



## SELF-STUDY REPORT REACCREDITATION AND INITIAL ACCREDITATION

**Instructions:** Organizations applying for reaccreditation or initial accreditation are required to complete the **Self-Study Report — Reaccreditation and Initial Accreditation**. To complete the form, click the boxes  to make a selection and gray boxes [Click here to enter text.](#) to enter text.

**Please do not edit, delete, or modify content in this form.**

**Initial Applicants Only:** Your organization is expected to provide descriptions and evidence for Criteria 1-3 and 7-12, and all applicable ISMA accreditation policies. Your organization may also choose to submit descriptions and evidence for Criteria 5, 6, and 13. ISMA will give a compliance findings and feedback for evidence submitted for these criteria, but these findings will not affect your organization's accreditation status.

**Criteria 2-7 and Attendance Records Retention Policy:** This section of the Self-Study Report will ask for information regarding how your organization incorporates the accreditation requirements and policies into your overall program of continuing medical education, as well as, evidence from examples of activities that support your processes/mechanisms. **Select TWO** of your CME activities that support your current processes/mechanisms as examples when evidence is requested for an activity.

**Terminology:** Descriptions are narrative explanations — please use complete sentences.  
Attachments are specific documents/documentation.

### **Submission of the Self-Study Report and Attachments:**

The following materials must be shipped to the ISMA:

- THREE (3) hard copies of the Self Study Report in ring-binders, including labeled attachments.
- ONE (1) electronic copy of your Self Study Report saved as a single Word document on a USB flash drive.

### **Submission of Evidence of Performance-in-Practice:**

The ISMA's Performance-in-Practice (PIP) Structured Abstract must accompany each activity selected for review. The following materials must be shipped to the ISMA:

- ONE (1) hard copy of your evidence of PIP for each of the 15 activities selected.
- ONE (1) electronic copy of your evidence of PIP for the 15 activities selected, saved as PDF documents on a USB flash drive.

**Submit all documentation to:**

**Cheryl Stearley  
CME Accreditation & Recognition Administrator  
Indiana State Medical Association  
322 Canal Walk  
Indianapolis, IN 46202**

## Accreditation with Commendation

Accreditation with Commendation is ISMA’s mechanism for recognizing and celebrating organizations that excel as CME providers. Providers that receive Accreditation with Commendation will receive an accreditation term of six years in lieu of four years. Compliance with the commendation criteria is optional for CME providers and is not required to achieve standard Accreditation. **Initial applicants may choose to respond to the commendation criteria, but initial applications are not eligible for Accreditation with Commendation.**

**Answer** the following question:

Are you pursuing Accreditation with Commendation?

- Yes (**complete** the **Self-Study Report — Accreditation with Commendation** form and **submit** along with the **Self-Study Report — Reaccreditation and Initial Accreditation**)
- No (see submission instructions above after you have completed the **Self-Study Report for Reaccreditation and Initial Accreditation**)

## ISMA Policies and Conditions

- It is understood that accreditation by ISMA indicates only ISMA’s verification that the program is in adequate compliance with accreditation requirements and policies.
- Every provider applying for either initial accreditation or reaccreditation must attest to the following: “The materials we submit for (re)accreditation (Self-Study Report, activity files, and other materials) will not include individually identifiable health information, in accordance with the Health Insurance Portability and Accountability Act (HIPAA).”

## CME Program Organizational Contacts

**Name of Organization:**

**Primary CME Staff Contact**

**Name:**

**Title:**

**Complete Address:**

**Phone:**

**Email:**

**CEO or Organization’s Administrator Responsible for Oversight of CME**

**Name:**

**Title:**

**Complete Address:**

**Email:**

**Chair of CME Committee**

**Name:**

**Complete Address:**

**Phone:**

**Email:**

Others Who Should Receive Copies of CME Correspondence (if any)

Name:  
Title:  
Complete Address:  
Phone:  
Email:

Name:  
Title:  
Complete Address:  
Phone:  
Email:

### Demographic Information

1. **Select** which classification most accurately describes your type of organization.

