



Surveyor Report Form

[For initial applicants seeking accreditation decisions on or after November 2005](#)
[For accredited providers seeking reaccreditation decisions on or after November 2006](#)

ISMA surveyor forms may be modified as a result of feedback from implementation of the Updated Standards for Commercial Support

Instructions for the Survey Team:

On the following pages, the survey team will be asked to give detailed information about the CME provider and its program. It is the ISMA's expectation that the survey team will base its findings on the review of the Application, or Self Study, discussions during the survey, a detailed review of the provider's documentation of compliance with the ISMA Essential Area Elements and Policies, and an activity review (if applicable).

Please remember that the ISMA has a criterion referenced accreditation process. The surveyor report form has been reworded to reflect that change. However, many of the components of the form remain the same. The following is a brief description of the form and instructions for its completion:

1. Provide a written overview of the program;
2. Assess each Element within each Essential Area by matching the survey team's finding against the Criteria for the Element;
3. Provide an explanation of all "exemplary Compliance" and Partial Compliance" and "noncompliance" findings for each Element in the space provided for surveyors;
4. Check all applicable boxes that indicate the basis for the survey team's finding for each Element;
5. Provide a summary to the ISMA regarding the conduct of the survey and the compliance and culture of the CME provider, including a description of the provider's strengths if applicable; and
6. Attach the agenda for the survey and a list of the persons interviewed.

Please note: As a surveyor representing the ISMA, you should not provide suggestions or strategies for implementation of change to the provider. If the provider asks the surveyor for suggestions, the surveyor should indicate that his/her role is to gather information about the CME Program that will be used by the ISMA to make an accreditation decision, not to provide consultation of any kind. All questions should be referred directly to the ISMA.



Surveyor Report Form

For initial applicants seeking accreditation decisions on or after November 2005
 For accredited providers seeking reaccreditation decisions on or after November 2006

Name Of Applicant Organization			
ISMA ID Number		Date of Survey	
1 st Surveyor (Chairperson)		Surveyor ID Number	
2 nd Surveyor		Surveyor ID Number	

Present Accreditation Status		Accreditation Term	
Date of Last Progress Report*		* Surveyor: If dates are indicated for Progress Reports or Notice of Noncompliance and no documentation is attached, please contact ISMA prior to survey. After reviewing the documentation, please incorporate the information into the appropriate Element in this report.	
Date of Notice of Noncompliance*			

Format of Survey	On Site <input type="checkbox"/>	Face-to-Face <input type="checkbox"/>	Televideo <input type="checkbox"/>
Location of Survey (including address)			

Special Issues for Surveyors to note:	
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Overview of the Program: Provide a capsule description of the program, including a brief history, a general description, and types of primary activities.

Clarification for the ISMA Reviewer: If there is an issue that needs to be communicated to the ISMA Reviewer concerning an aspect of the survey that could not be rectified in any of the Elements or Policies, please describe below.

Essential Area 1: Purpose and Mission

Element 1.1: The provider must have a written statement of its CME mission, that includes the CME purpose, content areas, target audience, type of activities provided, and expected results of the program.

Please indicate what finding is supported by the data and information supplied to ISMA		Check One	For ISMA use	
			Agree	Alternate
Exemplary Compliance	The provider has a mission statement that includes all the basic components with a strong emphasis on assessment of results.	<input type="checkbox"/>		
Compliance	The provider has a mission statement that includes all the basic components.	<input type="checkbox"/>		
Partial Compliance	The provider has a mission statement, but omits one or more of the basic components.	<input type="checkbox"/>		
Noncompliance	The provider does not have a mission statement.	<input type="checkbox"/>		

Please indicate the data sources utilized to determine the provider's compliance. More than one box can be checked.

<input type="checkbox"/>	Data and information was gathered verbally. Describe below.	<input type="checkbox"/>	Data and information was gathered from documentation in the self study on page number(s) _____.	<input type="checkbox"/>	Data and information about practices in place was gathered from documentation file reviews as shown in documentation review.	<input type="checkbox"/>	Data and information was gathered by direct observation as described in activity review form.
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Description of data and information that was gathered verbally:

Please explain how the provider has exceeded compliance if the finding for the Element is "Exemplary Compliance" or the reason for finding the provider's program is in "Partial Compliance" or "Noncompliance" with the Element.

