Joint Providerships: Your Organizations Role and Responsibilities

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CME Accreditation and Recognition Administrator

May, 2021
What is the Difference Between Direct Providership and Joint Providership of CME Activities?

**Directly Provided Activity:** One that is planned, implemented and evaluated by the accredited provider. Include co-provided activities (provided by two accredited providers) in this category if you are the accredited provider awarding the credit.

**Jointly Provided Activity:** One that is planned, implemented and evaluated by the accredited provider and a non-accredited entity.
What is the Difference Between Direct Providership and Joint Providership of CME Activities?

**Direct Providership:**
If you are working with another accredited provider in co-sponsorship, the decision regarding how you acknowledge their involvement is up to you.

**Joint Providership:**
Joint providership affords accredited organizations the opportunity to collaborate with non-accredited organizations to enhance the diversity and value of their educational offerings. **Accredited providers are explicitly prohibited from collaborating with ineligible companies on jointly provided CME activities.**
Who is Eligible to Engage in Joint Providership?

Accredited providers with an accreditation status of:
   “Provisional Accreditation” – 2 years
   “Accreditation” – 4 years, or
   “Accreditation with Commendation” – 6 years

If an ACCME-accredited provider receives an accreditation status of “Probation,” it may not jointly provide CME activities with non-accredited providers, with the exception of those activities that were contracted prior to the probation decision.

A provider that is placed on Probation must inform the ISMA of all existing joint providership relationships, and must notify its current contracted joint providers of its probationary status.
The ACCME maintains no policy that requires or precludes accredited providers from charging a joint providership fee. ISMA Joint Providership Fee Schedule is as follows:

<table>
<thead>
<tr>
<th>ACTIVITY TYPES</th>
<th>1 Base Fee</th>
<th>2 Commercial support received?</th>
<th>3 Additional monitoring fees</th>
<th>4 Multiple offerings</th>
<th>5 Multimedia offerings</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Person Course</td>
<td>$250/credit hour</td>
<td>If yes, add 25% to base fee</td>
<td>N/A</td>
<td>$200 for each additional offering</td>
<td>$100 for each additional media</td>
</tr>
<tr>
<td>Regularly Scheduled Series (RSS)⁶</td>
<td>$250/credit hour</td>
<td>If yes, add 25% to base fee</td>
<td>$250/year</td>
<td>N/A</td>
<td>$100 for each additional media</td>
</tr>
<tr>
<td>Internet Live⁷</td>
<td>$250/credit hour</td>
<td>If yes, add 25% to base fee</td>
<td>N/A</td>
<td>$200 for each additional offering</td>
<td>$100 for each additional media</td>
</tr>
<tr>
<td>Internet Enduring⁸</td>
<td>$250/credit hour</td>
<td>If yes, add 25% to base fee</td>
<td>$100/year</td>
<td>N/A</td>
<td>$100 for each additional media</td>
</tr>
<tr>
<td>Other Enduring Materials⁹</td>
<td>$250/credit hour</td>
<td>If yes, add 25% to base fee</td>
<td>$100/year</td>
<td>N/A</td>
<td>$100 for each additional media</td>
</tr>
</tbody>
</table>
Accountability of the Accredited Provider

The ACCME expects all CME activities to be in compliance with the ACCME Criteria, the Standards for Integrity and Independence in Accredited Continuing Education, and policies.

The accredited provider is responsible for ensuring that jointly provided activities comply with all rules and are accountable for demonstrating compliance during the reaccreditation process.

Thus, it is YOUR accreditation that is at risk. Your organization holds complete liability for the accreditation process and should be aware of the due diligence required.

The importance of your continued accreditation and joint provider cooperation cannot be over-emphasized.
With that Said.......... 

Please do not be afraid of Joint Providerships. 

They are a great opportunity to bring in additional income for your CME program. 

If your program is well established, you might even consider partnering with an organization going through the process of becoming newly accredited (Provisional Accreditation). 

First-time, or initial applicants, must plan, implement and evaluate at least 2 (two) CME activities when going through the application process.
The ACCME allows accredited providers and non-accredited organizations to collaborate in both the planning and implementation of CME activities.

In joint providership, either the accredited provider or its non-accredited joint provider may control:

- the identification of CME needs
- the determination of educational objectives
- the selection and presentation of content
- the selection of all persons and organizations that will be in a position to control CME content
- the selection of educational methods, and
- the evaluation of the activity
Informing Learners

The accredited provider must inform learners of the joint providership relationship through the use of the appropriate accreditation statement.

All printed materials for jointly provided activities must carry the appropriate accreditation statement.