- Hospital
- Multi-facility hospital or healthcare system\*
- Specialty Society
- Physician Group
- Insurance Company/Managed Care Company
- Consortium/Alliance\*
- Government/Military
- Education Company
- Other (specify):

\*If your accreditation is for a multi-facility hospital or health care system, or a consortium/alliance, **list** the facilities and/or organizations that comprise the applicant entity.

2. If your organization, or any member organization of your consortium or system, is affiliated with a medical school, **describe** the nature of this affiliation. If **not**, **check** here:

3. Did your organization reach physicians outside Indiana and its bordering states during this term of accreditation?

- Yes
- No

## Prologue

1. **Describe** a brief history of your CME Program.

Click here to enter text.

2. **Attach** an organizational chart that shows the leadership and organizational structure of your CME Program. **Label** your documentation: **Attachment 1 — Organizational Chart**

3. **List** current CME committee members, including specialty or area represented. If you are a multi-facility organization, **include** the facility(s) the members represent.

Click here to enter text.

## Criterion 1 – Purpose and Mission

The provider has a CME mission statement that includes expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program.

1. **Attach** your CME mission statement, which should contain the expected results of your CME Program, articulated in terms of changes in competence, or performance, or patient outcomes or a combination of these. **Label** your documentation: **Attachment 2 — CME Mission Statement**

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**Complete** the details below for the **TWO** activities you've selected to use as your examples as you tell your "story" of how you develop continuing medical education.

### ACTIVITY #1

**Title of activity:** Click here to enter text.

**Date of activity:** Click here to enter text.

**Select activity type from drop down menu:** Click here to choose an item.

### ACTIVITY #2

**Title of activity:** Click here to enter text.

**Date of activity:** Click here to enter text.

**Select activity type from drop down menu:** Click here to choose an item.

## Criterion 2 – Needs and Gaps

The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.

1. **Describe** the process(es) you use to identify the following for your overall CME Program:

- A. Professional practice gaps of your learners.

Click here to enter text.

- B. Educational needs that underlie the identified professional practice gaps.

Click here to enter text.

2. Using the activities you selected **describe** the processes and mechanisms you went through to identify the following:

#### ACTIVITY #1

- A. **Describe** the professional practice gap(s) that the activity was addressing.

[Click here to enter text.](#)

- B. **Describe** the educational need(s) that were underlying the gap(s) for your learners.

[Click here to enter text.](#)

#### ACTIVITY #2

- C. **Describe** the professional practice gap(s) that the activity was addressing.

[Click here to enter text.](#)

- D. **Describe** the educational need(s) that were underlying the gap(s) for your learners.

[Click here to enter text.](#)

### Criterion 3 – Educational Interventions

The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.

1. **Describe** how the activities of your overall CME Program are designed to change the competence, performance or patient outcomes of your learners.

[Click here to enter text.](#)

2. Using the activities you selected, **describe** what competence, performance, and/or patient outcome the activity was designed to change. Complete all that apply.

#### ACTIVITY #1

**Competence:** [Click here to enter text.](#)

**Performance:** [Click here to enter text.](#)

**Patient Outcomes:** [Click here to enter text.](#)

#### ACTIVITY #2

**Competence:** [Click here to enter text.](#)

**Performance:** [Click here to enter text.](#)

**Patient Outcomes:** [Click here to enter text.](#)

### Criterion 4 (eliminated)

## Criterion 5 - Educational Formats (optional for initial applicants)

The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity.

1. **Describe** how the activities of your overall CME Program are designed to ensure that the format of the activities is appropriate for the setting, objectives and desired results of the activity.

Click here to enter text.

2. Using the activities you selected:

### ACTIVITY #1

- A. **State** the format(s) selected.

Click here to enter text.

- B. **Explain** why the format(s) was appropriate for the activity.

Click here to enter text.

### ACTIVITY #2

- C. **State** the format(s) selected.

Click here to enter text.

- D. **Explain** why the format(s) was appropriate for the activity.

Click here to enter text.