Survey Team	
ISMA Reviewer	

Essential Area 1: Purpose and Mission (continued)

Element 1.2: The provider must demonstrate how the CME mission is congruent with and supported by the mission of the parent organization, if a parent organization exists.

Check here if no parent organization exists

Please indicate what finding is supported by the data and information supplied to ISMA		Check One	For ISMA use	
			Agree	Alternate
Exemplary Compliance	CME is mentioned in the parent organization mission statement and supported by financial, facility, and human resources, plus promotion of the function; and the CME mission statement is reviewed, evaluated, and approved by the governing body of the parent organization on a regular basis.	<input type="checkbox"/>		
Compliance	CME is mentioned in the parent organization mission statement and supported with financial, facility, and human resources; or the CME mission statement is reviewed and approved by the governing body of the parent organization on a regular basis.	<input type="checkbox"/>		
Partial Compliance	CME is mentioned in the parent organization mission statement but support is not provided; or CME is not mentioned in the parent organization mission statement but support is provided.	<input type="checkbox"/>		
Noncompliance	CME is not mentioned in the parent organization mission statement and support is not provided.	<input type="checkbox"/>		

Please indicate the data sources utilized to determine the provider's level of compliance. More than one box can be checked.

<input type="checkbox"/>	<i>Surveyor</i>	<input type="checkbox"/>	<i>Surveyor</i>	<input type="checkbox"/>	<i>Surveyor</i>	<input type="checkbox"/>	<i>Surveyor</i>
<input type="checkbox"/>	<i>ISMA</i>	<input type="checkbox"/>	<i>ISMA</i>	<input type="checkbox"/>	<i>ISMA</i>	<input type="checkbox"/>	<i>ISMA</i>
	Data and information was gathered verbally. Describe below.		Data and information was gathered from documentation in the self study on page number(s) _____.		Data and information about practices in place was gathered from documentation file reviews as shown in documentation review.		Data and information was gathered by direct observation as described in activity review form.

Description of data and information that was gathered verbally:

Please explain how the provider has exceeded compliance if the finding for the Element is "Exemplary Compliance" or the reason for finding the provider's program is in "Partial Compliance" or "Noncompliance" with the Element.

Survey Team	
ISMA Reviewer	

Essential Area 2: Educational Planning and Evaluation

Element 2.1: The provider must use a planning process(es) that links identified educational needs with a desired result in the provision of all CME activities.

Please indicate what finding is supported by the data and information supplied to ISMA		Check One	For ISMA use	
			Agree	Alternative
Exemplary Compliance	Innovative and creative planning process(es) used consistently, with documentation that identified educational needs contribute to appropriate methodology and desired results for the offered activities.			
Compliance	Planning process(es) used consistently that links identified educational needs and desired results.			
Partial Compliance	Planning process(es) used inconsistently or does not reflect a link between identified educational needs and desired result.			
Noncompliance	Planning process(es) not used.			

Please indicate the data sources utilized to determine the provider's level of compliance. More than one box can be checked.

<small>Surveyor</small> <input type="checkbox"/>	Data and information was gathered verbally. Describe below.	<small>Surveyor</small> <input type="checkbox"/>	Data and information was gathered from documentation in the self study on page number(s) _____.	<small>Surveyor</small> <input type="checkbox"/>	Data and information about practices in place was gathered from documentation file reviews as shown in documentation review.	<small>Surveyor</small> <input type="checkbox"/>	Data and information was gathered by direct observation as described in activity review form.
<small>ISMA</small> <input type="checkbox"/>		<small>ISMA</small> <input type="checkbox"/>		<small>ISMA</small> <input type="checkbox"/>		<small>ISMA</small> <input type="checkbox"/>	

Description of data and information that was gathered verbally:

Please explain how the provider has exceeded compliance if the finding for the Element is "Exemplary Compliance" or the reason for finding the provider's program is in "Partial Compliance" or "Noncompliance" with the Element.

