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|---------------------|--|------------------------|--|
| Provider # | | Provider Name | |
| Survey Chair | | Survey Co-Chair | |
| Survey Date | | ARC Reviewer | |

Criterion 1

| In the Self Study Report Did the provider describe... | Surveyor Response | In the interview If the Criterion was discussed, please describe the discussion. |
|---|---|---|
| A CME Mission Statement that includes expected results articulated in terms of changes of competence, performance or patient outcomes that will be the result of the program? | Y <input type="checkbox"/> (go to C2) N <input type="checkbox"/> | |
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| Additional Materials Request Additional Materials? | Y <input type="checkbox"/> | What Additional Materials Are to be Requested? |
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Surveyor Comments

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| For ARC Use Only | Summary of Performance in Practice Review: |
| | Compliance Finding: Compliance, Noncompliance, Clarification Needed to Determine Compliance Finding |
| | Comments: |

Criterion 2

| In the Self Study Report Did the provider describe... | Surveyor Response |
|---|--|
| 1. ...the provider's incorporation into CME activities the educational needs (knowledge, competence or performance) that underlie the professional practice gaps of their own learners? | Y <input type="checkbox"/> (go to C3) N <input type="checkbox"/> (see below) |
| The provider's description <u>did not</u> include: | |
| | Identification of Professional Practice Gaps <input type="checkbox"/> |
| | Professional practice gaps of provider's own learners <input type="checkbox"/> |
| | Educational needs that underlie the PPG of provider's learners <input type="checkbox"/> |
| | Educational needs articulated in terms of knowledge, competence, or performance <input type="checkbox"/> |

In the interview

If the Criterion was discussed, please describe the discussion.

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| Additional Materials Request Additional Materials? | Y <input type="checkbox"/> | What Additional Materials Are to be Requested? |
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Surveyor Comments

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| | Comments: |

Criterion 3

| In the Self Study Report Did the provider describe... | Surveyor Response |
|--|---|
| 1. ...the generation of activities/educational interventions designed to change competence, performance, or patient outcomes as described in the provider's mission statement? | Y <input type="checkbox"/> (go to C5) N <input type="checkbox"/> (see below) |
| The provider's description <u>did not</u> include: | |
| | Activities designed to change C, P, Or PO <input type="checkbox"/> |
| | Activities designed for change as described in CME mission statement <input type="checkbox"/> |

In the interview
If the Criterion was discussed, please describe the discussion.

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| Additional Materials Request Additional Materials? | Y <input type="checkbox"/> | What Additional Materials Are to be Requested? |
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Surveyor Comments

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| | Comments: |

Criterion 4

Criterion 4 was removed from the accreditation requirements effective February 2014.

Criterion 5

| In the Self Study Report Did the provider describe... | Surveyor Response | In the interview If the Criterion was discussed, please describe the discussion. |
|---|--|---|
| 1. ...the use of educational formats for activities/educational interventions that are appropriate for the setting, objectives and desired results of the activity? | Y <input type="checkbox"/> (go to C6) N <input type="checkbox"/> (go to comments) | |

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| Additional Materials Request Additional Materials? | Y <input type="checkbox"/> | What Additional Materials Are to be Requested? |
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Surveyor Comments

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| | Comments: |

Criterion 6

| In the Self Study Report Did the provider describe... | Surveyor Response |
|---|--|
| 1. ...the development of activities/educational interventions in the context of desirable physician attributes (e.g. IOM competencies, ACGME competencies)? | Y <input type="checkbox"/> (go to C7) N <input type="checkbox"/> (go to comments) |

In the interview
If the Criterion was discussed, please describe the discussion.