## Criterion 6 – Desirable Physician Attributes (optional for initial applicants)

The provider develops activities/educational interventions in the context of desirable physician attributes [e.g., Institute of Medicine (IOM) competencies, Accreditation Council for Graduate Medical Education (ACGME) Competencies].

1. **Describe** how the activities of your overall CME Program are developed in the context of desirable physician attributes.

Click here to enter text.

2. Using the activities you selected:

### ACTIVITY #1

- A. **State** the desirable physician attribute(s) associated with the activity.

Click here to enter text.

### ACTIVITY #2

- B. **State** the desirable physician attribute(s) associated with the activity.

Click here to enter text.

## Criterion 7 – Independence of Commercial Interests (SCS 1, 2, and 6)

The provider develops activities/educational interventions independent of commercial interests.

### SCS 1

#### Independence

**SCS 1.1:** A CME provider must ensure that the following decisions were made free of the control of a commercial interest (any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients): (a) Identification of CME needs; (b) Determination of educational objectives; (c) Selection and presentation of content; (d) Selection of all persons and organizations that will be in a position to control the content of the CME; (e) Selection of educational methods; and (f) Evaluation of the activity.

**SCS 1.2:** A commercial interest cannot take the role of non-accredited partner in a joint provider relationship.

1. **Describe** how all CME activities are planned and implemented independent of the control of any ACCME-defined commercial interest.

[Click here to enter text.](#)

The use of employees or owners of ACCME-defined commercial interests as faculty and/or planners of accredited CME is prohibited, except in the specific circumstances permitted by the ACCME that maintain independence as specified on the ACCME website ([www.accme.org](http://www.accme.org)) related to: 1) reporting about research and discovery; 2) demonstrating the operational aspects of the use of a device; and, 3) controlling content that is not related to the product lines of the commercial interest. A provider must demonstrate that it complies with ACCME requirements to ensure independence in these specific circumstances.

2. Has your organization included employees or owners of ACCME-defined commercial interests in the planning, development or presentation of CME activities?

A. If **yes**, complete the following:

**Describe** the factors you consider in determining an appropriate role of an ACCME- defined commercial interest employee in planning and/or presenting accredited CME.

[Click here to enter text.](#)

**Describe** the mechanisms implemented to ensure independence in these situations.

[Click here to enter text.](#)

B. If you **do not**, under any circumstances, use employees of ACCME-defined commercial interests as faculty or planners of accredited CME, **check** here:

### SCS 2

#### Resolution of Personal Conflicts of Interest

**SCS 2.1:** The provider must be able to show that everyone who is in a position to control the content of an education activity has disclosed all relevant financial relationships with any commercial interest to the provider. The ACCME defines “relevant financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

**SCS 2.2:** An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher, or an author of CME, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME activity.

**SCS 2.3:** The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.

1. **Describe** all of the process(s) and mechanism(s) your organization uses in its overall CME Program for everyone (e.g., planners, reviewers, faculty, authors etc.) in a position to control educational content specific to their role(s) in an activity to:

A. Identify relevant financial relationships:

[Click here to enter text.](#)

B. Resolve conflicts of interest:

i. Planners, CME Committee members, reviewers: [Click here to enter text.](#)

ii. Faculty, authors and others who control educational content: [Click here to enter text.](#)

2. Using the activities you selected, **complete** the table below. For each individual in control of content, **list** the name of the individual, **select** the individual's role(s) in the activity; and **indicate** if the individual has no relevant financial relationships; or if the individual does have a relevant financial relationship(s) - the name of the ACCME-defined commercial interest(s) with which the individual has a relevant financial relationship(s), the nature of that relationship(s) and how the conflict was resolved. If you need additional rows — right click on the last row in the table, select **Insert**, then select **Insert Rows Below**.