“This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of (name of accredited provider) and (name of non-accredited provider). The (name of accredited provider) is accredited by the ISMA to provide continuing medical education for physicians.”
Prior to Planning of the Activity

When approached for a Joint Providership, first and foremost, you as the Accredited Provider will want to furnish the organization with:

- **Joint-Provider Activity Guide & Checklist**, outlining your entire application and planning process so that they are aware of what’s involved
- **Initial CME Intake Form**
- **Planning Committee Disclosure of Financial Relationship Form**
JP Activity Guide & Checklist

JOINT PROVIDERSHIP PROGRAM
DIVISION OF CONTINUING MEDICAL EDUCATION

CM E JOINT-PROVIDER (JP) ACTIVITY GUIDE & CHECKLIST

PRIOR TO THE ACTIVITY

☐ INTAKE FORM: (JP) Complete and return Intake Form to the ISMA prior to the planning of the activity.

☐ PLANNING COMMITTEE DISCLOSURES: (JP) The activity Planning Committee must complete & return to the ISMA their Disclosure of Financial Relationship Forms, along with Intake Form, prior to the first planning meeting.

☐ PRE-APPROVAL EMAIL: If approved, ISMA will send you via email a Preliminary Approval, the Joint Providership Fee Schedule, an extensive CME Application and Planning Worksheet, and a Joint Providership Agreement for signature by an authorized company representative.

NOTE: To be in compliance with ISMA’s policy, the Planning Committee meeting minutes MUST reflect the Chair of the Committee directing all members who have indicated a potential conflict of interest will be rescinded from any discussion where there is a potential for the stated conflict to influence the content of the program.

☐ ISMA JOINT PROVIDERSHIP AGREEMENT: (JP) Sign and return to ISMA the Joint Providership Agreement. A fully executed copy must be on file before proceeding.

☐ SUBMIT CME APPLICATION & PLANNING WORKSHEET: (JP) Complete and submit the ISMA CME Application & Planning Worksheet no less than 3 months prior to the activity.

Supporting documentation required at time of submission:

☐ Documentation that supports the practice gaps identified
☐ Global program learning objectives
☐ Initial planning meeting minutes
☐ Projected budget for the activity
☐ Preliminary program agenda listing all educational sessions, breaks and meals (including purposed faculty, if known)
☐ Submit all application documentation via email to Jessica Davis, CME Coordinator at jdavis@ismanet.org

☐ APPLICATION REVIEW BY ISMA: ISMA reviews the final CME Application & Planning Worksheet and provides feedback. Upon ISMA approval, current forms and templates will be emailed to you. ISMA forms and templates sent in the approval email MUST be used; there may have been updates made to the forms since a previous activity.

☐ DISCLOSURE FORMS: (JP) Send Disclosure of Financial Relationship Forms to all speakers and moderators for completion. For all potential Conflicts of Interest (COI) identified, a designated ISMA official must manage the disclosure and complete the ISMA COI Mitigation Form.

☐ APPROVAL OF MARKETING MATERIALS: (JP) Furnish ISMA with a copy of all print and electronic marketing materials for review & approval 2 weeks prior to publishing/distributing.

☐ All materials, including save-the-dates, brochures, flyers, website announcements, etc., must meet ISMA Marketing Guidelines and Requirements.

☐ Materials should include the following elements:
- Program/session learning objectives
- CME accreditation, designation and disclosure statements and ISMA logo use in format provided in Marketing Guidelines
- Acknowledgement of Educational Grants/Commercial Support (both financial & in-kind contributions)

☐ EDUCATIONAL GRANTS:
- Any commercial support/educational grants sought must be done so with the full knowledge of ISMA. Formal Letters of Agreement (LOA) must be signed by ALL 3 entities:
  - Joint Provider
  - ISMA as Accredited Provider
  - Commercial Supporter/Industry Partner

☐ MEETING MATERIALS:

Due 30 days prior to meeting

☐ (JP) Submit completed Disclosure of Financial Relationship Forms to ISMA for all speakers & moderators who are participating in the activity.

NOTE: All potential Conflicts of Interest (COI) disclosed MUST be mitigated by ISMA before speakers/moderators are allowed to present.

☐ (JP) Submit program syllabus to ISMA for review/approval.

☐ (JP) Submit all speaker approved presentations to ISMA for review/approval.

Due 2 weeks prior to meeting

☐ (JP) Submit handouts to ISMA for review/approval.

☐ (JP) Submit adapted Evaluation Form & CME Certificate to ISMA for final approval.

☐ (JP) Submit Pre & Post-Test Forms to ISMA for final approval (if applicable).

ISMA will generate a Disclosure Grid/Table and send to JP for inclusion in program materials

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Disclosures

Planning Committee:
Planning Committee members should complete and return their Disclosure of Financial Relationship Forms PRIOR to the first planning meeting so that any potential conflicts of interest may be mitigated.