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| Additional Materials Request Additional Materials? | Y <input type="checkbox"/> | What Additional Materials Are to be Requested? |
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Surveyor Comments

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| | Comments: |

Criterion 7, SCS1

| In the Self Study Report Did the provider describe... | Surveyor Response |
|---|--|
| 1. ...its independence from commercial interests in its CME planning, implementation and evaluation (SCS 1.1, 1.2)? | Y <input type="checkbox"/> (go to C7, SCS 2) N <input type="checkbox"/> (see below) |
| The provider description indicated that the following decision(s) are controlled by commercial interest(s): | |
| Identification of needs | <input type="checkbox"/> |
| Determination of educational objectives | <input type="checkbox"/> |
| Selection and presentation of content | <input type="checkbox"/> |
| Selection of all persons and organizations in the position to control the content | <input type="checkbox"/> |
| Selection of educational methods | <input type="checkbox"/> |
| Commercial interest had role as joint provider. | <input type="checkbox"/> |
| Employees of a commercial interest used as planners and/or faculty without demonstrating provider retained complete control of content. | <input type="checkbox"/> |

In the interview

If the Criterion was discussed, please describe the discussion.

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| Additional Materials Request Additional Materials? | Y <input type="checkbox"/> | What Additional Materials Are to be Requested? |
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Surveyor Comments

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| | Comments: |

Criterion 7, SCS2

| In the Self Study Report Did the provider describe... | Surveyor Response | |
|---|--|--|
| 1. ...the resolution of personal conflicts of interest, as outlined in SCS 2.1, 2.2 and 2.3? | Y <input type="checkbox"/> (go to C7, SCS 6) N <input type="checkbox"/> (see below) | <h3 style="margin: 0;">In the interview</h3> <p style="margin: 0;">If the Criterion was discussed, please describe the discussion.</p> |
| The provider <u>did not</u> describe that: | | |
| Everyone who is in a position to control content discloses the presence or absence of relevant financial relationships to the provider (SCS 2.1) | <input type="checkbox"/> | |
| Individuals who refuse to disclose are disqualified from planning and implementation of the activity (SCS 2.2) | <input type="checkbox"/> | |
| (The provider) has implemented a mechanism to identify and resolve all conflicts of interest prior to the educational activity being delivered to learners. (SCS 2.3) | <input type="checkbox"/> | |

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| Additional Materials Request Additional Materials? | Y <input type="checkbox"/> | What Additional Materials Are to be Requested? |
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Surveyor Comments

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| | Comments: |

Criterion 7, SCS6

| In the Self Study Report Did the provider describe... | Surveyor Response |
|---|---|
| 1. ...disclosure to learners of relevant financial relationships and commercial support for the activity, in keeping with SCS 6.1 – 6.5? | Y <input type="checkbox"/> (go to C8) N <input type="checkbox"/> (see below) |
| The provider <u>did not</u> describe that disclosure: | |
| Of relevant financial relationships of <u>all in control of content</u> included name of the individual, commercial interest and nature of the relationship (SCS 6.1) | <input type="checkbox"/> |
| Was made when an individual had no relevant financial relationships (SCS 6.2) | <input type="checkbox"/> |
| Of the source of all commercial support is made to learners, including "in-kind" support (SCS 6.3) | <input type="checkbox"/> |
| Does not include use of trade names or product-group messages (SCS 6.4) | <input type="checkbox"/> |
| Is made to the learners prior to the activity (SCS 6.5) | <input type="checkbox"/> |

In the interview

If the Criterion was discussed, please describe the discussion.

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| Additional Materials Request Additional Materials? | Y <input type="checkbox"/> | What Additional Materials Are to be Requested? |
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Surveyor Comments

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| | Comments: |

Criterion 8 (SCS3)

