Joint Providerships

ISMA CME Training
July 28, 2017

Cheryl Stearley, CME Coordinator
Indiana State Medical Association
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.
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 ACCME 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:

<table>
<thead>
<tr>
<th>ACTIVITY TYPES</th>
<th>ACTIVITY DETAILS</th>
<th>FEE DESCRIPTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Person Course</td>
<td>$250/credit hour</td>
<td>If yes, add 25% to base fee</td>
</tr>
<tr>
<td>Regularly Scheduled Series (RSS)</td>
<td>$250/credit hour</td>
<td>If yes, add 25% to base fee</td>
</tr>
<tr>
<td>Internet Live</td>
<td>$250/credit hour</td>
<td>If yes, add 25% to base fee</td>
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<tr>
<td>Internet Enduring</td>
<td>$250/credit hour</td>
<td>If yes, add 25% to base fee</td>
</tr>
<tr>
<td>Other Enduring Materials</td>
<td>$250/credit hour</td>
<td>If yes, add 25% to base fee</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 Commercial Support, and policies (accreditation requirements).

In cases of joint providership, it is the accredited provider’s responsibility to be able to demonstrate this compliance to the ACCME.

Thus, it is YOUR accreditation that’s at risk. Your organization holds complete liability for the accreditation process. **The importance of your continued accreditation and joint provider cooperation cannot be over-emphasized.**
Planning & Implementation

The ACCME allows accredited providers and non-accredited organizations - if they are not ACCME-defined commercial interests - to collaborate in 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
In Informing Learners

The accredited provider must take responsibility for a CME activity when it is presented in cooperation with a non-accredited organization and must inform learners of the joint providership relationship through the use of 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 the Accredited Provider should furnish the organization with:

• **Joint-Provider Activity Guide & Checklist**, outlining the entire application and planning process

• **Initial CME Intake Form**

• **Planning Committee Disclosure of Financial Relationship Form**
JP Activity Guide & Checklist

<table>
<thead>
<tr>
<th>PRIOR TO THE ACTIVITY</th>
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<tbody>
<tr>
<td><strong>ISTAKE FORM (JP):</strong> Complete and return Intake Form to the ISMA prior to the planning of the activity.</td>
</tr>
<tr>
<td><strong>PLANNING COMMITTEE DISCLOSURES:</strong> (JP) The activity Planning Committee must complete &amp; return to ISMA their Disclosure of Financial Relationship Forms, along with Intake Form, prior to the first planning meeting.</td>
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<tr>
<td><strong>PRE-APPROVAL EMAIL:</strong> If approved, ISMA will send you via email a Preliminary Approval, the Joint Disclosure Form Schedule, an extensive CME Application and Planning Worksheet, and a Joint Disclosure Agreement for signature by an authorized company representative.</td>
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</tbody>
</table>
  **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 potential conflict of interest will be removed 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 2 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
  - Proposed budget for the activity
  - Preliminary program agendas listing all educational sessions, breaks and meals (including supported facility, if known)
  - Submit all application documentation via email to extactivities@ismanet.org |
| **APPLICATION REVIEW BY ISMA:** ISMA reviews the final CME Application & Planning Worksheet and provides feedback. 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. |

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| DISCLOSURE FORMS: (JP) Small Disclosure of Financial Relationship Forms and Conflict Validity 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 Resolution 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/distribution. |
  - All materials, including save-the-date, brochures, flyers, website announcements, etc., must meet ISMA Marketing Guidelines and Requirements. |
  - Materials should include the following elements:
    - Program/occasion learning objectives
    - CME accreditation, designation and disclosure statements and ISMA logo use in format provided in Marketing Guidelines
    - Acknowledgment 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's 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 20 days prior to meeting:
  - (JP) Submit completed Disclosure of Financial Relationship Forms and Conflict Validity Forms to ISMA for all speakers & moderators who are participating in the activity. |
    **NOTE:** A potential COI disclosed MUST be refiled and reviewed by ISMA before speakers/moderators are allowed to present. |
  - (JP) Submit program syllabus to ISMA for review/approval. |
  - (JP) Submit all speaker presentation materials to ISMA for review/approval. |
  Due 2 weeks prior to meeting:
  - (JP) Submit handouts to ISMA for review/approval. |
  - (JP) Submit final Evaluation Form & CMS Certificate to ISMA for final approval. |
  - (JP) Submit final draft (first) or final draft (second) ISMA for final approval (if applicable). |
  - ISMA will generate a Disclosure Grid/Table and send to JP for inclusion in program materials |
Intake Form