Speakers:
Proposed speaker disclosures can come later.

Mitigation:
The accredited provider is responsible for review and mitigation, especially now that they must collect disclosure information about ALL financial relationships with ineligible companies. It is the accredited provider’s responsibility to determine which relationships are relevant. You may do this in conjunction with your Joint Provider, but don’t let them decide on their own.

The ISMA currently prohibits employees & owners of commercial interests from participating on any CME planning committee and from serving as presenters, despite the exceptions.
Exceptions for Use of Employees of ACCME-Defined Commercial Interests

The use of employees of an ACCME-defined commercial interest as planners and faculty or in other roles (ie, authors & reviewers) where they are in a position to control the content of accredited CME is prohibited by the ACCME, except in 3 specific situations.

In each scenario—as in every accredited CME activity—the expectations of ACCME’s Accreditation Requirements, including the Standards for Commercial Support, must be met.
EXCEPTION #1

Employees of ACCME-defined commercial interests can control the content of accredited CME activities when the content of the activity is not related to the business lines or products of their employer/company.
EXCEPTION #2

Employees of ACCME-defined commercial interests can control the content of accredited activities when the content of the accredited activity is limited to basic science research, such as pre-clinical research and drug discovery, or the methodologies of research, and they do not make care recommendations.
EXCEPTION #3

Employees of ACCME-defined commercial interests can contribute when they are participating as technicians to teach the safe and proper use of medical devices, and do not recommend whether or when a device is used.
Activity Approval

Once initial intake materials are returned, reviewed and approved, it is ideal that the Accredited Provider send:

- Preliminary approval notification/email
- Full CME Application & Planning Worksheet
- Joint Providership Agreement for signature by the Joint Provider
CME Application & Planning Worksheet

The ISMA requires this document be completed a minimum of 3 months prior to the activity to ensure compliance with ACCME/ISMA requirements.

- Provides extensive program details
- Affords documentation supporting practice gaps/needs, learning objectives, activity budget, preliminary agenda and initial planning meeting minutes.
CME APPLICATION & PLANNING WORKSHEET

INSTRUCTIONS: This Application/Planning Worksheet is to be submitted a minimum of 3 months prior to the event to ensure compliance with ACGME and ISM requirements. This application is an essential step that will guide you through the planning process. The application should be typed and legible, not handwritten.

TO SUBMIT: Email to Jessica Davis, ISMA-CME Coordinator at jadavis@ismanet.org

REQUIRED SUPPORTING DOCUMENTS:
- Initial Planning Committee Meeting minutes
- Preliminary Program Agenda
- Activity Budget (including projected revenue/expenses)

Contact and Activity Information

<table>
<thead>
<tr>
<th>Date Submitted:</th>
<th>Primary Contact Name:</th>
<th>Email:</th>
<th>Phone #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Click here to enter text</td>
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<td>Click here to enter text</td>
<td></td>
</tr>
</tbody>
</table>

Hospital/Institution/Organization: | Click here to enter text |

Proposed Activity Title: | Click here to enter text |

Proposed Duration: | Click here to enter text |

Proposed # of Hours of Instruction: | Hours (Agenda required for approval of activities with multiple presenters): |

Estimated number of participants: | |

Proposed Activity Date(s): | Start/End Time (if live event): |

Location (if live event): | Click here to enter text |

Step 1 - Proposed Activity Type

- Live Activity - Course, Symposium, Workshop, Conference, Live Webcast
- Enduring Activity - An enduring material is a certified CME activity that endures over a specified time. These include print, audio, video and internet materials, such as monographs, podcasts, CD-ROMs, DVDs, archived webinars, as well as other web-based activities

Step 2 - Activity Format: What educational approaches will you be utilizing? (Select all that apply)

- Lecture
- Q&A Session(s)
- Panel/Discussion

Step 3 - Desirable Physician Attributes/Core Competencies

ACGME/ABMS Competencies

<table>
<thead>
<tr>
<th>Institute of Medicine Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient care and procedural skills</td>
</tr>
<tr>
<td>Medical knowledge</td>
</tr>
<tr>
<td>Practice-based learning &amp; improvement</td>
</tr>
<tr>
<td>Interprofessional &amp; teamwork skills</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interprofessional Ed Collaborative Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide patient-centered care</td>
</tr>
<tr>
<td>Work in interdisciplinary teams</td>
</tr>
<tr>
<td>Employ evidence-based practice</td>
</tr>
<tr>
<td>Apply quality improvement</td>
</tr>
<tr>
<td>Utilize informatics</td>
</tr>
</tbody>
</table>

Step 4 - Target Audience: (Select all that apply)

- Primary Care Physicians
- Specialty Physicians
- Nurse Practitioners
- Physicians
- Residents/Graduate Students

Audience:

- Physician Assistants
- Social Workers
- Other (Specify): |

Location:

- Local/Regional
- National

Step 5 - Planning Team – Those responsible for planning/development of the activity and have control over the content of the activity.