**ACTIVITY #1**

Name of individual	Individual's role(s)						Check here if no relevant financial relationships	Complete this section if the individual has a relevant financial relationship(s) with an ACCME-defined commercial interest		
	Course Director	Reviewer/CME Committee	Planner	Presenter/Author	Patient/Other	Name of commercial interest(s)		Nature of relationship(s)	Mechanism(s) implemented to resolve conflict(s) of interest appropriate to the role in the activity	

**ACTIVITY #2**

Name of individual	Individual's role(s)						Check here if no relevant financial relationships	Complete this section if the individual has a relevant financial relationship(s) with an ACCME-defined commercial interest		
	Course Director	Reviewer/CME Committee	Planner	Presenter/Author	Patient/Other	Name of commercial interest(s)		Nature of relationship(s)	Mechanism(s) implemented to resolve conflict(s) of interest appropriate to the role in the activity	



## SCS 6

### Disclosures Relevant to Potential Commercial Bias

**SCS 6.1:** An individual must disclose to learners any relevant financial relationship(s), to include the following information: the name of the individual; the name of the commercial interest(s); the nature of the relationship the person has with each commercial interest.

**SCS 6.2:** For an individual with no relevant financial relationship(s) the learners must be informed that no relevant financial relationship(s) exist.

**SCS 6.3:** The source of all support from commercial interests must be disclosed to learners. When commercial support is “in-kind” the nature of the support must be disclosed to learners.

**SCS 6.4:** 'Disclosure' must never include the use of a corporate logo, trade name or a product-group message of an ACCME-defined commercial interest.

**SCS 6.5:** A provider must disclose the above information to learners prior to the beginning of the educational activity.

1. **Describe** all of the process(s) and mechanism(s) your organization uses in its overall CME Program to disclose to learners the presence or absence of all relevant financial relationships of all persons in a position to control educational content.

[Click here to enter text.](#)

2. Using the activities you selected, **state** how you disclosed to learners the presence or absence of all relevant financial relationships of all persons in a position to control educational content.

#### ACTIVITY #1

[Click here to enter text.](#)

#### ACTIVITY #2

[Click here to enter text.](#)

3. Does your organization accept commercial support?

Commercial support is monetary or in-kind [non-monetary; e.g. durable equipment, facilities/space, disposable supplies (non-biological), animal parts or tissue, human parts or tissue, etc.] contributions given by an ACCME-defined commercial interest that is used to pay all or part of the costs of a CME activity. Advertising and exhibit income are not considered commercial support.

- If **yes**, **describe** all of the process(s) and mechanism(s) your organization uses in its overall CME Program to disclose to learners the source of support from commercial interests, including “in-kind” support.

[Click here to enter text.](#)

- If **no**, **check** here:

## Criterion 8 (SCS 3) – Commercial Support

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

### Appropriate Use of Commercial Support

**SCS 3.1:** The provider must make all decisions regarding the disposition and disbursement of commercial support.

**SCS 3.2:** A provider cannot be required by a commercial interest to accept advice or services concerning teachers, authors, or participants or other education matters, including content, from a commercial interest as conditions of contributing funds or services.

**SCS 3.3:** All commercial support associated with a CME activity must be given with the full knowledge and approval of the provider.

**SCS 3.4:** The terms, conditions, and purposes of the commercial support must be documented in a written agreement between the commercial supporter that includes the provider and its educational partner(s). The agreement must include the provider, even if the support is given directly to the provider's educational partner or a joint provider.

**SCS 3.5:** The written agreement must specify the commercial interest that is the source of commercial support.

**SCS 3.6:** Both the commercial supporter and the provider must sign the written agreement between the commercial supporter and the provider.

**SCS 3.7:** The provider must have written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers and authors.

**SCS 3.8:** The provider, the joint provider, or designated educational partner must pay directly any teacher or author honoraria or reimbursement of out-of-pocket expenses in compliance with the provider's written policies and procedures.

**SCS 3.9:** No other payment shall be given to the director of the activity, planning committee members, teachers or authors, joint provider, or any others involved with the supported activity.

**SCS 3.10:** If teachers or authors are listed on the agenda as facilitating or conducting a presentation or session, but participate in the remainder of an educational event as a learner, their expenses can be reimbursed and honoraria can be paid for their teacher or author role only.

**SCS 3.11:** Social events or meals at CME activities cannot compete with or take precedence over the educational events.

**SCS 3.12:** The provider may not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a CME activity. The provider may use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of the provider, joint provider or educational partner.