CONTINUING MEDICAL EDUCATION (CME) – INTAKE FORM

This form must be submitted to the ISMA prior to the start of any planning for an educational activity. For initial Intake Form is mandatory in order to be in compliance with Accreditation Council for Continuing Medical Education (ACCME) Accreditation Criteria, which requires that anyone in a position to control the content of an educational activity has disclosed to us all relevant financial relationships with any commercial interest. Therefore, all planning committee members must complete a Financial Relationship Disclosure Form prior to the planning of the activity.

Once your Intake Form is approved, you will receive a Preliminary Pre-Approval Email that will contain instructions and a corresponding CME Application & Planning Worksheet.

TODAY'S DATE

SOCIETY/ORGANIZATION NAME

PRIMARY CONTACT/INFORMATION

NAME & TITLE

MAILING ADDRESS

PHONE NUMBER

EMAIL ADDRESS

PROGRAM/ACTIVITY TITLE

PROGRAM DATE

# HOURS OF INSTRUCTION

PROGRAM TIME

LOCATION

PROGRAM FORMAT

LIVE COURSE

LIVE REGULARLY SCHEDULED SERIES (GRS)

INTERNET COURSE

EXTENDED INTERNET MATERIAL

PRINT ENDURING MATERIAL

EXPECTED # OF ATTENDEES

TARGET AUDIENCE

PROGRAM DESCRIPTION/AGENDA

WHY DO PHYSICIANS NEED THIS PROGRAM?

HAS PROGRAM BEEN PROMOTED OR ANNOUNCED?

IF YES, DESCRIBE OR ATTACH THE PROMOTION OR ANNOUNCEMENT

WILL THIS PROGRAM HAVE EXHIBITORS?

IF YES, LIST ALL PROSPECTIVE SUPPORTERS/GRA Denseil

FINANCIAL DISCLOSURE COLLECTED/ATTACHED

PLANNING COMMITTEE MEMBERS

NAME/Degree

FINANCIAL DISCLOSURE

Commercial Interest:

The ACCME defines a "commercial interest" as any entity producing, marketing, re-selling, or distributing health care goods or services, used on, or consumed by, patients. The ACCME does not consider providers of clinical services directly to patients to be a commercial interest.

For more information visit http://www.acspe.org/requirements/accreditation-requirements/commercialintereststandards-for-commercial-support.

INTERNAL CME STAFF NOTES:

Click here to enter text.
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 resolved.

The ISMA currently prohibits employees & owners of commercial interests from participating on any CME planning committee and from serving as presenters.
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 (i.e., 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 CME activity is not related to the business lines or products of their employer.
EXCEPTION #2
Employees of ACCME-defined commercial interests can control the content of accredited CME activities when the content of the accredited CME activity is limited to basic science research (ie, pre-clinical research, drug discovery) or the processes/methodologies of research, themselves unrelated to a specific disease or compound/drug.

In these circumstances, the accredited provider must be able to demonstrate that it has implemented processes to ensure employees of ACCME-defined commercial interests have no control of CME activity content that is related to clinical applications of the research/discovery or clinical recommendations concerning the business lines or products of their employer.
EXCEPTION #3

Employees of ACCME-defined commercial interests can participate as technicians in accredited CME activities that teach the safe and proper use of medical devices.

In this circumstance, the accredited provider must demonstrate that it implements processes to ensure that employees of ACCME-defined commercial interests have no control of CME activity content that is related to clinical recommendations concerning the business lines or products of their employer.
Activity Approval

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

- Preliminary approval notification/email
- 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 60 days prior to the activity to ensure compliance with ACME and SMA requirements. This application is an essential step that will guide you through the planning process. Each section references a letter/number (i.e., CS) which refers to the relevant ACME criteria. For more information on the ACME criteria, refer to the ACME Essential Elements and keep these elements in mind. If you require additional space for any section of this application, please attach a separate sheet, dating the corresponding action. The application should be typed and legible, not handwritten.