- Name: Activity Chair |
- Email: Click here to enter text |
- Phone: Click here to enter text |
- Role: Click here to enter text |

- Name: Activity Planner |
- Email: Click here to enter text |
- Phone: Click here to enter text |
- Role: Click here to enter text |

Step 6 - Faculty/Presenter Selection

Please list name/credentials of proposed presenter(s): |

Note: These individuals are required to complete a Disclosure of Financial Relationship Form.

- Name: |
- Medicaid |
- Affiliation: |

- Name: |
- Medicaid |
- Affiliation: |

Step 7 - State the professional practice gap(s) of your learners on which the activity is based and how this problem was discovered/identified. Describe the professional practice or system-based problem(s) for your learners that will be addressed through this educational intervention.

- Click here to enter text |

Step 8 - State the educational need(s) that you've determined to be the cause of the professional practice gap. What will help solve the problem?

- Knowledge need (i.e., is there new technology or new information that physicians need to know more about): |

- Competency need (i.e., are there tools or strategies available that might help learners apply what they should already know): |

- Performance need (i.e., is there new technology or clinical information that necessitate learners assimilating new skills): |

Step 9 - State what the CME activity is designed to change in terms of learners’ competence, performance, or patient outcomes. What are the objectives? Objectives are the take-home messages following the activity and describe what the learner should be able to do after completing the CME activity. They must be specific, measurable, and桥接 between identified problem and desired outcomes. (Insert rows as needed)

<table>
<thead>
<tr>
<th>Learning Objective(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>How will you know if your learner’s competence, performance, or patient outcomes were impacted by these objectives?</td>
</tr>
</tbody>
</table>

1. Click here to enter text |
2. Click here to enter text |
3. Click here to enter text |

4. Click here to enter text |
5. Click here to enter text |
6. Click here to enter text |

Step 10 - Evaluation Plan

- Click here to enter text |

Step 11 - Evaluation Plan

- Click here to enter text |

Step 12 - Evaluation Plan

- Click here to enter text |

Updated: January 2021

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Joint Providership Agreement

It is recommended that a "Joint Providership Agreement" be executed to:

• Clearly define the parameters of the cooperative relationship by outlining the roles, responsibilities and expectations of each party
• Outline the Joint Provider fee and payment terms
JOINT PROVIDERSHIP AGREEMENT

WHEREAS, ORGANIZATION NAME, Organization Address, (“the Joint Provider”), wishes to enter into a contract for joint sponsorship of an educational activity in the form of a Live Seminar, entitled, CME ACTIVITY NAME, to take place on ACTIVITY DATE(S), located at ACTIVITY LOCATION; and

WHEREAS, ORGANIZATION NAME has submitted an initial application to the ISMA to jointly provide ___ hour(s) of CME for said Educational Activity; and

WHEREAS, the Indiana State Medical Association (“ISMA”), located at 322 Canal Walk, Indianapolis, Indiana, 46202, is approved by the Accreditation Council for Continuing Medical Education as a CME accrediting entity, and is familiar with the continuing medical education requirements; and

WHEREAS, the ISMA wishes to enter into a contract (“the Agreement”) to jointly provide the aforementioned Educational Activity with ORGANIZATION NAME.

NOW, THEREFORE, IN CONSIDERATION OF THE MUTUAL PROMISES CONTAINED HEREIN, THE PARTIES AGREE AS FOLLOWS:

1. Duties of Joint Provider. In order for the Educational Activity to be eligible for CME credit, the Joint Provider will assist the ISMA by performing the following activities in accordance with any timelines provided by the ISMA:
   a. Budget - The Joint Provider will prepare an itemized budget for the Educational Activity, including all revenue and expenses.
   b. Expenses - The Joint Provider will pay all Educational Activity expenses.
   c. Facility, Schedule and Food - The Joint Provider will negotiate and enter into an agreement with the facility where the Educational Activity will be held. The Joint Provider will also plan the schedule (including break), food and beverages.
   d. Insurance - The Joint Provider will obtain the necessary insurance coverage for the Educational Activity, including insurance as required by the facility where the Educational Activity will be held.
   e. Worksheet - The Joint Provider will identify the CME need, determine the learning objectives, the content of the program, and the delivery method.
   f. Brochure - The Joint Provider will provide copy of the Educational Activity brochure to the ISMA for final approval prior to distribution. If the brochure is unacceptable to ISMA, the Joint Provider shall reprint the brochure, where applicable. The ISMA will not reasonably withhold approval. After approval, the Joint Provider will distribute the brochure to potential registrants.
   g. Presenters and Planning Committee Members - The Joint Provider will select and contract with the planning committee members and presenters and will provide the ISMA with the completed Disclosure of Financial Relationship Forms for all planners and presenters by the deadline required by the ISMA. The Joint Provider understands that no employees or owners (including spouses/partners) of ACCME-defined commercial interest can serve on the planning committee or as a presenter and will provide the ISMA with the completed Disclosure of Financial Relationship forms for all planning committee members prior to any activity planning. The ISMA will not accredit the Educational Activity if a member of the planning committee or presenter is an employee or owner (including spouses/partners) of ACCME defined commercial interest. If the ISMA determines a potential conflict of interest exists with a presenter or planner, the Joint Provider will be instructed to take certain action to resolve the conflict, up to and including recusal of the individual from the program.
   h. Commercial Support - The Joint Provider will provide the ISMA with the completed and signed Commercial Support agreements and abide by all CME commercial support guidelines and policies.
   i. Syllabus - The Joint Provider will coordinate and print the Educational Activity syllabus.
   j. Agenda - The Joint Provider will prepare and provide the ISMA with a program agenda for the Educational Activity.
   k. Presenter Materials - The Joint Provider will provide the ISMA with the presenters’ presentation materials by the deadline required by the ISMA. The Joint Provider is solely responsible for ensuring that no “protected health information” as that term is defined by the Health Insurance Portability and Accountability Act is included in such materials.
   l. Attendance Sheet - The Joint Provider will prepare an attendance sheet for the Educational Activity and provide it to the ISMA for initial review. After conclusion of the Educational Activity, the Joint Provider will provide the ISMA with a complete listing of all attendees.
   m. Registration - The Joint Provider will receive and process all attendee registrations, collect the registration fees, send confirmations of registration, and provide sufficient staffing for on-site check-in during the Educational Activity. The Joint Provider will ensure that attendees provide email addresses at registration and check-in.

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If your organization is the accredited provider for a jointly provided activity, **ACCME requires you to report the same financial data that you do for directly provided activities, even if the joint provider was the recipient of the funds.**

The ACCME expects that written agreements for commercial support will:

- Be between the accredited provider and commercial supporter. *(This means that the accredited provider's name and commercial supporter's name must be included in the written agreement as the parties entering into the agreement for commercial support.)*
- Include the name of the joint provider or third party that would be receiving and disbursing the funds (when applicable).
- Be signed by both the accredited provider and the commercial interest providing the commercial support. *Third parties and/or joint providers may also sign the written agreement but may not sign it instead of the accredited provider.*
- Be signed prior to the activity taking place.
Approval of Marketing Materials

The Accredited Provider should supply the Joint Provider with established **Marketing Guidelines** and obtain a copy of all print and electronic marketing materials for review & approval **prior** to publishing/distributing to ensure the Joint Provider has included all required elements.

- Program/session learning objectives
- CME accreditation statement
- CME designation statement
- Disclosure statement
- Acknowledgement of educational grants/commercial support
You will notice the guidelines state ........

“If any materials are found to be unacceptable, we will advise you of the required edits and request an additional proof. If unapproved materials have already been printed or distributed, you will be asked to reprint and/or redistribute these items where applicable.”

This includes websites.
Meeting Materials

The Accredited Provider should supply the Joint Provider with templates for all documents to be utilized.

- Speaker Disclosure & Content Validity Forms
- Disclosure Grid, statements and/or script
- Evaluation Form
- CME Certificate Template
- Activity Budget Template
DISCLOSURE OF FINANCIAL RELATIONSHIP FORM

Name/Credentials: Click here to enter text.

Telephone Number: Click here to enter text.

E-Mail Address: Click here to enter text.

Activity Name: Click here to enter text.

Date: Click here to enter text.

Please indicate your role in this CME activity: [ ] Presenter/Faculty [ ] Course Director [ ] Moderator [ ] Planning Committee

(please check all that apply)

Purpose: It is the policy of the Indiana State Medical Association (ISMA) to ensure balance, independence, objectivity and scientific rigor in all of its sponsored educational activities. All participating faculty, course directors, and planning committee members are required to disclose to the institution, in advance, any financial relationships related to the subject matter of continuing medical education (CME) activities/programs. Disclosures information is reviewed in advance in order to manage and resolve any possible conflicts of interest. This information is necessary in order for us to be able to move to the next steps in planning this CME activity.