**SCS 3.13:** The provider must be able to produce accurate documentation detailing the receipt and expenditure of the commercial support.

1. Does your organization accept commercial support for any of its directly or jointly provided activities?

- If **yes**, **describe** the following:

A. Your process(es) for the receipt and disbursement of commercial support (both funds and in-kind support).

[Click here to enter text.](#)

B. The policy, procedure or communications you employ to ensure that all commercial support is given with your organization's full knowledge and approval.

[Click here to enter text.](#)

C. The policy, procedure or communications you employ to ensure that no direct payment from an ISMA-defined commercial interest is given to the director of an activity, any planning committee members, teachers or authors, joint provider, or any others involved in an activity.

[Click here to enter text.](#)

- D. The practices, procedures, or policies you have implemented to ensure that social events, or meals, at commercially supported CME activities cannot compete with or take precedence over educational events.

Click here to enter text.

- If **no**, **check** here:
2. Do you provide honoraria, in any form to planners, teachers, and/or authors?
- Yes
- No
- **Attach** your written policies and procedures governing honoraria for planners, teachers, and/or authors. (Required policy, even if your organization does not pay honoraria.) **Label** your documentation: **Attachment 3 — Policies and Procedures: Honoraria**
3. Do you provide reimbursement of expenses for planners, teachers, and/or authors?
- Yes
- No
- **Attach** your written policies and procedures governing reimbursement of expenses for planners, teachers and/or authors. (Required policy, even if your organization does not reimburse expenses.) **Label** your documentation: **Attachment 4 — Policies and Procedures: Reimbursement of Expenses**

### Criterion 9 (SCS 4)

The provider maintains a separation of promotion from education.

#### Appropriate Management of Associated Commercial Promotion

**SCS 4.1:** Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CME activities.

**SCS 4.2:** Product-promotion material or product-specific advertisement of any type is prohibited in or during CME activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CME. For print, advertisements and promotional materials will not be interleaved within the pages of the CME content. Advertisements and promotional materials may face the first or last pages of printed CME content as long as these materials are not related to the CME content they face and are not paid for by the commercial supporters of the CME activity. For computer based, advertisements and promotional materials will not be visible on the screen at the same time as the CME content and not interleaved between computer 'windows' or screens of the CME content. Also, ACCME-accredited providers may not place their CME activities on a Web site owned or controlled by a commercial interest. With clear notification that the learner is leaving the educational Web site, links from the Web site of an ACCME accredited provider to pharmaceutical and device manufacturers' product Web sites are permitted before or after the educational content of a CME activity, but shall not be embedded in the educational content of a CME activity. Advertising of any type is prohibited within the educational content of CME activities on the Internet including, but not limited to, banner ads, subliminal ads, and pop-up window ads.

For computer based CME activities, advertisements and promotional materials may not be visible on the screen at the same time as the CME content and not interleaved between computer windows or screens of the CME content. For audio and video recording, advertisements and promotional materials will not be included within the CME. There will be no ‘commercial breaks.’ For live, face-to-face CME, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CME activity. Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place of the CME activity. For Journal-based CME, none of the elements of journal-based CME can contain any advertising or product group messages of commercial interests. The learner must not encounter advertising within the pages of the article or within the pages of the related questions or evaluation materials.

**SCS 4.3:** Educational materials that are part of a CME activity, such as slides, abstracts and handouts, cannot contain any advertising, corporate logo, trade name or a product-group message of an ACCME-defined commercial interest.

**SCS 4.4:** Print or electronic information distributed about the non-CME elements of a CME activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product-promotion material or product-specific advertisement.

**SCS 4.5:** A provider cannot use a commercial interest as the agent providing a CME activity to learners, e.g., distribution of self-study CME activities or arranging for electronic access to CME activities.

1. Do you use a commercial interest to distribute your CME activities or provide electronic access to your activities?

- If **yes**, please **explain**.

[Click here to enter text.](#)

- If **no**, **check** here:

2. Do you organize commercial exhibits in association with any of your CME activities?

- If **yes**, **describe** how your organization ensures that arrangements for commercial exhibits...