TO SUBMIT
Email to: CME@isma.org

REQUIRED SUPPORTING DOCUMENTS
- Initial Planning Committee Meeting minutes
- Needs assessment supportive documentation
- Preliminary Program Agenda
- Activity Budget (including projected revenues/expenses)

Contact & Activity Information
- Name of planning activity
- Title
- Date
- Place of activity
- Program Director/Planner/Coordinator
- Affiliation
- Credit hour(s)
- Institution
- Program
- Contact person
- Phone

Planning Activities
- Target Audience
- Internal Medicine
- Internal Medicine
- Urology
- Other

Step 3: Target Audience - Activities are generated around content that matches the learners’ current or potential scope of practice.
(Select all that apply – at least one from each category)

- [ ] Primary Care Physicians
- [ ] Specialty Physicians
- [ ] Pharmacists
- [ ] Physician Assistants
- [ ] Nurse Practitioners
- [ ] Rehabilitation Therapists
- [ ] Social Worker
- [ ] Residents and Fellows
- [ ] Medical Students
- [ ] Other:

Planning Process
The CME planning process is based on a needs assessment survey which serves to identify professional practice gaps of the intended audience, articulate the needs, and outline the objectives and expectations necessary to design learning activities that will change competence, performance, and patient outcomes.

Step 4: What problem will be addressed with this activity?
- Describe the professional practice or system-based problems for your learners that will be addressed through this educational intervention; i.e., the professional practice gap of your physicians on which the activity is based.

Step 5: What is the physicians’ education need that will help solve the problem?
- State the educational need that you determined to be the basis of the professional practice gap problem. What skills or knowledge do you need to develop to solve this skill gap?

Step 6: What is your educational strategy to meet the need or to solve the problem?
- What is your educational strategy to meet the need or to solve the problem? Describe the educational strategy that will be used to help participants address the educational need you stated above. Provide sufficient detail to show participants who have successfully completed the activity how they can apply this knowledge. You may include an evidence-based educational activity plan.”

www.ismanet.org
Joint Providership Agreement

A "Joint Providership Agreement" should be executed:

• Clearly defining the parameters of the cooperative relationship by outlining the roles, responsibilities and expectations of each party
• Outlining 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 providership 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 [number] hours 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 HERIN, 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 breaks), 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.

2. Liability. The Joint Provider shall indemnify and hold ISMA harmless from any and all claims, damages, and expenses arising from the Educational Activity.

3. Termination. This Agreement may be terminated by either party upon thirty (30) days' written notice.

4. Governing Law. This Agreement shall be governed by the laws of the State of Indiana, without regard to its conflicts of law provisions.

5. Entire Agreement. This Agreement constitutes the entire agreement between the parties and supersedes all previous negotiations, representations, and agreements.

6. 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 unreasonably withhold approval. After approval, the Joint Provider will distribute the brochure to potential registrants.

7. 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 deadlines required by the ISMA. The Joint Provider understands that no employees or owners (including spouses or 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 or 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 removal of the individual from the program.

8. 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.

9. Syllabus - The Joint Provider will coordinate and print the Educational Activity syllabus.

10. Agenda - The Joint Provider will prepare and provide the ISMA with a program agenda for the Educational Activity.

11. 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 "presented health information" as that term is defined by the Health Insurance Portability and Accountability Act is included in such materials.

12. 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.

13. Registration - The Joint Provider will receive and process all attendee registrations, collect the registration fees, send confirmations of registration, 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.
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
CME JOINT PROVIDER MARKETING GUIDELINES AND REQUIREMENTS

All marketing of your activity (both print & electronic format) must be approved by the ISMA prior to distributing or posting online. If any materials are found to be unacceptable, we will advise you of 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. Additionally, all statements of credit may be included on marketing materials without notification from the ISMA that credit has been awarded. **DO NOT STATE “ISMA credit applied for” or similar wording.**

All marketing must include the Designation Statement, Accreditation Statement, Note and Disclosure. See required text and notes below:

- **Designation Statement** – The Indiana State Medical Association (ISMA) designates this live activity for a maximum of ___ (# of assigned credit hours here) AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
  
  **Note:** Per ACCME/AMA requirements, “AMA PRA Category 1 Credits” must be italicized; the # of credits or the “TM” should not be italicized.