| In the Self Study Report Did the provider describe... | Surveyor Response |
|--|--|
| 1. ...its written policies and procedures governing honoraria and reimbursement of expenses? (SCS 3.7) | Y <input type="checkbox"/> N <input type="checkbox"/> |
| 2. Does the provider accept commercial support? | Y <input type="checkbox"/> (continue with C8 questions) N <input type="checkbox"/> (go to C9) |
| 3. ...the appropriate use of commercial support, as outlined in SCS 3.1 – 3.6 and 3.12? | Y <input type="checkbox"/> (go to C9) N <input type="checkbox"/> (see below) |
| The provider <u>did not</u> describe that: | |
| It makes all decisions regarding commercial support (SCS 3.1) | <input type="checkbox"/> |
| <i>It complies with SCS 3.2 (A provider not accept advice or services of a commercial interest as a condition of receiving support)</i> | <input type="checkbox"/> |
| Commercial support is given with full knowledge and approval of provider (SCS 3.3) | <input type="checkbox"/> |
| Written agreements outline the terms, conditions and purposes of commercial support (SCS 3.4) | <input type="checkbox"/> |
| Written agreements specify the source of commercial support (SCS 3.5) | <input type="checkbox"/> |
| Written agreements are signed by both the provider and commercial supporter (SCS 3.6) | <input type="checkbox"/> |
| No other payment is paid to anyone involved with the supported activity (SCS 3.9) | <input type="checkbox"/> |
| <i>It complies with SCS 3.12 (Commercial support is not used to pay for expenses for non-teacher or non-author participants of a CME activity)</i> | <input type="checkbox"/> |
| 4. ...meeting other ACCME expectations outlined in SCS 3 regarding honoraria payment and reimbursement of expenses for teachers/authors (SCS 3.10) and social events (SCS 3.11)? | Y <input type="checkbox"/> (go to C9) N <input type="checkbox"/> (see below) |
| The provider did <u>not</u> describe that: | |
| Expenses of teachers/authors are paid for their teacher or author role only when they are a participant of a CME activity? (SCS 3.10) | <input type="checkbox"/> |
| Social events/meals do not take precedence over the educational activity? (SCS 3.11) | <input type="checkbox"/> |

In the interview

If the Criterion was discussed, please describe the discussion.

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| Additional Materials Request Additional Materials? | Y <input type="checkbox"/> | What Additional Materials Are to be Requested? |
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| Surveyor Comments |
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| | Comments: |

Criterion 9

In the Self Study Report

Did the provider describe...

Surveyor Response

1. ...that it does not 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)?

Y (continue with C9 questions)
N (go to comments)

2. ...that it organizes exhibits OR advertising with any of its CME activities?

Y (continue with C9 questions)
N (go to C10)

3. ...that it appropriately manages commercial promotion? (SCS 4.1 – 4.4)

Y (go to C10)
N (see below)

The provider's description indicates the provider allows:

Arrangements for commercial exhibits or advertisements to influence planning or interfere with the presentation of CME activities (SCS 4.1)

Arrangements for commercial exhibits or advertisements to be a condition of commercial support (SCS 4.1)

Product-promotion or product-specific advertisement to occur during CME activities (SCS 4.2)

Educational materials to contain advertising, trade name or product-group messages (SCS 4.3)

In the interview

If the Criterion was discussed, please describe the discussion.

Additional Materials

Request Additional Materials?

Y

What Additional Materials Are to be Requested?

Surveyor Comments

For ARC Use Only

Summary of Performance in Practice Review:

Compliance Finding: Compliance, Noncompliance, Clarification Needed to Determine Compliance Finding

Comments:

Criterion 10

| In the Self Study Report Did the provider describe... | Surveyor Response | |
|---|--|--|
| 1. ...that it plans and monitors its activities to ensure that its CME content and format are without commercial bias? (SCS 5) | Y <input type="checkbox"/> (go to C11) N <input type="checkbox"/> (see below) | <p>In the interview If the Criterion was discussed, please describe the discussion.</p> |
| The provider's description indicates that: | | |
| The content of CME activities promotes the proprietary interests of any commercial interest. (SCS 5.1) | <input type="checkbox"/> | |
| CME activities do not give a balanced view of therapeutic options. (SCS 5.2) | <input type="checkbox"/> | |
| The content of the provider's CME activities are not in compliance with the ACCME's content validity value statements. (ACCME policy) | <input type="checkbox"/> | |
| The content of CME activities promotes the proprietary interests of any commercial interest. (SCS 5.1) | <input type="checkbox"/> | |

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| Additional Materials Request Additional Materials? | Y <input type="checkbox"/> | What Additional Materials Are to be Requested? |
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Surveyor Comments

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| | Comments: |

Criterion 11

| In the Self Study Report Did the provider describe... | Surveyor Response | In the interview If the Criterion was discussed, please describe the discussion. |
|--|--|--|
| 1. ...its analysis of changes achieved in learners' competence, performance, or in patient outcomes based on data and information from its program's activities/educational interventions? | Y <input type="checkbox"/> (go to C12) N <input type="checkbox"/> (see below) | |