Persons who fail to provide this information in advance of the course (allowing for adequate time for review) are not eligible to be involved in this CME activity.

Participation: We are pleased that you are willing and able to participate in this CME activity, which is accredited by the ISMA. The ISMA is accredited by the Accreditation Council for Continuing Medical Education (ACCME). As such, we are required to meet the ACCME’s expectations for our practice of continuing medical education.

Step 1: Disclosure of All Financial Relationships

Please disclose all financial relationships that you have had in the past 24 months with ineligible companies (see definition in Glossary of Terms). For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). There is no minimum financial threshold; we ask that you disclose all financial relationships, in any amount, with ineligible companies. You should disclose relationships regardless of the potential relevance of each relationship to the education.

Regarding your role in this CME activity (check one):

☐ No, in the past 24 months, I have not had any financial relationships with an ineligible company.

☐ Yes, I do have a personal financial relationship with an ineligible company (Provide information below)

Nature of Financial Relationship

<table>
<thead>
<tr>
<th>Name of Ineligible Company(s)</th>
<th>Has the relationship ended?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant</td>
<td>Click here to enter text.</td>
</tr>
<tr>
<td>Speaker’s Bureau</td>
<td>Click here to enter text.</td>
</tr>
<tr>
<td>Grant/Research Support</td>
<td>Click here to enter text.</td>
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<tr>
<td>Principal Investigator</td>
<td>Click here to enter text.</td>
</tr>
<tr>
<td>Board Member</td>
<td>Click here to enter text.</td>
</tr>
<tr>
<td>Stock Shareholder (self-managed)</td>
<td>Click here to enter text.</td>
</tr>
<tr>
<td>Full-time/part-time Employee/Omber*</td>
<td>Click here to enter text.</td>
</tr>
<tr>
<td>Other (Describe)</td>
<td>Click here to enter text.</td>
</tr>
</tbody>
</table>

* The ISMA PROHIBITS employers and owners of ineligible companies from participating in any CME PLANNING COMMITTEE and serving as presenters.

Additional information may be requested to address any perceived conflict of interest. All identified conflicts of interest must be mitigated in advance of the activity and disclosure information will be shared with activity participants.

Step 2: Speaker Disclosure of Off-Label and/or Investigational Uses

If at any time during my educational activity, I discuss an off-label/investigational use of a commercial product/device, I understand that I must provide disclosure of that intent.

☐ No, I do not intend to discuss an off-label/investigational use of a commercial product/device.

☐ Yes, I do intend to discuss off-label/investigational use(s) of the following commercial product(s)/device(s):

Click here to enter text.

Step 3: ISMA Statements & Rules to Ensure Content Validation

We would like to enlist your help to ensure that educational content is fair and balanced and that any clinical content presented supports safe, effective patient care. This includes the expectations that:

- All recommendations for patient care in accredited continuing education must be based on current science, evidence and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.
- All scientific research referred to, reported, or used in accredited education in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation. Citations of the work are recommended.
- The content and/or presentation of the information with which I am involved will promote quality or improvements in healthcare and will not promote a specific business interest of a commercial interest.
- Recommendations involving diagnostic and treatment discussed in the presentation are based on evidence which is accepted within the profession of medicine as adequate justification for their education and contradiction in the care of patient.
- Although accredited continuing education is an appropriate place to discuss, debate and explore new and evolving topics, these areas need to be clearly identified as such within the program and individual presentations. It is the responsibility of the accredited provider to facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not adequately based on current science, evidence and clinical reasoning.
- Content cannot include in accredited education if it advocates for unscientific approaches to diagnosis or therapy, or if the education promotes recommendations, treatment, or manners or practices of healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.
- I understand that ISMA CME staff will need to review my presentation and/or content prior to the activity, and I will provide educational content and resources in advance, as requested.
- I understand that commercial entity corporate names or logos should not appear on my slides or handouts.
- I understand that ISMA CME staff may be attending the event to ensure that my presentation is educational, and not promotional, in nature.
- If I am discussing specific health care products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available, and not just trade names from any individual company.
- If I have been trained or utilized by a commercial entity or its agent as a speaker or consultant, I will disclose this information to the audience.
- If I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principles and methods, and will not promote the commercial interest of the funding company.
- If I am presenting research studies, I will include weaknesses and strengths of each study. In addition to harms and benefits of specific products, I will also discuss studies presenting different conclusions about the product, if available.

If you have any questions regarding your ability to comply, please contact Jessica Davis, CME Coordinator, at 317-261-2060, or by e-mail at planning@ismanet.org.