Survey Team	
ISMA Reviewer	

Essential Area 2: Educational Planning and Evaluation (continued)

Element 2.2: The provider must use needs assessment data to plan CME activities.

Please indicate what finding is supported by the data and information supplied to ISMA		Check One	For ISMA use	
			Agree	Alternate
Exemplary Compliance	Needs assessment data from multiple sources are consistently used to plan and evaluate activities.	<input type="checkbox"/>		
Compliance	Needs assessment data are consistently used.	<input type="checkbox"/>		
Partial Compliance	Needs assessment data are inconsistently used.	<input type="checkbox"/>		
Noncompliance	Needs assessment data are not used.	<input type="checkbox"/>		

Please indicate the data sources utilized to determine the provider's level of compliance. More than one box can be checked.

<small>Surveyor</small> <input type="checkbox"/>	Data and information was gathered verbally. Describe below.	<small>Surveyor</small> <input type="checkbox"/>	Data and information was gathered from documentation in the self study on page number(s) _____.	<small>Surveyor</small> <input type="checkbox"/>	Data and information about practices in place was gathered from documentation file reviews as shown in documentation review.	<small>Surveyor</small> <input type="checkbox"/>	Data and information was gathered by direct observation as described in activity review form.
<small>ISMA</small> <input type="checkbox"/>		<small>ISMA</small> <input type="checkbox"/>		<small>ISMA</small> <input type="checkbox"/>		<small>ISMA</small> <input type="checkbox"/>	

Description of data and information that was gathered verbally:

Please explain how the provider has exceeded compliance if the finding for the Element is "Exemplary Compliance" or the reason for finding the provider's program is in "Partial Compliance" or "Noncompliance" with the Element.

Survey Team	
ISMA Reviewer	

Essential Area 2: Educational Planning and Evaluation (continued)

Element 2.3: The provider must communicate the purpose or objectives of the activity so the learner is informed before participating in the activity.

Please indicate what finding is supported by the data and information supplied to ISMA		Check One	For ISMA use	
			Agree	Alternate
Exemplary Compliance	Purpose or objectives of the activity describe learning outcomes in terms of physician performance or patient health and are consistently communicated to the learner.	<input type="checkbox"/>		
Compliance	Purpose or objectives of the activity are consistently communicated to the learner.	<input type="checkbox"/>		
Partial Compliance	Purpose or objectives of the activity are inconsistently communicated to the learner.	<input type="checkbox"/>		
Noncompliance	Purpose or objectives of the activity are not communicated to the learner.	<input type="checkbox"/>		

Please indicate the data sources utilized to determine the provider's level of compliance. More than one box can be checked.

<input type="checkbox"/>	Data and information was gathered verbally. Describe below.	<input type="checkbox"/>	Data and information was gathered from documentation in the self study on page number(s) _____.	<input type="checkbox"/>	Data and information about practices in place was gathered from documentation file reviews as shown in documentation review.	<input type="checkbox"/>	Data and information was gathered by direct observation as described in activity review form.
<small>Surveyor</small>		<small>Surveyor</small>		<small>Surveyor</small>		<small>Surveyor</small>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<small>ISMA</small>		<small>ISMA</small>		<small>ISMA</small>		<small>ISMA</small>	

Description of data and information that was gathered verbally:

Please explain how the provider has exceeded compliance if the finding for the Element is "Exemplary Compliance" or the reason for finding the provider's program is in "Partial Compliance" or "Noncompliance" with the Element.

Survey Team	
ISMA Reviewer	

Essential Area 2: Educational Planning and Evaluation (continued)

Element 2.4: The provider must evaluate the effectiveness of its CME activities in meeting identified educational needs.

Please indicate what finding is supported by the data and information supplied to ISMA		Check One	For ISMA use	
			Agree	Alternate
Exemplary Compliance	Educational activities are evaluated consistently for effectiveness in meeting identified educational needs, as measured by practice application and/or health improvement.	<input type="checkbox"/>		
Compliance	Educational activities are evaluated consistently for effectiveness in meeting identified educational needs, as measured by satisfaction, knowledge, or skills.	<input type="checkbox"/>		
Partial Compliance	Educational activities are evaluated inconsistently and/or documentation is inconsistent.	<input type="checkbox"/>		
Noncompliance	Educational activities are not evaluated.	<input type="checkbox"/>		

Please indicate the data sources utilized to determine the provider's level of compliance. More than one box can be checked.

