CURRENTLY FAMILIAR WITH THE ACCME/ISMA ACCREDITATION CRITERIA AND STANDARDS FOR INTEGRITY AND INDEPENDENCE IN ACCREDITED CONTINING EDUCATION?** | **YES**  **NO – WE NEED TRAINING** | | | | |
| **ATTESTATION** | | | | | |
| **BEFORE THE ISMA WILL MOVE FORWARD WITH THE ACCREDITATION PROCESS FOR YOUR ORGANIZATION, YOUR INTENTIONS, UNDERSTANDING, AND COMMITMENT TO ABIDE BY THE ACCME/ISMA’S EXPECTATIONS MUST BE CONFIRMED.**  **PLEASE READ CAREFULLY EACH OF THE FOLLOWING CONFIRMATION STATEMENTS AND MARK “YES” OR “NO” AS YOUR ATTESTATION.** | | | | | |
| **YES**  **NO** | **wE UNDERSTAND AND ATTEST THAT OUR ORGANIZATION MUST PLAN, IMPLEMENT, AND EVALUATE AT LEAST TWO educational ACTIVITIES WITHIN THE 24-MONTH PERIOD PRIOR TO OUR INITIAL ACCREDITATION INTERVIEW** | | | | |
| **YES**  **NO** | **WE UNDERSTAND AND ATTEST THAT OUR ORGANIZATION’S ACTIVITIES WILL ADHERE TO THE ACCME DEFINITION OF CME FOUND AT** [**WWW.ACCME.ORG**](http://WWW.ACCME.ORG)**.**  ***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.*** | | | | |
| **YES**  **NO** | **WE UNDERSTAND AND ATTEST THAT BY SUBMITTING A SELF-STUDY REPORT FOR INTIAL ACCREDITATION AND PAYING THE INITIAL ACCREDITATOIN FEE TO THE ISMA. OUR ORGANIZATION AGREES TO FOLLOW ALL RELEVANT ACCME/ISMA POLICIES AND PROCEDURES AS SPECIFIED BY THE ACCME AT** [**WWW.ACCME.ORG**](http://WWW.ACCME.ORG)**.** | | | | |

*For more information visit* [*https://www.accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce*](https://www.accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce)

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| **INTERNAL CME STAFF NOTES:**  Click here to enter text. |
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