Step 4: Declaration

In accordance with the national guidelines for nonproprietary continuing education, I declare that I have not received any compensation or benefits from a commercial entity for my participation in the planning, development or presentation of this continuing education activity. I do not have any financial relationship with any commercial entity that might pose a conflict of interest for the planning, development or presentation of this continuing education activity. I do not own any equity interest in a commercial entity. I do not have any financial relationship with any commercial entity that might pose a conflict of interest for the planning, development or presentation of this continuing education activity. I do not have any financial relationship with any commercial entity that might pose a conflict of interest for the planning, development or presentation of this continuing education activity. I do not have any financial relationship with any commercial entity that might pose a conflict of interest for the planning, development or presentation of this continuing education activity. I do not have any financial relationship with any commercial entity that might pose a conflict of interest for the planning, development or presentation of this continuing education activity. I do not have any financial relationship with any commercial entity that might pose a conflict of interest for the planning, development or presentation of this continuing education activity.

Signature/Printed Name: Click here to enter text.

Date: Click here to enter text.

If sending this completed document electronically, please type your name above and check this box:

☐ By checking this box, I attest that the completed information is accurate. Please accept this as my signature.

Thank you for providing us with this information.

RETURN TO: Jessica Davis, CME Coordinator, at jtdavis@ismanet.org

www.ismanet.org
The Indiana State Medical Association (ISMA) has implemented a process whereby everyone who is in a position to control the content of an educational activity has disclosed to us all relevant financial relationships with any ineligible company (formerly known as “commercial interest”). In addition, should it be determined that a conflict of interest exists as a result of a financial relationship, it must be mitigated prior to the activity.

Please note all of the relevant financial relationships listed for these individuals have been mitigated.

<table>
<thead>
<tr>
<th>Name</th>
<th>Speaker</th>
<th>Planner</th>
<th>Ineligible Company</th>
<th>Role/Nature of Financial Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jessica Davis, ISMA CME Coordinator</td>
<td>X</td>
<td></td>
<td>No relevant financial relationships with ineligible companies</td>
<td>N/A</td>
</tr>
</tbody>
</table>
**REQUIRED CME PROGRAM EVALUATION QUESTIONS**

<table>
<thead>
<tr>
<th>Question</th>
<th>SA</th>
<th>A</th>
<th>D</th>
<th>SD</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Activity content fulfilled the goals/objectives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Speaker and Planning Committee financial conflicts of interest and mitigation were disclosed before the program began (slide, handout and/or verbal disclosure).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. The activity was presented objectively and was free of commercial bias.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For questions 4 – 11, please mark your response(s):

4. Today's program format was conducive to learning. □ Yes □ No
   If no, please provide alternative format suggestions: ____________________________________________

5. This activity will assist in the improvement of my (mark all that apply):
   □ Competence (will turn the knowledge I gained into a strategy; I have a plan to implement what I learned)
   □ Performance (will take what I learned and put it into practice). (i.e., ____________________________)
   □ Patient outcomes. (what I learned will positively affect my patient outcomes) (i.e., ____________________________)

6. Which ONE of the following best describes the impact of this activity on your performance?
   □ This education affirms what I am already doing.
   □ This activity will not change my behavior because I do not agree with the information presented.
   □ I need more information before I can change my practice behavior.
   □ I will immediately implement the information into my practice.

7. Which of the following actions will you take as a result of participating in this educational activity (mark all that apply):
   □ Discuss new information with other professionals.
   □ Participate in another activity on this topic
   □ Broaden my outlook
   □ Change my practice/ approach
   □ Other, please specify ____________________________
   □ None

8. Indicate any barriers that might prevent you from applying this knowledge (mark all that apply):
   □ Cost
   □ Lack of experience
   □ Lack of opportunity
   □ Lack of time
   □ Lack of resources
   □ Reimbursement/insurance issues
   □ Patient adherence/compliance
   □ No barriers
   □ Other, please specify ____________________________

9. What additional information could you use to better implement what you've learned?
   ________________________________________________________________

10. Additional suggestions or comments about this activity: __________________________________________

11. Suggestions for future educational topics: ____________________________________________________

Name_________________________________________ Title/Discipline_________________________ Date___________

Organization/Address: __________________________ Email__________________________

Updated: Jan 2021

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# Indiana State Medical Association (ISMA)

## CME JOINT PROVIDER ACTIVITY BUDGET AND DOCUMENTATION OF COMMERCIAL SUPPORT/GRAINS TEMPLATE

The Joint Provider will, at the conclusion of the activity, fill out and submit an Activity Budget, detailing all revenue and expenses associated with the activity, including all commercial support and grants. This information is kept on file by the ISMA. While a template is included below, you may choose to use your own.