<input type="checkbox"/>	Data and information was gathered verbally. Describe below.	<input type="checkbox"/>	Data and information was gathered from documentation in the self study on page number(s) _____.	<input type="checkbox"/>	Data and information about practices in place was gathered from documentation file reviews as shown in documentation review.	<input type="checkbox"/>	Data and information was gathered by direct observation as described in activity review form.
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Description of data and information that was gathered verbally:

Please explain how the provider has exceeded compliance if the finding for the Element is "Exemplary Compliance" or the reason for finding the provider's program is in "Partial Compliance" or "Noncompliance" with the Element.

Survey Team	
ISMA Reviewer	

Essential Area 2: Educational Planning and Evaluation (continued)

Element 2.5: The provider must evaluate the effectiveness of its overall CME program and make improvements to the program.

Please indicate what finding is supported by the data and information supplied to ISMA		Check One	For ISMA use	
			Agree	Alternate
Exemplary Compliance	Innovative and creative mechanism(s) are in place to measure the effectiveness of the program with evidence of improvements being made on a regular basis.	<input type="checkbox"/>		
Compliance	Mechanism is in place to measure effectiveness of the program, with evidence that improvements have been made.	<input type="checkbox"/>		
Partial Compliance	Mechanism is in place to measure the effectiveness of the program, but no documentation exists that the mechanism has been used or any changes have resulted from the process.	<input type="checkbox"/>		
Noncompliance	Mechanism is not in place to measure the program's effectiveness or make improvements.	<input type="checkbox"/>		

Please indicate the data sources utilized to determine the provider's level of compliance. More than one box can be checked.

<small>Surveyor</small> <input type="checkbox"/>	Data and information was gathered verbally. Describe below.	<small>Surveyor</small> <input type="checkbox"/>	Data and information was gathered from documentation in the self study on page number(s) _____.	<small>Surveyor</small> <input type="checkbox"/>	Data and information about practices in place was gathered from documentation file reviews as shown in documentation review.	<small>Surveyor</small> <input type="checkbox"/>	Data and information was gathered by direct observation as described in activity review form.
<small>ISMA</small> <input type="checkbox"/>		<small>ISMA</small> <input type="checkbox"/>		<small>ISMA</small> <input type="checkbox"/>		<small>ISMA</small> <input type="checkbox"/>	

Description of data and information that was gathered verbally:

Please explain how the provider has exceeded compliance if the finding for the Element is "Exemplary Compliance" or the reason for finding the provider's program is in "Partial Compliance" or "Noncompliance" with the Element.

Survey Team	
ISMA Reviewer	

Essential Area 3: Administration

Element 3.1: The provider must have an organizational framework for the CME unit that provides the necessary resources to support its mission including support by the parent organization, if a parent organization exists.

Please indicate what finding is supported by the data and information supplied to ISMA		Check One	For ISMA use	
			Agree	Alternate
Exemplary Compliance	Organizational framework for the CME unit exists, all components of the Element (resources and support) are present including a process to review and continually improve the organizational framework.	<input type="checkbox"/>		
Compliance	Organizational framework for the CME unit exists and all the components of the Element (resources and support) are present.	<input type="checkbox"/>		
Partial Compliance	Organizational framework for the CME unit exists but all components of the Element (resources and support) are not present.	<input type="checkbox"/>		
Noncompliance	Organizational framework for the CME unit does not exist.	<input type="checkbox"/>		

Please indicate the data sources utilized to determine the provider's level of compliance. More than one box can be checked.