- **CME 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 sponsorship of the ISMA and (your organization name here). The ISMA is accredited by the ACCME to provide continuing medical education for physicians.

  **Note** – While offering the CME credit hours listed in these pages, these activities are not intended to provide extensive training in a field.

- **Disclosure** – In accordance with the ACCME Standards for Commercial Support, educational programs sponsored by the ISMA must demonstrate balance, independence, objectivity and scientific rigor. Prior to the activity, all faculty, authors, editors and planning committee members participating in an ISMA-sponsored activity are required to disclose any relevant financial interest or other relationship with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services that are discussed in an educational activity.

You are not required to use the ISMA logo on your marketing, but if you choose to do so, you must abide by the usage requirements below. Upon request, we will email you an electronic copy of our logo. In your request, please specify the file type you’d like and if you will be using it in black/white or color.

- The ISMA logo must be printed in one of two color formats:
  - The state, “ISMA” and line underneath “ISMA” in solid PANTONE 647 Coated/ PANTONE 2945 Uncoated. “INDIANA STATE MEDICAL ASSOCIATION” in solid black.
  - The entire logo in solid black.

- The logo must be resized proportionally as is.

Submit your marketing materials to:

Cheryl Stearley, ISMA CME Coordinator, via one of these methods:
- Email: cstearley@ismanet.org
- Snail Mail: 322 Canal Walk, Indianapolis, IN 46202
- Fax: (317) 261-2237
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
Step 1: Disclosure of Relevant Financial Relationships

Relevant financial relationships are those in which an individual (including their spouse/partner) in the last 12 months:

- Has had a personal financial relationship (any amount) with a commercial interest, which is defined as any entity producing, marketing, distributing, or delivering health care goods or services consumed by, or used on, patients, and who
- Law controls educational content related to the products and/or services of the commercial interest(s).

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

☐ No, I have no relevant personal financial relationship. (If you check this box, skip to Step 2)
☐ Yes, I do have a personal financial relationship with a commercial interest and control over educational content related to the products and/or services of the commercial interest(s). (Provide information below)

<table>
<thead>
<tr>
<th>Nature of Financial Relationship</th>
<th>Name of Commercial Interest(s) and Relationship</th>
<th>Self</th>
<th>Spouse/Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant</td>
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<tr>
<td>Speaker's Bureau</td>
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<tr>
<td>Grant/Research Support</td>
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<tr>
<td>Principal Investigator or Working directly for commercial/industry agent</td>
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<tr>
<td>Stock/Stock Options (owned)</td>
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<td>Membership</td>
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<tr>
<td>Full-time/part-time Employee/Director</td>
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<tr>
<td>Other/Proprietary</td>
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The ISMA PROHIBITS employees and owners of commercial interests from participating in any CME PLANNING COMMITTEE and serving as presenters.

Additional information may be requested to address any perceived conflict of interests. All identified conflicts of interest must be managed and resolved in advance of the activity and disclosure information will be shared with the 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 an off-label/investigational use(s) of the following commercial products/devices:

☐ [List here any text]

Step 3: Statements & Rules of ISMA/ACME Accreditation / Content Validation

Please read the statements/rules of ISMA/ACME accreditation below, sign, and return to the ISMA Continuing Medical Education Office. If you have any questions regarding your ability to comply, please contact Cheryl Shealey, CME Coordinator, at 317-261-2030, or by e-mail at: cshaley@ismanet.org

☐ The content and 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. Content for this activity, including any presentation of therapeutic options, will be well-balanced, evidence-based, and unbiased, and have adequate justification for their indications and contraindications, in the care of a patient.
☐ All scientific research referred to, reported or used in CME in support of justification of patient care recommendations will conform to the generally accepted standards of experimental design, data collection, and analysis. Citations of the work are recommended.
☐ The content will not promote recommendations, treatment, or manner of practice medicine that are outside 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. The content will not infringe upon one’s medical or ethical responsibilities.
☐ Objectives of my presentation are consistent with overall objectives of the course, and the content is relevant to participants needs.
☐ I have discussed (via Disclosure Form) to ISMA all relevant financial relationships. I understand these will be disclosed to the audience if they are relevant, potentially relevant to the educational content.
☐ I have not and will not accept any honoraria, additional payment or reimbursements beyond what has been agreed upon directly with the ISMA.
☐ I understand that ISMA CME staff will need to review my presentation and/or content prior to the activity, and will provide educational content and content review, as requested.
☐ I understand that commercial entities that own or control the products and/or services of the commercial interest(s) may influence my presentation, as described in the ISMA/ACME standards.