<table>
<thead>
<tr>
<th>Income Category</th>
<th>Budget</th>
<th>Actual</th>
<th>Expense Category</th>
<th>Budget</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration Fees</td>
<td></td>
<td></td>
<td>Marketing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participants @ S</td>
<td></td>
<td></td>
<td>Save-the-date cards</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participants @ S</td>
<td></td>
<td></td>
<td>Brochure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participants @ S</td>
<td></td>
<td></td>
<td>Advertisements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subtotal—Registration Fees</td>
<td></td>
<td></td>
<td>Mailing Labels</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commercial Support (List Sources)</td>
<td></td>
<td></td>
<td>Postage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Specify)</td>
<td></td>
<td></td>
<td>Other (Specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subtotal—Commercial Support</td>
<td></td>
<td></td>
<td>Meeting Space and Logistics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exhibitors (List Sources)</td>
<td></td>
<td></td>
<td>Audience response system</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meeting room rental</td>
<td></td>
<td></td>
<td>Hotel Lodging (faculty/staff only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meals</td>
<td></td>
<td></td>
<td>Syllabus and other handouts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplies</td>
<td></td>
<td></td>
<td>Other (Specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subtotal—Meeting Space/Logistics</td>
<td></td>
<td></td>
<td>Honoraria and Travel Expenses (list faculty)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subtotal—Exhibitors</td>
<td></td>
<td></td>
<td>In-kind Contributions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subtotal—In-kind Contributions</td>
<td></td>
<td></td>
<td>Honoraria/Travel Expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Specify—e.g., government)</td>
<td></td>
<td></td>
<td>Other Expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrative fee</td>
<td></td>
<td></td>
<td>Operational expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other certification fee</td>
<td></td>
<td></td>
<td>Other certification fee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subtotal—Other</td>
<td></td>
<td></td>
<td>Subtotal—Other Expense</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL INCOME</td>
<td></td>
<td></td>
<td>TOTAL EXPENSES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NET GAIN OR (LOSS)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Presentation Materials

The Accredited Provider should review the following in advance of the activity to ensure content is free of promotion and commercial bias, is fair and balanced:

• Program Syllabus/Agenda
• All handouts
• All presentation slides

This step might involve peer review.

REMINDER: All financial relationships disclosed must be reviewed for relevancy and mitigated before speakers/moderators are allowed to present.
Post Conference

The Accredited Provider should collect the following documents from the Joint Provider:

- Program Evaluation Summary
- Pre/Post Test Summary (if applicable)
- Attendance List
- Final Activity Budget - listing all expenses and revenue, including registration fees, exhibitor fees and commercial support/educational grants

(remember, you’ll need to report this information in PARS, just as you do for Directly Provided activities)
CME Certificates

The American Medical Association (AMA) does not require that an Accredited Provider issue CME certificates. However, the AMA does provide certificate language that serves as an example.

“The (name of accredited CME provider) certifies that (name of physician) (degree) has participated in the (learning format) titled (title of activity) (at location, when applicable) on (date) and is awarded (number of credits) AMA PRA Category 1 Credit(s)™.

The AMA does require that an Accredited Provider supply documentation to participating physicians of the credit awarded, at the request of the physician.
CME Certificates (con’t.)

Required elements on documentation provided to participating physicians includes:

- Physician’s name and degree
- Name of Accredited Provider
- Title of activity
- Learning format
- Location of activity
- Date(s) of activity (or date physician completed the activity)
- Number of *AMA PRA Category 1 Credits*™ awarded

The AMA credit designation statement is not required on certificates or transcripts.
The Indiana State Medical Association certifies that

<Participant Name>

has participated in the live activity entitled

<Activity Name>

Location: <Activity Venue> • <Activity City, State>
Date of Attendance: <Activity Date(s)>
Total Credits Earned: Awarded<#Credits Earned> AIMA PRA Category 1 Credits™
Wrap-up

• You, the Accredited Provider, are in control

• Be keenly aware of the due diligence required for Joint Providerships.

• Don’t permit employees/owners of an Ineligible Company to be involved, or you will find yourself open to scrutiny by the ACCME

• Document your mitigation strategies/steps

• You must fully understand:
  – What is and isn’t a Conflict of Interest
  – What is and isn’t a Relevant Financial Relationship
  – What is and isn’t an Ineligible Company (Commercial Interest)
GROUP DISCUSSION & QUESTIONS
Please feel free to reach out to ISMA Staff whenever necessary. We are here for you! Here’s our contact information

Janette Helm, Director of Education & Professional Development
jhelm@ismanet.org

Cheryl Stearley, CME Accreditation & Recognition Administrator
cstearley@ismanet.org

Jessica Davis, CME Coordinator
jdavis@ismanet.org