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| Additional Materials Request Additional Materials? | Y <input type="checkbox"/> | What Additional Materials Are to be Requested? |
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Surveyor Comments

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| | Comments: |

Criterion 12

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| In the Self Study Report Did the provider describe... | Surveyor Response | In the interview If the Criterion was discussed, please describe the discussion. |
| 1. that it gathers data or information and conducts a program-based analysis on the degree to which its CME mission has been met through the conduct of CME activities/educational interventions? | Y <input type="checkbox"/> (go to C13) N <input type="checkbox"/> | |
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| Additional Materials Request Additional Materials? | Y <input type="checkbox"/> | What Additional Materials Are to be Requested? |
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Surveyor Comments

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| | Compliance Finding: Compliance, Noncompliance, Clarification Needed to Determine Compliance Finding |
| | Comments: |

Criterion 13

| In the Self Study Report Did the provider describe... | Surveyor Response |
|---|--|
| 1. ...that it identifies, plans, and implements the needed or desired changes in the overall program that are required to improve on its ability to meet the CME mission? | Y <input type="checkbox"/> (go to C16) N <input type="checkbox"/> (see below) |
| The provider <u>did not</u> describe: | |
| The identification of changes in the overall program | <input type="checkbox"/> |
| Plans for making changes in the overall program | <input type="checkbox"/> |
| The implementation of identified changes | <input type="checkbox"/> |

In the interview
If the Criterion was discussed, please describe the discussion.

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| Additional Materials Request Additional Materials? | Y <input type="checkbox"/> | What Additional Materials Are to be Requested? |
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Surveyor Comments

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| | Comments: |

Criteria 14 and 15

Criteria 14 and 15 were removed from the accreditation requirements effective February 2014.

Criteria for Accreditation with Commendation

Responses of Yes and No require an explanation of examples AND...

If Yes – WHY these examples are in keeping with the Criterion

If No – WHY these examples are NOT in keeping with the Criterion.

A response of NA means that the provider indicated (directly or indirectly) that it does not have a practice which would meet the Criterion, or that the provider has chosen not to present a description.

Criterion 16

In the Self Study Report

Did the provider describe...

Surveyor Response

1. ...that it operates in a manner that integrates CME into the process for improving professional practice?

Y

N

NA

In the interview

If the Criterion was discussed, please describe the discussion.

Additional Materials

Request Additional Materials?

Y

What Additional Materials Are to be Requested?

Surveyor Comments

For ARC Use Only

Summary of Performance in Practice Review:

Compliance Finding: Compliance, Noncompliance, Not Applicable, No Information Submitted, Clarification Needed to Determine Compliance Finding

Comments:

Criterion 17

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| <p>In the Self Study Report Did the provider describe...</p> | <p align="center">Surveyor Response</p> | <p>In the interview If the Criterion was discussed, please describe the discussion.</p> |
| <p>1. ...that it utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (e.g. reminders, patient feedback)?</p> | <p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/></p> | |

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| <p>Additional Materials Request Additional Materials?</p> | <p>Y <input type="checkbox"/></p> | <p>What Additional Materials Are to be Requested?</p> |
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Surveyor Comments

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| | <p>Comments:</p> |

Criterion 18

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| In the Self Study Report Did the provider describe... | Surveyor Response | In the interview If the Criterion was discussed, please describe the discussion. |
| 1. ...that it identifies factors outside its control that impact patient outcomes? | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> | |

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| Additional Materials Request Additional Materials? | Y <input type="checkbox"/> | What Additional Materials Are to be Requested? |
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Surveyor Comments

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| | Comments: |

Criterion 19

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| <p>In the Self Study Report Did the provider describe...</p> | <p align="center">Surveyor Response</p> | <p>In the interview If the Criterion was discussed, please describe the discussion.</p> |
| <p>1. ...that it implements educational strategies to remove, overcome, or address barriers to physician change?</p> | <p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/></p> | |

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| <p>Additional Materials Request Additional Materials?</p> | <p>Y <input type="checkbox"/></p> | <p>What Additional Materials Are to be Requested?</p> |
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Surveyor Comments