<input type="checkbox"/>	<i>Data and information was gathered verbally. Describe below.</i>	<input type="checkbox"/>	<i>Data and information was gathered from documentation in the self study on page number(s) ____.</i>	<input type="checkbox"/>	<i>Data and information about practices in place was gathered from documentation file reviews as shown in documentation review.</i>	<input type="checkbox"/>	<i>Data and information was gathered by direct observation as described in activity review form.</i>
<small>Surveyor</small>		<small>Surveyor</small>		<small>Surveyor</small>		<small>Surveyor</small>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<small>ISMA</small>		<small>ISMA</small>		<small>ISMA</small>		<small>ISMA</small>	

Description of data and information that was gathered verbally:

Please explain how the provider has exceeded compliance if the finding for the Element is "Exemplary Compliance" or the reason for finding the provider's program is in "Partial Compliance" or "Noncompliance" with the Element.

Survey Team	
ISMA Reviewer	

Essential Area 3: Administration (continued)

Element 3.2: The provider must operate the business and management policies and procedures of its CME program (as they relate to human resources, financial affairs, and legal obligations), so that its obligations and commitments are met.

Please indicate what finding is supported by the data and information supplied to ISMA		Check One	For ISMA use	
			Agree	Alternate
Exemplary Compliance	Innovative and creative business and management policies and procedures are in place to assist the CME administration to meet its obligations and commitments.	<input type="checkbox"/>		
Compliance	Business and management policies and procedures (as they relate to human resources, financial affairs, and legal obligations) are in place and are used by CME administration to meet its obligations and commitments.	<input type="checkbox"/>		
Noncompliance	Business and management policies and procedures (as they relate to human resources, financial affairs, and legal obligations) are not in place or the provider does not meet its obligations and commitments under these policies and procedures.	<input type="checkbox"/>		

Please indicate the data sources utilized to determine the provider's level of compliance. More than one box can be checked.

<small>Surveyor</small> <input type="checkbox"/>	Data and information was gathered verbally. Describe below.	<small>Surveyor</small> <input type="checkbox"/>	Data and information was gathered from documentation in the self study on page number(s) _____.	<small>Surveyor</small> <input type="checkbox"/>	Data and information about practices in place was gathered from documentation file reviews as shown in documentation review attached	<small>Surveyor</small> <input type="checkbox"/>	Data and information was gathered by direct observation as described in activity review form attached
<small>ISMA</small> <input type="checkbox"/>		<small>ISMA</small> <input type="checkbox"/>		<small>ISMA</small> <input type="checkbox"/>		<small>ISMA</small> <input type="checkbox"/>	

Description of data and information that was gathered verbally:

Please explain how the provider has exceeded compliance if the finding for the Element is "Exemplary Compliance" or the reason for finding the provider's program is in "Noncompliance" with the Element.

Survey Team	
ISMA Reviewer	

Essential Area 3: Administration (continued)

Essential Area 3.3: The provider must present CME activities in compliance with ISMA's policies for disclosure and commercial support.

Evaluation of the ISMA's **Standard for Commercial Support**

Compliance with the ISMA's **Standards for Commercial Support** is determined on the basis of compliance with each of the six areas within the *Standards*. This page gives you the opportunity to record your findings on each of these areas.

The Elements of the Standards for Commercial Support							For ISMA use	
SCS Element		Not Applicable	Innovative & Creative	Compliance	Non Compliance	Verification not Present	Agree	Alternate
SCS 1.1	The provider ensured that the following decisions were made free of the control of a commercial interest:							
	1. identification of needs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	2. determination of educational objectives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	3. selection and presentation of content		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	4. Selection of all persons and organizations in a position to control the content		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	5. selection of educational methods		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6. evaluation of the activity		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SCS 1.2	Commercial interests were not joint sponsors of CME activities.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Describe and quantify your findings for each element of Standard 1.

Survey Team	
ISMA Reviewer	

Surveyor <input type="checkbox"/>	Data and information was gathered verbally. Describe.	Surveyor <input type="checkbox"/>	Data and information was gathered from documentation in the self study on page number(s) _____.	Surveyor <input type="checkbox"/>	Data and information about practices in place was gathered from documentation file reviews as shown in documentation review.	Surveyor <input type="checkbox"/>	Data and information was gathered by direct observation as described in activity review form.
ISMA <input type="checkbox"/>		ISMA <input type="checkbox"/>		ISMA <input type="checkbox"/>		ISMA <input type="checkbox"/>	

FOR ISMA USE ONLY		Exemplary Compliance	Compliance	Noncompliance
Standard 1	The provider must ensure that the planning and implementation of CME activities is made independent of the control of a commercial interest.			