A. Do not influence planning or interfere with the presentation.

[Click here to enter text.](#)

B. Are not a condition of the provision of commercial support for CME activities.

[Click here to enter text.](#)

- If **no**, **check** here:

3. Do you arrange for advertisements in association with any of your CME activities?

- If **yes**, **describe** how your organization ensures that advertisements or other product-promotion materials are kept separate from the education. In your description, distinguish between your processes related to advertisements and/or product promotion in each of the following types of CME activities:

A. Print materials: [Click here to enter text.](#)

B. Computer-based materials: [Click here to enter text.](#)

C. Audio and video recordings: [Click here to enter text.](#)

D. Face-to-face: [Click here to enter text.](#)

- If **no**, **check** here:

## Criterion 10 (SCS 5) – Content and Format without Commercial Bias

The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest.

**SCS 5.1:** The content or format of a CME activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.

**SCS 5.2:** Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or content includes trade names, where available trade names from several companies should be used, not just trade names from a single company.

It is an expectation of the ACCME that the content of CME activities does not promote the proprietary interests of any commercial interests (i.e., there is no commercial bias) and that your CME activities give a balanced view of therapeutic options.

1. **Describe** how your CME activities and your program of continuing medical education ensure that these two expectations are fulfilled.

[Click here to enter text.](#)

## CME Clinical Content Validation Policy

Accredited providers are responsible for validating the clinical content of CME activities that they provide. Specifically,

1. All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
2. All scientific research referred to, reported, or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.
3. Providers are not eligible for ACCME accreditation or reaccreditation if they present activities that promote recommendations, treatment, or manners of practicing medicine that are not within the definition of CME, or known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients. An organization whose program of CME is devoted to advocacy of unscientific modalities of diagnosis or therapy is not eligible to apply for ACCME accreditation.

Definition of CME: Continuing medical education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

The ACCME requires that the content of all CME activities meets the ACCME's Clinical Content Validation policy, and that the subject matter is within the ACCME's Definition of CME.

1. **Describe** how your CME activities and your program of continuing medical education ensure that these expectations are fulfilled (i.e., planning, policy, procedure, monitoring).

[Click here to enter text.](#)

### Criterion 11 -

The provider analyzes changes in learners (competence, performance, and/or patient outcomes) achieved as a result of the overall program's activities/educational interventions.

1. Based on data and information from your overall CME program's activities/educational interventions, **provide** your analysis of changes achieved in your learners' competence, performance, or patient outcomes. If possible, please **attach** copies of any aggregated data supporting your analysis. **Label** your documentation: **Attachment 5 — Aggregated Program Data**

[Click here to enter text.](#)

### Criterion 12 - Program Based Analysis

The provider gathers data or information and conducts a program-based analysis on the degree to which the CME mission of the provider has been met through the conduct of CME activities/educational interventions.

1. Based on your organization's review of data and information gathered on changes in learner competence, performance or patient outcomes, **provide** your program-based analysis on the degree to which the expected results component of your CME mission has been met through the conduct of your CME activities/interventions.

[Click here to enter text.](#)

### Criterion 13 – Changes to Overall CME Program (optional for initial applicants)

The provider identifies, plans and implements the needed or desired changes in the overall program (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission.

1. **Describe** the needed or desired changes in the overall program required to improve on your ability to meet your CME mission that have been identified, planned, and implemented.

[Click here to enter text.](#)

Action plan for implementing these changes:

[Click here to enter text.](#)

Timeline for implementing these changes:

[Click here to enter text.](#)

## Attendance Records Retention Policy

Attendance Records: An accredited provider must have mechanisms in place to record and, when authorized by the participating physician, verify participation for six years from the date of the CME activity. The accredited provider is free to choose whatever registration method works best for their organization and learners.

1. **Describe** the mechanism your organization uses to record and verify physician participation for six years from the date of your CME activities.

[Click here to enter text.](#)

2. Using information from one of the example activities, **attach** an example of the information or report(s) your mechanism can produce for an individual participant spanning a six year period.  
**Label** your documentation: **Attachment 6 — Attendance Report**