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| | <p>Comments:</p> |

Criterion 20

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| <p>In the Self Study Report Did the provider describe...</p> | <p align="center">Surveyor Response</p> | <p>In the interview If the Criterion was discussed, please describe the discussion.</p> |
| <p>1. ...that it builds bridges with other stakeholders through collaboration and cooperation?</p> | <p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/></p> | |

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| <p>Additional Materials Request Additional Materials?</p> | <p>Y <input type="checkbox"/></p> | <p>What Additional Materials Are to be Requested?</p> |
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Surveyor Comments

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| | <p>Comments:</p> |

Criterion 21

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| <p>In the Self Study Report Did the provider describe...</p> | <p align="center">Surveyor Response</p> | <p>In the interview If the Criterion was discussed, please describe the discussion.</p> |
| <p>1. ...that the provider participates within an institutional or system framework for quality improvement?</p> | <p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/></p> | |

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| <p>Additional Materials Request Additional Materials?</p> | <p align="center">Y <input type="checkbox"/></p> | <p>What Additional Materials Are to be Requested?</p> |
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Surveyor Comments

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| | <p>Compliance Finding: Compliance, Noncompliance, Not Applicable, No Information Submitted, Clarification Needed to Determine Compliance Finding</p> |
| | <p>Comments:</p> |

Criterion 22

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| <p>In the Self Study Report Did the provider describe...</p> | <p align="center">Surveyor Response</p> | <p>In the interview If the Criterion was discussed, please describe the discussion.</p> |
| <p>1. ...that the provider is positioned to influence the scope and content of its activities/educational interventions?</p> | <p>Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/></p> | |

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| <p>Additional Materials Request Additional Materials?</p> | <p>Y <input type="checkbox"/></p> | <p>What Additional Materials Are to be Requested?</p> |
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Surveyor Comments

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| | <p>Comments:</p> |

ACCME Policies

A response of No requires an explanation.

Physician Participation Policy

In the Self Study Report

Did the provider describe...

Surveyor Response

In the interview

If the Policy was discussed, please describe the discussion.

1. ...a mechanism in place to record and, when authorized, verify participation of participating physicians for six years after the date of the activity?

Y

N

If no, please explain:

Additional Materials

Request Additional Materials?

Y

What Additional Materials Are to be Requested?

Surveyor Comments

For ARC Use Only

Summary of Performance in Practice Review:

Compliance Finding: Compliance, Noncompliance, Clarification Needed to Determine Compliance Finding

Comments:

Records Retention Policy

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|---|---|--|
| <p>In the Performance in Practice Files</p> <p>Did the provider describe...</p> | <p>Surveyor Response</p> | <p>In the interview</p> <p>If the Policy was discussed, please describe the discussion.</p> |
| <p>1. Was the provider able to produce for the ACCME's review records/files from CME activities held during its current accreditation term?</p> | <p>Y <input type="checkbox"/></p> <p>N <input type="checkbox"/></p> | |

If no, please explain:

| | | |
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| <p>Additional Materials</p> <p style="text-align: center;">Request Additional Materials?</p> | <p>Y <input type="checkbox"/></p> | <p>What Additional Materials Are to be Requested?</p> |
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| | <p>Comments:</p> |

Accreditation Statement Policy

In the Performance in Practice Files

1. Did the provider use the appropriate accreditation statement?

Surveyor Response

Y

N

In the interview

If the Policy was discussed, please describe the discussion.

If no, please explain:

Additional Materials

Request Additional Materials?

Y

What Additional Materials Are to be Requested?

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Comments:

SURVEYOR SUPPLEMENTAL NOTES

Please use this section as additional space to include any additional notes that may not have fit in the spaces provided above. Please indicate the specific Criterion or policy to which each comment applies.

ACCREDITATION RECOMMENDATION – FOR COMMISSION USE ONLY



Accreditation with
Commendation



Accreditation



Provisional



Probation



Non-Accreditation

Progress Reports are required for any Noncompliance finding for Criteria 1-13. Progress reports are optional for a Noncompliance finding for a Policy



Progress Report
Required

The ACCME's standard practice is for Progress Reports to be due in 1 year from the date of the ACCME Decision.