The Elements of the Standards for Commercial Support (continued)							For ISMA use	
SCS Element		Not Applicable	Innovative & Creative	Compliance	Non Compliance	Verification not Present	Agree	Alternate
SCS 2.1	Everyone who is in a position to control content has disclosed relevant financial relationships to the provider.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SCS 2.2	Individuals who refuse to disclose are disqualified from planning and implementation of the activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SCS 2.3	The provider has implemented a mechanism to identify and resolve all conflicts of interest prior to the educational activity being delivered to learners.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Describe and quantify your findings for each element of Standard 2.	
Survey Team	
ISMA Reviewer	

Surveyor <input type="checkbox"/>	Data and information was gathered verbally. Describe.	Surveyor <input type="checkbox"/>	Data and information was gathered from documentation in the self study on page number(s) _____.	Surveyor <input type="checkbox"/>	Data and information about practices in place was gathered from documentation file reviews as shown in documentation review.	Surveyor <input type="checkbox"/>	Data and information was gathered by direct observation as described in activity review form.
ISMA <input type="checkbox"/>		ISMA <input type="checkbox"/>		ISMA <input type="checkbox"/>		ISMA <input type="checkbox"/>	

FOR ISMA USE ONLY		Exemplary Compliance	Compliance	Noncompliance
Standard 2	The provider must have implemented a mechanism to identify and resolve all relevant personal conflicts of interest.			

The Elements of the Standards for Commercial Support (continued)							For ISMA use	
SCS Element		Not Applicable	Innovative & Creative	Compliance	Non Compliance	Verification not Present	Agree	Alter-nate
SCS 3.1	Provider makes all decisions regarding commercial support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SCS 3.2	Provider does not accept advice or services of a commercial interest as a condition of receiving support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SCS 3.3	Commercial support is given with full knowledge and approval of provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SCS 3.4	A written agreement between the provider, educational partner (if applicable) and commercial supporter outlines the terms, conditions and purposes of commercial support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SCS 3.5	The written agreement specifies the source of the commercial support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SCS 3.6	The written agreement is signed by both the provider and commercial supporter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SCS 3.7	The provider has written policies and procedures governing honoraria and reimbursement of expenses.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SCS 3.8	The provider, joint sponsor, or educational partner directly pays honoraria and expense reimbursement in compliance with policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SCS 3.9	No other payment is paid to anyone involved with the supported activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SCS 3.10	Expenses of teachers/authors are paid for their teacher or author role only when they are a participant of a CME activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SCS 3.11	Social events/meals do not take precedence over the educational activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SCS 3.12	Commercial support is not used to pay for expenses for non-teacher or non-author participants of a CME activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SCS 3.13	Provider can produce accurate documentation detailing receipt and expenditure of commercial support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Describe and quantify your findings for each element of Standard 3.

Survey Team	
ISMA Reviewer	

Surveyor <input type="checkbox"/> ISMA <input type="checkbox"/>	Data and information was gathered verbally. Describe.	Surveyor <input type="checkbox"/> ISMA <input type="checkbox"/>	Data and information was gathered from documentation in the self study on page number(s) _____.	Surveyor <input type="checkbox"/> ISMA <input type="checkbox"/>	Data and information about practices in place was gathered from documentation file reviews as shown in documentation review.	Surveyor <input type="checkbox"/> ISMA <input type="checkbox"/>	Data and information was gathered by direct observation as described in activity review form.
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FOR ISMA USE ONLY		Exemplary Compliance	Compliance	Noncompliance
Standard 3	The provider must ensure the appropriate use of commercial support			

The Elements of the Standards for Commercial Support (continued)							For ISMA use	
SCS Element		Not Applicable	Innovative & Creative	Compliance	Non Compliance	Verification not Present	Agree	Alternate
SCS 4.1	Exhibits do not interfere with the CME activity and are not a condition of commercial support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SCS 4.2	Product-promotion or product-specific advertisement does not occur during CME activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SCS 4.3	Educational materials do not contain advertising, trade name or product-group messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SCS 4.5	A commercial interest is not the agent providing CME activities to learners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Describe and quantify your findings for each element of Standard 4.