Step 4: Declaration

I will uphold the ISMA CME standards to ensure balance, independence, objectivity, and scientific rigor in my role in the planning, development, or presentation of this CME activity. I understand that CME accreditation guidelines prohibit me from accepting any reimbursement (financial gifts, gifts, in-kind exchange) from any source other than the accredited CME provider or the educational partner/fiscal agent.

Signature/Printed Name: [Click here to enter text]
Date: [Click here to enter text]

By checking this box, I attest that the completed information is accurate. Please accept this as my signature.
# REQUIRED CME PROGRAM EVALUATION QUESTIONS

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

Organization/Address:_________________________ Email:_________________________
### Indiana State Medical Association (ISMA)

**CME Joint Provider Activity Budget and Documentation of Commercial Support/Grants 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>Title of CME Activity</th>
<th>Activity Date</th>
<th>Activity Location</th>
</tr>
</thead>
</table>

<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 @ $</td>
<td></td>
<td></td>
<td>Save-the-date cards</td>
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<tr>
<td>Participants @ $</td>
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<td></td>
<td>Brochure</td>
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<tr>
<td>Participants @ $</td>
<td></td>
<td></td>
<td>Advertisements</td>
<td></td>
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</tr>
<tr>
<td>Subtotal—Registration Fees</td>
<td></td>
<td></td>
<td>Mailing Labels</td>
<td></td>
<td></td>
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<tr>
<td>Commercial Support (List Sources)</td>
<td></td>
<td></td>
<td>Postage</td>
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<td>Other (Specify)</td>
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<td>Other (Specify)</td>
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<td>Subtotal—Commercial Support</td>
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<td>Audiovisuals</td>
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<td>Exhibitors (List Sources)</td>
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<td>Audience response system</td>
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<td>Meeting room rental</td>
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<td>Hotel Lodging (faculty/staff only)</td>
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<td>Meals</td>
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<td>Syllabus and other handouts</td>
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<td>Supplies</td>
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<td>Other (Specify)</td>
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<tr>
<td>Subtotal—Meeting Space/Logistics</td>
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<td>Honoraria and Travel Expenses (list faculty)</td>
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<tr>
<td>Subtotal—Exhibitors</td>
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<td>In-kind Contributions</td>
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<tr>
<td>Subtotal—In-kind Contributions</td>
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<td>Other (Specify—e.g., government)</td>
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<td>Other (Specify)</td>
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<td>Other Expenses</td>
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<td>Operational expenses</td>
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<td>Subtotal—Other</td>
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<tr>
<td>Subtotal—Other Expense</td>
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<td>TOTAL INCOME</td>
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<td>NET GAIN OR (LOSS)</td>
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1 of 1
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 presentations

All potential conflicts of interest disclosed must be vetted and resolved 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 Credits(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
- 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> AMA PRA Category 1 Credits™
Conclusion

• You, the Accredited Provider, are in control

• Be aware of the due diligence required for Joint Providerships. It’s your accreditation on the line if protocol is not followed by the Joint Provider

• Don’t permit employees/owners of a Commercial Interest to be involved, or you will find yourself open to scrutiny by the ACCME

• You must fully understand:
  – What is and isn’t a Conflict of Interest
  – What is and isn’t a Financial Relationship
  – What is and isn’t a Commercial Interest

• When in doubt about working with a Joint Provider, err on the side of caution and say “No”
Questions ??

You may always reach out to us at the ISMA.

Ranae Obregon, CME Director
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ssymmes@ismanet.org

Cheryl Stearley, CME Coordinator
cstearley@ismanet.org