Survey Team	
ISMA Reviewer	

<i>Surveyor</i> <input type="checkbox"/>	Data and information was gathered verbally. Describe.	<i>Surveyor</i> <input type="checkbox"/>	Data and information was gathered from documentation in the self study on page number(s) _____.	<i>Surveyor</i> <input type="checkbox"/>	Data and information about practices in place was gathered from documentation file reviews as shown in documentation review.	<i>Surveyor</i> <input type="checkbox"/>	Data and information was gathered by direct observation as described in activity review form.
<i>ISMA</i> <input type="checkbox"/>		<i>ISMA</i> <input type="checkbox"/>		<i>ISMA</i> <input type="checkbox"/>		<i>ISMA</i> <input type="checkbox"/>	

FOR ISMA USE ONLY		Exemplary Compliance	Compliance	Noncompliance
Standard 4	The provider ensures that commercial promotion associated with a CME activity is managed appropriately.			

The Elements of the Standards for Commercial Support (continued)							For ISMA use	
SCS Element		Not Applicable	Innovative & Creative	Compliance	Non Compliance	Verification not Present	Agree	Alternate
SCS 5.1	Content and format of CME activities promotes improvements or quality in healthcare and not a proprietary business interest of a commercial interest		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SCS 5.2	Presentations give a balanced view of therapeutic options and use generic names or multiple companies' trade names, if applicable.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Describe and quantify your findings for each element of Standard 5.							
Survey Team							
ISMA Reviewer							
Surveyor <input type="checkbox"/>	Data and information was gathered verbally. Describe.	Surveyor <input type="checkbox"/>	Data and information was gathered from documentation in the self study on page number(s) _____.	Surveyor <input type="checkbox"/>	Data and information about practices in place was gathered from documentation file reviews as shown in documentation review.	Surveyor <input type="checkbox"/>	Data and information was gathered by direct observation as described in activity review form.
ISMA <input type="checkbox"/>		ISMA <input type="checkbox"/>		ISMA <input type="checkbox"/>		ISMA <input type="checkbox"/>	

FOR ISMA USE ONLY		Exemplary Compliance	Compliance	Noncompliance
Standard 5	The content and format of CME activities is without commercial bias.			

The Elements of the Standards for Commercial Support (continued)							For ISMA use	
SCS Element		Not Applicable	Innovative & Creative	Compliance	Non Compliance	Verification not Present	Agree	Alternate
SCS 6.1	Disclosure of relevant individual financial relationships to learners occurs which includes: <ul style="list-style-type: none"> • name of the individual • name of commercial interest(s) • nature of the relationships 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SCS 6.2	Disclosure made when an individual has no relevant financial relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SCS 6.3	Source of all commercial support is disclosed to learners, including "in-kind" support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SCS 6.4	Disclosure does not include use of trade names or product-group messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SCS 6.5	Disclosure of all information is made prior to learners prior to beginning of activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Describe and quantify your findings for each element of Standard 6.

Survey Team							
ISMA Reviewer							
Surveyor <input type="checkbox"/>	Data and information was gathered verbally. Describe.	Surveyor <input type="checkbox"/>	Data and information was gathered from documentation in the self study on page number(s) _____.	Surveyor <input type="checkbox"/>	Data and information about practices in place was gathered from documentation file reviews as shown in documentation review.	Surveyor <input type="checkbox"/>	Data and information was gathered by direct observation as described in activity review form.
ISMA <input type="checkbox"/>		ISMA <input type="checkbox"/>		ISMA <input type="checkbox"/>		ISMA <input type="checkbox"/>	

FOR ISMA USE ONLY		Exemplary Compliance	Compliance	Noncompliance
Standard 6	Relevant financial relationships of those with control over CME content and sources of commercial support are disclosed to learners prior to CME activities.			

Summary of Compliance with ISMA's Policies					
Observations				For ISMA use	
Evaluation Criteria	Compliance	Partial Compliance	Non compliance	Agree	Alternate
Does the provider utilize the appropriate accreditation statements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Please explain the <u>reason</u> for finding the provider's program is in "Partial Compliance" or "noncompliance" with the Policy.					
Survey Team					
ISMA Reviewer					
Does the provider have a mechanism in place to record and, when authorized, verify participation of participating physicians for six years after the date of the activity?	<input type="checkbox"/>		<input type="checkbox"/>		
Please explain the <u>reason</u> for finding the provider's program is in "Partial Compliance" or "noncompliance" with the Policy.					
Survey Team					
ISMA Reviewer					
Does the provider retain activity records/files for the current accreditation period or for the last twelve months, whichever is longer?	<input type="checkbox"/>		<input type="checkbox"/>		
Please explain the <u>reason</u> for finding the provider's program is in "Partial Compliance" or "noncompliance" with the Policy.					
Survey Team					
ISMA Reviewer					

Summary of Compliance with ISMA's Policies

Observations	Compliance			For ISMA use	
	Compliance	Partial Compliance	Non compliance	Agree	Alternate
The provider does not produce Enduring Materials	<input type="checkbox"/>				
If the provider offers enduring materials, does the provider consistently communicate all of the following to participants prior to the beginning of the educational activities?					
▪ Principal faculty and their credentials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
▪ Medium or combination media use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
▪ Method of physician participation in the learning process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
▪ Estimated time to complete the educational activity (same as the number of credit hours designated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
▪ Dates of original release and the most recent review of update	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
▪ Termination date					
OVERALL COMPLIANCE WITH POLICY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Please explain the reason for finding the provider's program is in "Partial Compliance" or "Noncompliance" with the Policy.

Survey Team	
ISMA Reviewer	

Summary of Compliance with ISMA's Policies (continued)

Evaluation Criteria	Observations			For ISMA use	
	Compliance	Partial Compliance	Non compliance	Agree	Alternate
The provider does not produce Journal CME	<input type="checkbox"/>				
Journal CME,					
<ul style="list-style-type: none"> Does the activity include the reading of an article(s), a provider stipulated/learner directed phase, and a requirement for the completion by the learner of a predetermined set of questions or tasks relating to the content of the material as part of the learning process? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<ul style="list-style-type: none"> Is the educational content within the ISMA's definition of CME? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<ul style="list-style-type: none"> The activity is not completed until the learner documents participation in that activity to the provider. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<ul style="list-style-type: none"> The learner does not encounter advertising within the pages of the article(s) or within the pages of the related questions or evaluation material. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
OVERALL COMPLIANCE WITH POLICY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Please explain the reason for finding the provider's program is in "Partial Compliance" or "Noncompliance" with the Policy.

Survey Team	
ISMA Reviewer	

Provider's "Planned Improvements" Worksheet

The emphasis in the ISMA's new system of accreditation, and its Essential Areas, Elements, and Decision-Making Criteria, is on the provider taking an active role in reflecting on the effectiveness of its CME activities and its overall CME program and identifying areas for improvements based on these reflections. Specifically, Element 2.5 states that the provider must "evaluate the effectiveness of its overall CME program and make improvements to the program.

In order to track these planned improvements for the benefit of the ISMA's data collection and analysis process, but more importantly, for the provider so that the provider is able to keep track of its list of planned improvements and report back to the ISMA on its progress toward those planned improvements, we ask that you record in the space below those planned improvements that are described within the self study report/application and/or during the interview process with the provider's representatives.

List of Planned Improvements:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

ISMA Monitoring (for surveyor use only)

Please answer the following questions, if applicable:

1. Did the provider receive a Notice of Noncompliance or a progress report request to "Clarify at Next Reiew?" Yes No
2. If yes, did you find documentation of compliance or improvement with the issues in question? Yes
No

If No, please comment: **(required)**

ISMA Monitoring (for ISMA use only)

Please answer the following question, if applicable:

1. If you disagree with the surveyor's findings, please indicate with an explanation below.

